



Adna School District No. 226
PO Box 118, Adna, WA 98522
360-748-0362ph - 360-748-9217fx
www.adnaschools.org

Small Works Statement of Qualifations Form

Company Name _____
Unified Business Identifier _____

Owner Name _____

Site Address _____

Mailing Address _____

Mailing City, State and Zip _____

Phone Number _____

Mobile Number _____

Fax Number _____

Email _____

WA Contractor's License _____

If No Contractor's License, Business License Number _____

Expiration Date _____

WA Labor and Industries Workers' Comp Number _____

WA Employment Security Number _____

Federal Employment Tax ID Number (If Applicable) _____

Firm must hold an active WA State Dept. of Revenue Account _____

The contractor shall certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in covered transactions by any State or Federal department or agency.

Insurance Company _____

Insurance Agent Name _____

Insurance Address _____

Insurance Phone Number _____

NOTE, Contractor must be able to provide as a minimum, the following insurance policy:
Automobile liability of \$1,000,000 covering all owned, non-owned, hired, and leased vehicles:
Commercial general liability of \$1,000,000 single limit and \$2,000,000 agregate: and, if applicable
professional liability insurance of \$1,000,000

Company must submit a copy of their certificate of liability insurance to quality for the Adna School District Small Works Roster.