

SUBCONTRACTOR INFORMATION FORM



36000 SE Industrial Sandy, Oregon 97055
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Instructions:

Please complete the entire form and return via fax or email to accounting@konell.net

General Information:

Company Name:
Mailing Address:
Telephone: Fax:

Type of Business:

Corporation Partnership LLC Sole Proprietor

CCB Number: Federal Tax ID Number:
Year Established:
Scope of work:

OMWESB Certification:

MBE ESB DBE WBE

SBA Small Business Concerns:

Yes No

Bank Reference:

Name:
Contact:
Telephone:

Bonding Agent:

Name:
Contact:
Telephone:
Bonding Limit:

Insurance:

General Liability Carrier: Policy Expiration: / /
Insurance Broker/Agent: Telephone:

Experience Modification Rate:

Current rate: 1 year prior: 2 years prior:

Does your company maintain and enforce an active drug screening policy? Yes No

In the past 5 years has your company been issued any OSHA/WISHA violations? Yes No

If Yes please explain:

The undersigned declares that all information provided is true and accurate to the best of their knowledge.

Name: Signature:
Printed
Date: Title: