



Beaudin Construction
15810 SE 135th
Clackamas, OR 97015
(503) 915-8511
office@beaudinconstruction.com

All subcontractors are required to complete this questionnaire to become a qualified Beaudin Construction subcontractor. The contents will be considered confidential and used solely to determine your firm's qualifications.

General Information

Legal Name of Business:	
Physical Address:	
Mailing Address:	
Phone Number:	
Website:	

Personnel

Number Office Employees:	
Number Field Employees:	
Number Subcontracted Workers:	

Primary Administrative / Accounting Contact

Name/Title:	
Phone Number:	
E-mail Address:	

Primary Production Contact

Name/Title:	
Phone Number:	
E-mail Address:	

Federal Employer ID Number:		Type of Company: (Corp/LLC/Partnership/Sole Prop...	
NAICS Classification:		Corporation Date:	
SIC Classification:		Corporation State:	

Principals

Name/Title:	
Phone Number:	
E-mail address:	

Name/Title:	
Phone Number:	



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E-mail Address:	
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Business Classification

Does your business meet a special classification: ☐ No ☐ Yes

If yes, please complete the remainder of the section and attach applicable documentation.

Minority Owned	<input type="checkbox"/>	Disadvantaged Business	<input type="checkbox"/>
Woman Owned	<input type="checkbox"/>	Service-Disabled Vet Owned	<input type="checkbox"/>
Emerging Small Business	<input type="checkbox"/>	Other:	
Veteran Owned	<input type="checkbox"/>		

Minority Certification Status: ☐ Self ☐ Private ☐ Public ☐ N/A

City: _____ State: _____

Work Classification (Attach add'l sheets if needed)

Type of Work/Services Performed:	
State Licenses / Lic #'s.	

Work Experience (Attach add'l sheets if needed)

Major Projects- Last 2 Years

Project Name:	
Location:	
Contract Amount:	
Contract With:	
Contact Name:	
Phone/e-mail:	
Work Performed:	

Project Name:	
Location:	
Contract Amount:	
Contract With:	
Contact Name:	
Phone/E-mail:	
Work Performed:	

Project Name:	
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Contract With:	
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Work Performed:	



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Current Backlog
(Attach separate sheet if necessary)

Project Name	Contract Amount	Cost to Complete	Completion Date

Has your firm ever failed to complete any work awarded?

☐ No ☐ Yes

Has there ever been or is there currently pending or outstanding any judgments, claims, arbitrations, proceedings or suits against your firm or its officers or principals?

☐ No ☐ Yes

Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years?

☐ No ☐ Yes

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you?

☐ No ☐ Yes

Have any of the owners, officers, or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

☐ No ☐ Yes

Has your firm ever had a claim made against it for improper, delayed, defective, or noncompliant work or failure to meet warranty obligations?

☐ No ☐ Yes

If yes to any of the above, please explain (attach add'l sheets if necessary):



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Financial Information

Revenues

2025	
2024	
2023	

Bank

Name:	
Address:	
Contact Name:	
Phone/E-mail:	

Bonding

Surety name:	
Agent- Company:	
Address:	
Contact Name:	
Phone/E-mail:	

Single Amount limit:	
Aggregate Amount Limit:	
Bond Rate:	

Has your Company ever had any bond claims paid? ☐ No ☐ Yes
If, Yes, please explain:

Insurance

Your company must meet Beaudin Construction's minimum requirements. Those requirements are listed in the Master Services Agreement.

Agent-Company Name:	
Address:	
Contact Name:	
Phone/E-mail:	
Policy Limits:	

References

Suppliers

Company Name:	
Contact Name:	
Phone/E-mail:	



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Company Name:	
Contact Name:	
Phone/E-mail:	

Company Name:	
Contact Name:	
Phone/E-mail:	

Contractors

Company Name:	
Contact Name:	
Phone/E-mail:	

Company Name:	
Contact Name:	
Phone/E-mail:	

Company Name:	
Contact Name:	
Phone/E-mail:	

Safety

Safety Contact:			
Phone:		Email:	

1. Does your company have a written Safety Policy and Program and will you provide a copy if requested?

☐ No ☐ Yes

2. Does your company conduct safety inspections on all your projects?

☐ No ☐ Yes Frequency: _____

If yes, by (name/title): _____

3. Does your company have a new employee orientation?

☐ No ☐ Yes

4. Does your company have a written substance abuse Policy?

☐ No ☐ Yes

If yes, check which are included with policy:

☐ Initial Employment ☐ For Cause ☐ Post Accident/Incident ☐ Random



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5. Do you require documented safety meetings for all employees?

☐ No ☐ Yes If yes, how often? ☐ Weekly ☐ Daily ☐ Or _____

7. Does your company have a disciplinary program for safety violations?

☐ No ☐ Yes If yes, ☐ Verbal ☐ Written

8. Do you have a program for recognizing your employees for safety performance excellence?

☐ No ☐ Yes

9. Has your company received any OSHA citations in the last 3 years?

☐ No ☐ Yes

OSHA 300 Log	2025	2024	2023
Number of Fatalities (Total Column G)			
# of Cases with Days Away from Work (Total Col. H)			
# of Restricted Workday Cases (Total Column I)			
# of Other Recordable Cases (Total Column J)			
Employee Hours Worked			
OSHA Total Recordable Incident Rate (total recordable injuries x 200,000 ÷ total hours worked)			
OSHA Lost Time Incident Rate (total lost workday cases x 200,000 ÷ total hours worked)			
Experience Modification Rate (EMR)			



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This prequalification questionnaire was completed by:

Name/Title:			
Phone:		Email:	

Signature _____

Date: _____

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