



A Service Disabled Veteran Owned Small Business
A Woman Owned Small Business

VENDOR INFORMATION SHEET

Company:
Address:
Mailing Address:
Website:
Phone:
Fax:
IFB Email:

CSI Codes
[Blank lines for input]

Contractor's License(s) States and Numbers

State: No.:
State: No.:
(Federal I.D. No.:
Year Business Started: State of Origin:

Business Type: Sole Proprietor Partnership Corp LLC S/E & Size: SB VOSB SDVOSB WBE 8(a) HUB Zone

COMPANY PRINCIPALS:

Name: Title: Email:
Name: Title: Email:
Name: Title: Email:

BONDING: Do you have Bonding Capability? Yes No

If Yes, bonding Project limit: \$ Aggregate Limit \$
Bond Company: A.M. Best Rating:
Broker/Agent Contact: Phone ( )

INSURANCE (select all that apply): G.L. Auto Work Comp Enviro Prof. Liability Excess Umbrella
(Provide sample Insurance Certificate, showing limits for above coverages)

Insurance Company: A.M. Best Rating:
Broker/Agent Contact: Phone ( )

FINANCIAL:

D&B Number: Approx. Work Backlog Value: \$ As of (date):
Smallest / Largest Project Comfortable Handling: \$ / \$



A Service Disabled Veteran Owned Small Business  
A Woman Owned Small Business

**PROJECT REFERENCES:**

General Contractor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Project \_\_\_\_\_

Your Contract Amount \$ \_\_\_\_\_

General Contractor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Project \_\_\_\_\_

Your Contract Amount \$ \_\_\_\_\_

General Contractor \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Project \_\_\_\_\_

Your Contract Amount \$ \_\_\_\_\_

**SUPPLIER REFERENCES:**

Company Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Credit Manager/Accounts Receivable: \_\_\_\_\_

Company Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Credit Manager/Accounts Receivable: \_\_\_\_\_

Company Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Credit Manager/Accounts Receivable: \_\_\_\_\_

**SAFETY:**

In the past 3 years, has your company had any fatalities, falls over 10', or been cited by OSHA for a "serious" or "willful" violation?

[ ] YES [ ] NO, **If yes to any of these questions, please attach a brief description of each occurrence.**

Company EMR Rating: Yr./Rate \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Submit to Glen/Mar Estimating Department via email to [RyanH@glenmarconstruction.com](mailto:RyanH@glenmarconstruction.com) or via fax (503) 650-1902

TEL 503.650.1720 • FAX 503.650.1902 • [www.glenmarconstruction.com](http://www.glenmarconstruction.com)  
OR #49433 • WA # GLENMCI005R2 • 15800 SE 135<sup>TH</sup> AVENUE, CLACKAMAS, OR 97015