

Please submit completed form, along with Contractor Score Certificate (dated within 6 months) and any other attachments to prequal@abbottconstruction.com.

IMPORTANT: Companies conducting business in multiple states must provide asterisk (*) items for each state as an attachment to this form.

1. Subcontractor | Supplier Information

Company Name Phone Fax

DBA Primary Contact Email

Physical Address* City* State* Zip*

Payment Address City State Zip

AR/Billing Contact Phone Email

2. License Information

License Number* State Federal Tax ID

Current Classifications (select all that apply)

MBE WBE SB DBE ESB SDVOSB SBD HubZoneSB VOSB

Prevailing Wage Experience? Yes No

If yes, please provide description of experience.

Are you signatory with any Unions? Yes No

If yes, which ones?

3. Additional Information

Type of Organization Corporation Partnership Sole Proprietor Year Organization Established

Other Business Names

Owner(s)

Names of Officers or Principals



SEATTLE
3408 1st Avenue South
Seattle, WA 98134
206.467.8500 / office
206.447.1885 / fax
WA CL JRABBCI 022 JZ

PORTLAND
307 SE Hawthorne Blvd, Ste 150
Portland, OR 97214
503.213.4033 / office
503.293.2400 / fax
OR CCB #54656

LOS ANGELES
25 E California Blvd
Pasadena, CA 91105
626.462.9557 / office
626.462.9508 / fax
CA CL #496901

4. Safety

Safety Officer Phone Email

Do you have a written Safety & Substance Abuse Policy? Yes No

Do you conduct documented Safety Meetings? Yes No

How often do Field Supervisors conduct safety meetings?

Do you have a New Hire Safety Orientation? Yes No

Are subcontractors and suppliers included in safety meetings? Yes No

Provide current number of
Employees Field Employees Office/Shop Employees

Workers Comp EMR/ERP Rate* 2019 2018 2017

In the last 5 years how many OSHA or OSHA State Plan inspections has your company had?

How many inspections resulted in a Violation(s)/Citation(s) being issued?

Please explain actions taken to prevent these violations from reoccurring.

5. Financial Information

Banking Firm

Company Name Phone

Address City State Zip

Primary Contact Email

CPA Firm

Company Name Phone

Address City State Zip

Primary Contact Email

Insurance Agency

Company Name Phone

Address City State Zip

Primary Contact Email Years with Agent



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5. Financial Information (continued)

Bonding Company

Company Name [] Phone []

Address [] City [] State [] Zip []

Primary Contact [] Email []

Bonding Capacity – Single Job [] Bonding Capacity – Aggregate []

Workers Comp and Employers Liability*

Carrier [] Policy Form []

Policy Number [] Policy Period []

Claims Paid in the Last 5 Years

[]

6. Bidding | Estimating Information

Primary Contact* [] Phone* [] Fax []

Email* []

Indicated preferred project size (1 – 5), 1 being most preferred.

- [] Under \$50K [] \$200-500K [] \$3-6M [] \$15-25M
[] \$50-100K [] \$500K-1M [] \$6-10M [] \$25-50M
[] \$100-200K [] \$1-3M [] \$10-15M [] Over \$50M

What market segments do you typically work in? (select all that apply)

- [] Healthcare [] Retail [] Industry [] Hotels [] Schools [] Residential [] Other []

Which project types do you typically work on? (select all that apply)

- [] New Construction [] Tenant Improvement [] Remediation [] Occupied Remodel

List scopes of work you perform.

[]



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7. Legal

- Have liquidated damages been assessed for late completion of any project? Yes No If yes, please attach explanation.
- Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on any contract awarded? Yes No If yes, please attach explanation.
- Have any of the owners, officers, or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct? Yes No If yes, please attach explanation.

8. Acknowledgment

I/We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. I/We recognize that JR Abbott Construction, Inc. will be relying on the accuracy of the information and our responses in this questionnaire and in deciding whether to permit us to bid and to award work to our Company.

Signed (by an Officer of the Company) Date

Company Name Completed by Title

This contractor and subcontractor shall abide by the requirements of 41 CFR 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.



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