



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:	
Location:	
Contract Amount:	
Contract With:	
Contact:	
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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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