



4857 NW Lake Road, Suite 320  
 Camas, WA 98607  
 (360) 699-4724/ FAX (360) 954-5661

WA Lic. #ROBEROC027BA / OR Lic. #108300 / CA Lic. #800426 / ID #RCI-18501 / MT #162079 / NM #37206 / NV #OO75753 / UT #7882487-5501

**R&O SUBCONTRACTOR PRE-QUALIFICATION FORM**

**Contact Information:**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

**Contacts- Those who would like to receive invitations to bid and project information**

Name	Title	Email	Phone

**Other Locations:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Profile Information:**

**Preferred Communication:**

Email       Fax       Other \_\_\_\_\_

**Trade(s) Performed:** \_\_\_\_\_  
 \_\_\_\_\_

**States Licensed in (select all that apply):**

Washington     Oregon     California     Idaho     Utah     Colorado     Other(s): \_\_\_\_\_

**Area of Work (select all that apply):**

Washington:

North Seattle  
 South Puget Sound  
 Central/ Eastern  
 All Washington

Oregon:

Metro PDX  
 Central/ Eastern  
 Southern Oregon  
 All Oregon

California:

Northern       Southern  
 Bay Area       All California  
 Central Coast  
 Central

Other:

Arizona     Colorado     Idaho     Montana     Nevada     New Mexico     Utah

**Additional:** \_\_\_\_\_

**Company Function:**

Sub-contractor       Manufacture       Supplier



**Labor Affiliation:**

- Union
  Non-Union
  Prevailing Wage

**Business Certifications:** *(Attach documentation from any local, state or federal agency that has certified your company.)*

- Minority Business Enterprise (MBE)
  Local Business Enterprise (LBE)
- Woman Business Enterprise (WBE)
  Veterans Business Enterprise (VBE)
- Small Business Enterprise (SBE)
  Disabled Veterans Enterprise (DVBE)
- Disadvantaged Business Enterprise (DBE)
  Other: \_\_\_\_\_

**Projects Recently Completed (List 2):**

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Owner/CM/GC: \_\_\_\_\_

Project Title: \_\_\_\_\_ Location: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Owner/CM/GC: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**INSURANCE REQUIREMENTS OF SUBCONTRACTORS**

1. Proof of Workers Compensation coverage (WA L&I account # or Cert of Workers Comp insurance - all other states)
2. Washington Unified Business Identifier (UBI) number (Washington companies)
3. Completed Form W-9 – Request for Taxpayer Identification Number
4. State Contractor’s License Pocket Card with expiration date
5. Certificate of Insurance:
 

Robertson & Olson Construction, Inc. must be named as additional insured on the certificate, indicating “all operations”, with a copy of endorsement attached to Certificate of Insurance.

  - a) Commercial General Liability:
 

1) General Aggregate	2,000,000
2) Products Aggregate	2,000,000
3) Each Occurrence	1,000,000
4) Personal & Advertising Injury	1,000,000
5) Fire Legal Liability	50,000
6) Medical Payments	5,000
  - b) Automobile Liability (Combined Single Limit): 1,000,000
  - c) Umbrella/Excess Liability: 1,000,000
  - d) Professional Liability (if applicable): 1,000,000