



Supplier / Subcontractor Prequalification Form

All fields are required

Application Date: _____

Company Information

Tax Identification Number: _____ Dun & Bradstreet Number: _____
 Company Name: _____ Current D & B Rating: _____
 Street Address: _____ Paydex Rating: _____
 City: _____ Zip Code: _____
 State: _____ Fax Number: _____
 Phone Number: _____
 Website Address: _____

Billing Address (if different than above)

Street Address: _____ Zip Code: _____
 City: _____ Fax Number: _____
 State: _____
 Phone Number: _____

Years in Business: _____ Years under this company name: _____

Structure of Company:

Corporation: _____ L.L.C.: _____ Partnerships: _____
 Individual: _____ Joint Venture: _____ General or Limited: _____

Date of Incorporation or establishment: _____ State of Incorporation or establishment: _____
 President's Name: _____ Vice President's Name: _____
 Secretary's Name: _____ Treasurer's Name: _____
 Number of Office Employees: _____ Number of Field Employees: _____
 Are you MBE, WBE, or DBE certified? _____

License Information:

License #	State	Type of License or Work Licensed For

List States Willing to Work: _____

Banking Information

Bank Name: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____
 Contact Name: _____ Contact Phone: _____
 Routing Number: _____ Account #: _____
 Line of Credit Amount: _____

Insurance Information

Insurance Carrier: _____
 General Liability Amount: _____
 Excess Umbrella Liability Amount: _____
 Auto Liability Amount: _____
 Workers Compensation Amount: _____

Is your company Union or Non-Union? _____
 Depending on contractual obligations and type of service being performed, additional insurance may be required.

Bonding Information

Will the company provide bonds if required? Yes _____ No _____

Name of Surety Co.: _____
 Contact Name: _____ Phone: _____
 Bonding Capacity: Per Job \$: _____ Aggregate: \$ _____

Safety Information

Please list your company's Experience Modification Rate for the past three years:

_____ 2008 _____ 2009 _____ 2010

If your EMR is over 1.0 during any of the past three years, please explain:

How many fulltime employees do you have? _____
 Any employee deaths in the last 3 years? _____ If yes, please explain: _____

Please fill in the OSHA Log information below:

OSHA Log Information	2008	2009	2010
Total Recordable	_____	_____	_____
Lost Work Day Cases	_____	_____	_____
Lost Work Days	_____	_____	_____
Total Employee Hours Worked	_____	_____	_____
Number of Fatalities	_____	_____	_____

Has your company received an OSHA citation within the past three years for any reason? Y / N _____

If yes, please state the number of citations and describe below: _____

Do you have a drug testing program? _____

Does your company have a written safety plan? Y / N _____

Do you have a company Safety Director or other Safety Contact? _____

Name: _____ Phone: _____

Sales Experience

Yearly Sales Volume for the past 3 years: _____ 2008 _____ 2009 _____ 2010

Largest single project for each year (\$): _____

Have you, for any reason, not completed any Services as Contracted to your Company? Y / N _____

If yes, please explain: _____

Have you or any of the company officers ever declared corporate bankruptcy? Y / N _____

If yes, please explain: _____

Credit References

Please list 4 Supplier references:

Company	Contact Name	Address	Phone

Trade References

Please list 4 General Contractor references:

Company	Contact Name	Address	Phone

Application Completion

Name: _____
Title: _____
Phone: _____
Email: _____

In order to better process this Application, please state the Project Name your company is qualifying for:

Project Name: _____

By submitting this application, I certify that all information provided is true and complete so as not to be misleading.

Signature: _____ Date: _____
Title: _____

Please return completed, signed prequalification form to:

Laurie Williams
R.F. Stearns, Inc.
5200 SW Meadows Road, Suite 200
Lake Oswego, Oregon
Fax to: 503-601-8701
Email to: laurie@rfstearns.com

**** Please submit to Stearns a copy of your latest year-end and month-end reviewed Financial Statements, Insurance Certification and copies of Licenses.****