



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) HUBZone

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: \$ / \$



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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 estimating@glenmarconstruction.com or via fax (503) 650-1902

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