

# W.G.CLARK

## CONSTRUCTION CO.

### SUBCONTRACTOR/SUPPLIER PROFILE SHEET

GENERAL INFORMATION			
Company Name:		Date:	Website :
Parent Company:		Phone:	Fax:
Street Address:		Mailing Address:	
City/State/Zip:		Scopes of Work Performed:	
Contractor License #:		UBI #:	
Contact Name(s):	Phone#:	E-Mail:	
Owner's Name(s): (list all)	Phone#:	E-Mail:	
Owner's Name(s):	Phone#:	E-Mail:	
Owner's Name(s):	Phone#:	E-Mail:	

COMPANY DESIGNATIONS (Please check all designations that apply to your company)	
State Designations:	Federal Designations:
<input type="checkbox"/> Disadvantaged Business Enterprise (DBE)	<input type="checkbox"/> Small Business (SB)
<input type="checkbox"/> Women's Business Enterprise (WBE)	<input type="checkbox"/> Small Disadvantaged Business (SDB)
<input type="checkbox"/> Minority Business Enterprise (MBE)	<input type="checkbox"/> Historically Underutilized Business Zone (HUBZone)
<input type="checkbox"/> Veteran or Servicemember Owned Business (WDVA)	<input type="checkbox"/> Service-Disabled Veteran Owned Small Business (SD-VOSB)
<input type="checkbox"/> Small Business Entity	<input type="checkbox"/> Woman-Owned Small Business (WOSB)
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Small Disadvantaged Business 8(a) Certified [8(a)]
	<input type="checkbox"/> Veteran-Owned Small Business (VOSB)
	<input type="checkbox"/> Other (please list)

2. Is your company Section 3 Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please list the approving agencies:	

COMPANY INFORMATION			
1. What year was your business founded?			
2. Have you or the other owners done business under any other name?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If #2 is yes, please provide previous name:			
3. Number of employees:		Office:	Field:
4. Annual volume:	Last year:	Prior year:	Backlog:
5. Are you a union or merit shop company?		Union <input type="checkbox"/> Merit <input type="checkbox"/>	
6. Are your apprentices enrolled in a State-approved apprenticeship program?		Yes <input type="checkbox"/> No <input type="checkbox"/> No Apprentices <input type="checkbox"/>	

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## BID INFORMATION

<b>1. Do you want to bid prevailing wage projects?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/>
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2. What type of project classifications are you interested in bidding? (please check all that apply or add others)							
<input type="checkbox"/>	Multi-family	<input type="checkbox"/>	Hotel/motel	<input type="checkbox"/>	Hospital/medical	<input type="checkbox"/>	Assis. living/nursing
<input type="checkbox"/>	Commercial office	<input type="checkbox"/>	Mixed-use buildings	<input type="checkbox"/>	Retail facilities	<input type="checkbox"/>	Tenant improvements
<input type="checkbox"/>	Church/educational	<input type="checkbox"/>	Manufacturing/industrial	<input type="checkbox"/>	Warehouse/distribution	<input type="checkbox"/>	High-End Residential
<input type="checkbox"/>	Negotiated work	<input type="checkbox"/>	Bidder design	<input type="checkbox"/>	Public work	<input type="checkbox"/>	High-Rise Towers

<b>3. Preferred dollar size range (Min. and Max.):</b>	
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## SAFETY

What is your approximate annual L&I premium?		How many employees are currently working in Washington state?
Number of lost time accidents in last three years:		
Experience Mod. Factor	Current year:	Last Year:
	Two Years Ago:	
How many OSHA violation(s) has your Company received in the last three years: (List year and number of violations)		
Year:	# of Violations	Year:
		# of Violations
Year:	# of Violations	Year:
		# of Violations

## INSURANCE, BOND, BANK INFORMATION

What is your general insurance liability limit?	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 M	<input type="checkbox"/> \$2 M	<input type="checkbox"/> \$3 M	<input type="checkbox"/> \$4+ M
Deductible:					
Are you currently in a retro program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what program?			
Are you bondable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is the largest project you can bond?			
Bonding agent:	Phone:	Contact:			
Bank reference:	Phone:	Contact:			
Your net worth:					

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## REFERENCES

**1. List your firm's largest five projects in the last three years:**

Project Name/Location	Contract Amount	Contractor Name/Contact/Phone

**2. List your firm's five most prevalent repeat clients:**

Firm	Contact	Email	Phone

**3. List your firm's three major suppliers:**

Firm	Contact	Email	Phone

**4. Have you had any disputes within the last three years with a client (owner or contractor) in which either arbitration or litigation were initiated?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain.
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**5. Attach a list of any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.**

**6. Attach a list of current major projects giving name of project, address, owner, general contractor, contract amount, and scheduled completion.**

Please complete and email to [lurban@wgclark.com](mailto:lurban@wgclark.com).

All subcontractors/suppliers must be approved prior to being awarded a contract and to be on our bid list to be considered for upcoming work.