SUBCONTRACTOR INFORMATION FORM

Company Name: _____
Mailing Address: _____
City/State/Zip: _____

Phone: _____ Fax: _____
Contact Name: _____ Title: _____
Email Address: _____
Web Site: _____

Type of Company: ☐ Corporation ☐ Partnership ☐ Individual
Owner/Officer's Name: _____
Federal Tax ID#: _____ UBI #: _____
DUNS Number: _____ Employment Security #: _____
Contractor Registration #: _____ Expire Date: _____
Dept. of L & I Number: _____

Insurance Company: _____
Agent's Name and Phone: _____

Accounting Contact Name: _____
Accounting Contact Phone: _____ Fax: _____
Accept Credit Cards? ☐ Yes ☐ No ☐ Visa ☐ American Express

Small Business (Based on your NAICS Code): ☐ Yes ☐ No

Minority, Disadvantaged, Woman, HUB, or Native American Owned Business? (Circle) M D W H N

Type of Services / Supplies: _____

Email completed form to: contractadmin@catworksconstruction.com or Fax to: (360) 666-2556

HEALTH & SAFETY SUMMARY FORM

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Safety Officer: _____ Phone: _____

1. List your firm's Worker's Compensation experience modification rates (EMR) for the last three years. If EMR is 1.0 or above, please attach an explanation.

Year	EMR
2018	
2017	
2016	

2. List your firm's OSHA incidence rates for the last three years. Your incident rate is calculated using the following formula:

$$\frac{\text{Number of Incidents x 200,000 hours}}{\text{Number of hours worked}}$$

Categories	2018 Incident Rate	2017 Incident Rate	2016 Incident Rate
Total OSHA recordable cases			
OSHA recordable cases resulting in days away from work			
Fatalities			
Average number of employees			

3. Has your firm been cited by WISHA/OSHA within the last 3 years? ☐ Yes ☐ No
   If yes, attach an explanation.

4. Do you have a written safety program? ☐ Yes ☐ No

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