

IN LINE

COMMERCIAL CONSTRUCTION INC.

Have you done business with us recently?

Sub Questionnaire - please complete & fax or mail back to us.

Organization General Information

Company Name _____ Contact: _____
Oregon CCB# _____ Washington Contractors #: _____
Address _____
City/State/Zip _____
Telephone _____ Fax _____
Current Number of Employees: _____ Craft _____
Email: _____
Website: _____

Bidding Interest

Type of Work _____
Preferred Job Cost Range \$ _____
Trades normally performed by your own forces or items normally furnished by your firm _____
Type of work usually subcontracted to others _____

Business License Number	State	Type of License/Work License for

Signatory to the following unions	Expires

References – please supply 2 each for business and bank references	Phone/Fax #

Safety

Does your company have a written safety program and/ or policies? Yes No
Does your company have a written drug policy? Yes No
Does your company have an OSHA 200 Log for the last three years? Yes No
Does your company employ a full-time corporate/site Safety contact? Yes No
Have you been cited by OSHA in the last year? Yes No

→If yes, please include a copy of your citation when faxing or mailing this back to In Line.

List your firm's Worker Compensation Interstate Experience Modification Rate (EMR) for the last three years
2005 _____ 2004 _____ 2003 _____

Additional Information

Have you ever participated in a project MWESB program? Yes No
Your current classification: MBE WBE DBE ESB Cert # _____
Name of your Bonding Company: _____
Bonding Agent name/address/phone: _____

Thank you!

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In Line Confidential