



**TO: SUBCONTRACTORS AND SUPPLIERS**

**RE: Subcontractor & Supplier Information Requirements**

Thank you for your interest in working with **R&H Construction Co.** We need to obtain some information regarding your company's qualifications. Please complete the attached form entitled "Subcontractor & Supplier Information Form" (typed or handwritten legibly) and return the original form by fax and/or mail at your earliest convenience.

This form will be reviewed by our preconstruction services staff and kept on file. Your company will either be added to our vendor list, or we will update the information we already have. If you wish, you might include any brochures, manuals, reference letters, etc. regarding the specific product(s) and/or service(s) your company provides.

Also enclosed is a memo regarding R&H's insurance requirement for your review. There is no need to send us certificates of insurance at this time. The information you put on the form will be sufficient at this time.

Sincerely,  
R&H Construction Co.

Attachments:  
R&H Information Form  
Insurance Requirements



**SUBCONTRACTOR & SUPPLIER INFORMATION FORM**

This form should be completely filled out (TYPED or HANDWRITTEN legibly) by all subcontractors and/or suppliers interested in bidding projects for R&H Construction Co.

Your Company's Contact Person: \_\_\_\_\_  
Date: \_\_\_\_\_

**1. LEGAL COMPANY NAME:**

Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**2. TYPE OF ENTITY:**

- Corporation
- Partnership
- Individual
- Other

Oregon CCB Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Washington L&I Number: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Federal Tax I.D. Number: \_\_\_\_\_

**3. BANK REFERENCE:**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**4. BONDING COMPANY:**

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Bonding Limit: \_\_\_\_\_

**5. OMWESB CERTIFICATIONS:**

Oregon Department of Consumer & Business Services, Office of Minority, Women and Emerging Business (OMWESB) & Washington State Office of Minority and Women's Business:

- Active Certifications:
- Emerging Small Business (ESB)
  - Disadvantaged Business Enterprise (DBE)
  - Minority Business Enterprise (MBE)
  - Woman Business Enterprise (WBE)
  - City of Portland Training Agent

**6. Insurance Information**

Please review the attached documents titled "Insurance Requirements", and complete the information below: *(Note: Please do not send us certificates at this time – you will be notified.)*

**Your Company's Insurance Contact Person:**  \_\_\_\_\_

**General Liability:** Insurance Company: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Current Limit: \_\_\_\_\_

**Auto Liability:** Insurance Company: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Current Limit: \_\_\_\_\_

**Worker's Compensation:** Insurance Company: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Current Limit: \_\_\_\_\_

**Umbrella/Excess Liability:** Insurance Company: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Current Limit: \_\_\_\_\_

**Professional Liability:** Insurance Company: \_\_\_\_\_  
Insurance Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Current Limit: \_\_\_\_\_

**7.** List your firm's Worker's Compensation Interstate Experience Modification Rate (EMR) for the most recent three years:

Current Rate:       Prior Year:       2 Years Prior:

**8.** Do you maintain and enforce an active drug screen policy?  Yes  No

**9.** If Yes, under what circumstances do you test?  
 Pre-employment       Post-Accident       Probable Cause

10. Has your company had any **OSHA and/or WISHA** citations within the past (5) years?

Yes  No

If Yes: Please provide dates and what the citation was for:

11. List at least five (5) **SIGNIFICANT PROJECTS** that your firm has under construction or has completed within the last 12 months under your present company name:

**Project Name:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Size of Project (S.F.): \_\_\_\_\_  
Your Contract Amount: \_\_\_\_\_  
Approx. Date of Completion: \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Size of Project: \_\_\_\_\_  
Your Contract Amount: \_\_\_\_\_  
Approx. Date of Completion: \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Size of Project: \_\_\_\_\_  
Your Contract Amount: \_\_\_\_\_  
Approx. Date of Completion: \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Size of Project: \_\_\_\_\_  
Your Contract Amount: \_\_\_\_\_  
Approx. Date of Completion: \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Size of Project: \_\_\_\_\_  
Your Contract Amount: \_\_\_\_\_  
Approx. Date of Completion: \_\_\_\_\_

**9. REFERENCES - General Contractors and/or Owners:**

Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**10. REFERENCES - Credit (i.e. material suppliers, etc.)**

Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**11. COMPANY INFORMATION:**

A. Number of years in business under present company name.

B. What scope and type of work does your company typically perform (please be specific):

C. Check which categories apply:

Commercial       Residential / Multi-Family

Tenant Improvement / Renovation

D. What size projects (in contract amounts) does your company typically do?

Low \$

Average \$

High \$

E. What areas in Oregon do you typically work in?

F. What areas in Washington do you typically work in?

# INSURANCE REQUIREMENTS

1. All subcontractors must provide proof of insurance for the following:
  - a. General Liability (1 million/2 million)
  - b. Automobile Liability (1 million)
  - c. Workers Compensation (500,000)
2. All liability certificates must include the following phrase:

“R&H Construction Co., its subsidiaries, their officers, directors, sureties, agents, and employees and the project owner are named as additional insureds with respects to all operations of the insured. Coverage shall be primary with respect to the interests of the additional insured and all insurance maintained by the additionally insureds shall be excess and non-contributory.”
3. An additional insured endorsement form is required with the same wording or a blanket form that provides the same coverage.
4. A subcontractor will not be allowed on the job site until these requirements are satisfied. Please note that your subcontractors must meet these requirements, also.
5. Please forward these requirements to your agent.
6. You may call Kimie Fuerstenberg at 503-248-5534 with any questions.