

Corporate Location 5122 Olympic Dr, Ste A104 Gig Harbor, WA 98335 Mailing Address 11010 Harbor Hill Dr NW #B609 Gig Harbor, WA 98332 Phone 253.655.5504 Fax 253.559.3278 www.highmark-gc.com

Subcontractor/Vendor Questionnaire

Thank you for your interest in working with Highmark General Contractors, Inc. Please submit completed form to accounting@highmark-gc.com.

General Information			
Company Name:			
Address:			
City, State, Zip:			
Mailing Address:			
City, State, Zip:			
Phone:	Fax:		
Business Information			
Type of Organization: Sole Proprietor	C-Corporation S-Corporation LLC Partnership		
Please List the name(s),	, title of owner(s), or officer(s) of the company:		
Federal EIN Number: _	UBI:		
Owner's Social Security	No (if Sole Proprietor):		
WA State Contractor's Li	License No:		
Labor & Industries No:	EMR Rating:		
Labor & industries No	LIVIN Nating		
	ed minority or woman-owned enterprise? Yes No DBE Registration No		
Insurance & Bond Inform	mation		
	nce Carrier – Please provide a certificate of insurance providing pric	or proof of	
	age listing General Aggregate at \$2,000,000.00.	, p . 55. 5.	
Carrier:			
Address:			
Phone:			
Contact:			
Bonding Agent:			
Contact:			



Contacts Accounting:			
Phone:			
Estimator:			
Email:			
Phone:			
I hereby certify that, to the best of my knowledge, the information stated on this form is accurate.			
Signature	Title		
Printed Name	 Date		