



SUBCONTRACTOR/VENDOR PREQUALIFICATION FORM

Thank you for your interest in Pacificmark Construction Corp.
Please complete this form and return to:

Pacificmark Construction Corp.
P. O. Box 67247
Milwaukie, OR 97268
Phone: (503)208-3355 Fax: (503) 208-3358
Email: info@pacificmarkconstruction.com

Date of Response: _____

**Please do not leave blanks on any item except lists, use "n/a" if a field does not apply.
You may submit electronically (fax/email), or by mail with signatures and requested attachments.**

Name of Company: _____

Street Address: _____

Mailing Address: _____
(city) (state) (zip)

_____ (city) (state) (zip)

Phone: _____ **Fax:** _____

Website: _____

Contact Name **Position** **Cell Phone** **E-mail**
(e.g. Estimating, Contracts, Project Manager, Accounting)

Does your company hold any of the following certifications?

_____ MBE _____ WBE _____ DBE _____ ESB

Certification # _____ None are applicable

Please fill-in the trade(s) that your Company is interested in bidding – List with CSI number if possible.

Year Company Started: _____ Type of Company: _____ Corp. _____ Partnership _____ Proprietorship _____ Sub S Corp

State of Incorporation: _____ Date of Incorporation: _____

Contractor’s License Number: _____ State: _____ Expiration: _____ (Attach list as needed)

State Sales Tax Registration Number: _____ (Attach list as needed)

State Unemployment Insurance Number: _____ (Attach list as needed)

Federal ID Number _____

Attach a copy of your Company’s W9 Form

How many people does your Company presently employ:

Home Office _____ Field Supervisory _____ Tradespeople _____

Indicate the size of project you are most competitive in performing:

Under \$25,000 _____	\$600,000 - \$1,000,000 _____
\$25,000 - \$100,000 _____	\$1,000,000 - \$3,000,000 _____
\$100,000 - \$300,000 _____	\$3,000,000 - \$5,000,000 _____
\$300,000 - \$600,000 _____	Over \$5,000,000 _____

Check all building types on which your Company has worked:

Office _____	Athletic _____	Renovation _____
Government _____	Industrial _____	Hotels _____
Educational _____	High Tech/Labs _____	Transportation _____
Healthcare _____	Correctional _____	Cultural/Museum _____
Residential _____	Design Build _____	Parking Facilities _____

List the trades you normally perform with your own forces: _____

What percentage of the Company’s work is normally subcontracted? _____%

What is the largest contract your Company has completed?

Amount:\$ _____ Year: _____ Project name and scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount:\$ _____ Project name and scope: _____

What is your expected annual volume this year: \$ _____ # of Projects _____

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____
Yr./Vol. _____ Yr./Vol. _____

MBE/WBE Participation in work which you subcontract (average for last 3 years) MBE ___% WBE ___%

Minority/Female workforce participation (average percentage utilization for last 3 years) MIN ___% FEM ___%

Financial Information:

Banking Institution: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration date: _____

Bonding Company:

Name of Surety _____

Key Contact Person/Phone _____

A. _____

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond _____ Bond Rate _____ Amount: \$ _____

***Financial Statements may be requested at a later date.**

List three contractors that you do business with:

A. Name: _____ Contact: _____

Address: _____ Telephone: _____

B. Name: _____ Contact: _____

Address: _____ Telephone: _____

C. Name: _____ Contact: _____

Address: _____ Telephone: _____

Safety Information:

1. Please list your Company's Workers' Compensation Experience Modification Rate for the most recent three years.

EMR Rate/Year EMR Rate/Year EMR Rate/Year

Note: Subcontractor's must have a current EMR less than or equal to 1.0 to qualify for Pacificmark Construction's Bid List. Should your EMR exceed 1.0, the Contractor must demonstrate and document that it has programs & policies which will result in a safety conscious performance in order to be included on Pacificmark's Approved Contractor List. In this case it is the sole discretion of Pacificmark to approve or disapprove a SUBCONTRACTOR.

Please attach the three most recent year's OSHA No. 300/200 Logs

2. How many OSHA violation(s) has your Company received in the last three years?
(Yr. = # violations)

_____ = _____ = _____ = _____

3. Do you have a qualified person responsible for safety within your Company: Yes _____ No _____

Please describe his/her qualifications: _____

4. Does this person conduct safety inspections on all of your projects: ___ Yes ___ No ___ Frequency _____

5. Do you have a written Company Safety Policy/Program and will you provide copies if requested:

_____ Yes _____ No

6. Do you have a return to work/light duty program? _____ Yes _____ No

If yes, please describe: _____

7. Does your Company have a substance abuse policy: _____ Yes _____ No

If yes, please check which are included in the policy:

Pre-hire/Initial Employment	_____	Post-Accident /Incident	_____
Random	_____	Cause	_____
Periodic	_____		

8. Have you ever implemented 100% fall protection _____ Yes _____ No

If requested can you provide us with a site-specific program addressing the fall hazards in your work?

_____ Yes _____ No

9. Does your Company provide safety training for all employees: _____ Yes _____ No

If yes, please list training provided.

Insurance Information:

Agent/Broker: _____

Contact: _____

Phone: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION CERTIFICATION

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any way misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Pacificmark will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated _____ this _____ day of _____
Month Day Year

Name of Company: _____

Completed by: _____ (must be an officer of the Company)

Title: _____

Signature: _____

Requested Attachments:

- MBE/WBE/DBE/ESB Certification (if applicable)
- 3 recent year's OSHA No. 300/200 Logs
- List of Projects, completed or current (Optional)
- W9 Form