FORTIS CONSTRUCTION INC.

SUBCONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential.

COMPANY INFORMATION

Company Name:						Company ID:	
Address:						Phone:	
City:						Toll Free:	
State:		Zip:				Fax:	
Branch Offices:	(Enter your branch office(s) and bid contact names)						
Address:						Bid Contact:	
City:						E-mail:	
State:		Zip:		Phone:		Fax:	
Address:						Bid Contact:	
City:						E-mail:	
State:		Zip:		Phone:		Fax:	
Address:						Bid Contact:	
City:						E-mail:	
State:		Zip:		Phone:		Fax:	
Address:						Bid Contact:	
City:						E-mail:	
State:		Zip:		Phone:		Fax:	

GENERAL INFORMATION

Is your firm signatory to any unions? ☐ Yes ☐ No

Trade Information: (Enter your company's trade information using the attached CSI table. *Only one CSI number and description per line*)

1		2	
3		4	
5		6	
7		8	
9		10	
11		12	

License Information: (Enter your company's contractors license information)

Issuing State	Class	License Number	Expires

Minority Business Enterprise Status:

☐ Minority ☐ Women ☐ Disadvantaged ☐ Veteran ☐ Small Business ☐ Other

Certifying Agency Names:

1		2	
3		4	
5		6	

INSURANCE INFORMATION

Do you have a current Fortis Master Subcontract Agreement in place?	☐ Yes	☐ No

Please review the attached Attachment A - Insurance Requirements to verify whether or not your company meets Fortis's Insurance requirements. In order to verify your companies Insurance, please submit your Certificate of Insurance with your Prequalification.

Insurance Broker Name:	

We have reviewed the attached documents and we fully meet the Fortis Insurance Requirements.	☐ Yes	☐ No

GL Limits per occurrence are only $1M with no Umbrella/Excess Policy.	☐
Aggregate limits do not apply separately per project. (Unless Aggregate + Umbrella Limits are greater than $5M)	☐
Additional Insured Endorsement does not cover completed operations.	☐
Mold Coverage in GL Policy or Separate Pollution Liability Coverage. (as outlined in 10.0 of the Attachment A)	☐
Professional Liability/ Errors and Omissions of $2 M (scopes of work outlined in 9.0 of the Attachment A)	☐
Additional Insured Endorsement does not include primary wording.	☐
Other:	

SAFETY INFORMATION

Year	2006	2005	2004
OSHA Citations			
Experience Modification Rate			
No. of Recordable Cases (add I and J from OSHA Form 300A)			
No. of Lost Day Cases (item H from OSHA Form 300A)			
No. of Fatalities (item G from OSHA Form 300A)			
Annual Average Number of Employees			
Total Hours Worked by all Employees			

Does your company have a written field based safety program?	☐ Yes	☐ No		
Does your company have a substance abuse policy?	☐ Yes	☐ No		
Do you hold site safety meetings?	☐ Yes	☐ No	How often?	
Do you conduct project site safety inspections?	☐ Yes	☐ No		
If Yes, how often?				
Who follows up on these inspections?				

SURETY INFORMATION

Is your company bondable?	☐ Yes	☐ No			
Current Surety Company:					
Broker Agent Name:				Broker Agent Phone :	
Bond Rates:	$0 - $100 K		%	**Bonding Capacity:**	
	$100 K - $500 K		%	Single Project Bonding Capacity:	
	$500 K - $1.0 M		%	Aggregate Project Bonding Capacity:	
	$1.0 M - $2.0 M		%	Current under Bond as of Today:	
	$2.0 M - $5.0 M		%		

FINANCIAL INFORMATION

Company History:

Legal Entity Type:		Do you have a D&B Number?	☐ Yes ☐ No
Year Company Founded:		If Yes, enter your D&B No.:	
Fiscal Year End Date:		D&B Paydex:	
Federal Tax ID Number:			

Are there any affiliated Subsidiaries?	☐ Yes	☐ No		
If Yes, the enter Subsidiary names:			1	
			2	
			3	
			4	
			5	
Is your firm owned or controlled by another organization?	☐ Yes	☐ No		
If Yes, then enter the name of the Parent Organization:				
Any previous Company names?	☐ Yes	☐ No		
If Yes, then enter previous Company names:			1	
			2	
			3	
			4	
			5	
Has your firm ever filed Bankruptcy?	☐ Yes	☐ No	If Yes, please explain:	

☐ Yes ☐ No

Fortis requires a Financial Statement. The Audited Financial Statement can be mailed or faxed directly to the location listed below. This document will be held in strict confidence for the purpose of this Subcontractor Prequalification only.

Key Financial Information for latest Year Ending:			Year Ending:	
Current Year Revenues:			Line of Credit Limit:	
Total Assets:			Total amount currently against Line of Credit:	
Current Assets:				
Average Receivables:			**Send Financial Statements to:**	
Current Liabilities:				
Total Liabilities:			**Fortis Construction, Inc.**	
Net Income:			**Attention: Amanda Walker, Controller**	
Net Equity:			**1705 SW Taylor, Suite 200**	
Current Backlog:			**Portland, OR 97205**	
Average Monthly Billings:			**Fax: (503) 459-4477**	

continued

Company Officers:

	Name	Title		Name	Title
1			2		
3			4		
5			6		

Enter information for a contact in your company who can answer specific questions about your Financials:

Contact Name:		Phone:		Fax:	
Title / Position:		E-mail:			

Bank Reference:

Name of Bank:		Phone:	
Contact Name:		Fax:	
Title / Position:		E-mail:	

LITIGATION INFORMATION

Any current litigation with Owners or General Contractors?	☐ Yes	☐ No
If Yes, please explain		
Any judgments against in the last 3 years?	☐ Yes	☐ No
If Yes, why?		
Any Principals of your company in litigation?	☐ Yes	☐ No
If Yes, for what?		
Any paid liquidated damages?	☐ Yes	☐ No
If Yes, for what?		
Any labor law violations?	☐ Yes	☐ No
If Yes, for what?		
Have you ever defaulted on a contract?	☐ Yes	☐ No
If Yes, why?		
Ever failed to complete a contract?	☐ Yes	☐ No
If Yes, why?		
Have you ever been terminated from a contract?	☐ Yes	☐ No
If Yes, why?		
Have you ever had your license revoked or suspended?	☐ Yes	☐ No
If Yes, why?		

Upon completion of this form, save and attach it to your e-mail and send to: jane.gregory@fortisconstruction.com

Or mail to:

Fortis Construction, Inc.
Attention: XXX
1705 SW Taylor Street, Suite 200
Portland, OR 97205