

Subcontractor Prequalification Form

COLVOS CONSTRUCTION is sensitive to the release and review of your financial information. Please note that the financial information located in this form will be reviewed by our Prequalification Department only.

Once completed please return the form via email to info@colvosconstruction.com or via mail to COLVOS CONSTRUCTION, 711

Court C, Tacoma, WA 98402.

General Company Information									
Legal Company Name/DBA		Company Contact Name/Email Address							
Street Address									
Phone Number		Scope of Work & Anticipated Start Date			ate	Years In Business			
Previous Company Name(s)		Uniform Business Identification # (UBI)			81)	Average Annual Work			
Do you have any judgemen	ons, suits, or liens currently against your organization?								
☐ Yes ☐ No (If yes, plea				-	_				
Employee Information	Ţ								
Current Number of Employe	Number of Employees Office		anagement	Field Workers		Contracted Worke	rs		
Permanent (Full-time)									
Permanent (Part-time)									
Temporary									
Average Monthly Payroll \$									
Current Workload (attach addit	tional sheets if neces	ssary)		•					
Projects Under Construction (name & scope)		Subcontract Amount		Sched	luled Completion Date	% Total Business			
Trade References (List Three I	Reference Projects)								
Project Name & Location					Completion Date				
Your Contract Amount Project General Contracto			or GC Con			ntact Name and Telephone Number			
Briefly Describe Work Perfo	ormed								
Project Name & Location					Completion Date				
Your Contract Amount Project General Contractor					GC Contact Name and Telephone Number				
Briefly Describe Work Performed									



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Project Name & Location						Completion Date				
Your Contract Amount	Projec	ect General Contractor				GC Contact Name and Telephone Number				
Briefly Describe Work Perf	ormed									
Safety Information										
Workers' Compensation	(EMR)		2016: 2015:				2014:			
Total Number of Recorda	able Cla	ims	2016:		2015:			2014:		
Total Number of Lost Time Injuries		2016:		2015:			2014:			
Answer the following question	one with	Vas Na	or N/A					•		
Does your company have										
Does your company have				program?						
Does your company have					ram?					
Do you have an onsite tra										
Do you use piece worker				<u> </u>						
Do you use JHA (job Hazard Analysis) to control hazards?										
Do you have competent persons for Scaffolding?										
Do you have competent	persons	for Co	onfined Space	es?						
Do you have competent	persons	for Fa	III Protection?							
Do you have competent persons for Excavation?										
Safety Program Manager:			Phone: En			Email:	Email:			
Bank References				1						
Name of Bank Contact Name and			Telephone N	lumber						
Name of Bank Contact Name		act Name and	me and Telephone Number							
Financial History (Past Two Young Please Attach Current Finance)										
Year Gross		Reve			jin %	Gross Margin \$		1	Net Profit/(Loss) \$	
If asked, what would be t	he high	est am	ount you cou	ld bond a pro	ject for?					
I hereby certify that the info	ormation	n subm	nitted herewith	ı, including ar	ny attachme	nts is true a	nd sufficier	ntly comp	llete so as not t	o be

Information Supplied By: Signature Print Name Title Date



Banking Information Request Form

Please have your bank complete this form and return to COLVOS CONSTRUCTION via email to $\underline{info@colvosconstruction.com}$ or via mail to $\underline{711~Court~C}$, $\underline{Tacoma, WA~98402}$

Date Account was Established (Month & Year)						
Current Account Balance (To Nearest One Hundred Dollars)						
Average Account Balance (To Nearest One Hundred Dollars)						
Number of Non-Sufficient Funds (NSF) or Overdrafts (In Last Year)						
Demond Community						
General Comments:						
Please Fill Out Prior to Sending to Your Bank:						
Company Name:	Account Number:					
Address:						
Phone Number:	Email Address:					
Printed Name:	Title:					
Signature for Release (must be signatory to the account):						
nformation Released by Banking Institution:						
Signature	Date					

Printed Name Title