KORSMO CONSTRUCTION

Foss Landing
1940 East D Street, Suite 300
Tacoma, WA 98421

Mailing Address
P.O. Box 1377
Tacoma, WA 98401

Phone (253) 582-6712
Fax (253) 582-6788
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Subcontractor Questionnaire – Bid Opportunities

Thank you for your interest in working with Korsmo Construction. We encourage businesses to complete this form to be added into our database. This will assist our project teams in outreach and bidding efforts.

General Information:

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact Information (For Estimating Only):

Name: _____

Title: _____

Phone: _____ Fax: _____

Cell Phone: _____

Email: _____

Scopes of Work:

Please list and describe the scope(s) of work you typically perform. If applicable, provide the standard CSI Codes.

Scope: _____ Description: _____

Scope: _____ Description: _____

Scope _____ Description: _____

CSI Code: _____ Description: _____

CSI Code: _____ Description: _____

WA STATE Certifications: (Please check all those that apply)

Small Business: ☐   Minority-owned: ☐

Women-owned: ☐   Disadvantaged: ☐

HUBZone: ☐   Veteran-owned: ☐

Service-disabled: ☐   MWBE: ☐

Native-American: ☐   8(A): ☐

(Tribal Affiliation): _____

Miscellaneous:

Non-union ☐

Union ☐

Trade: _____

Trade: _____

Bonding Capacity: _____ Aggregate

_____ Per Project

Estimating Team: Byron Schmidt, Lead Estimator | Byron@korsmo.com

Will Floyd, Estimator | WFloyd@korsmo.com

Dave Hale, Estimator | DHale@korsmo.com

Zane Andersson, Estimator | ZAndersson@korsmo.com

Preconstruction: Steve Rich, Preconstruction Manager | SRich@korsmo.com