

**PROFILE OF FIRM FORM  
(RFP Attachment C)  
No. P20001, MISSION Brokerage Services**

1. Prime  Sub-contractor  (This form must be completed by and for each).

2. Name of Firm: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Street Address, City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_

4. Please attached a brief biography/resume of the company, including the following information:  
(a) Year Firm Established; (b) Year Firm Established in Washington State; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

5. Identify Principals/Partners in Firm (submit under Tab No. 5 a brief professional resume for each):

Name	Title	% of Ownership

6. Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 5 a brief resume for each. (Do not duplicate any resumes required above):

Name	Title

7. Proposer Diversity Statement. You must mark all the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

Caucasian American (Male)  
\_\_\_\_\_%

Public-Held Corporation  
\_\_\_\_\_%

Government Agency  
\_\_\_\_\_%

Non-Profit Organization  
\_\_\_\_\_%

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Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following):

<input type="checkbox"/> Resident Owned* _____%	<input type="checkbox"/> African American _____%	<input type="checkbox"/> Native American _____%	<input type="checkbox"/> Hispanic American _____%	<input type="checkbox"/> Asian/Pacific American _____%	<input type="checkbox"/> Hasidic Jew _____%	<input type="checkbox"/> Asian/Indian American _____%
<input type="checkbox"/> Woman-Owned (MBE) _____	<input type="checkbox"/> Woman-Owned (Caucasian) _____	<input type="checkbox"/> Disabled Veteran _____	<input type="checkbox"/> Other (Specify): _____%			

WMBE Certification Number: \_\_\_\_\_

Certified by (Agency): \_\_\_\_\_

(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)

8. Federal Tax ID No.: \_\_\_\_\_

9. Local Business License No. (if applicable): \_\_\_\_\_

10. State of Washington License Type and No.: \_\_\_\_\_

11. Federal License Type and No.: \_\_\_\_\_

12. Worker’s Compensation Insurance Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

13. General Liability Insurance Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

14. Professional Liability Insurance Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_