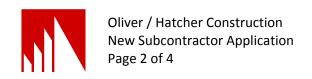


Principal	SVP

NEW SUBCONTRACTOR APPLICATION

This form must be completed in its entirety by all subcontractors bidding or contracting for work with Oliver / Hatcher Construction in excess of \$10,000. An incomplete form will not be accepted or approved.

PROJECT NAME (if applicable):			PRE-QUALIFICATION	? 🗌
Trade or Service Provided:				
Contact Information for Persor	n Completing this	Application:		
GENERAL INFORMATION				
Company Name:				
Years Your Organization Has Be	en in Business: _			
Years Your Organization Has Be	en in Business Ur	nder Current Name: _		
Company Status: MBE	☐ WBE	☐ VBE	Other	
Address:				
Phone:	Fax:	Email:		
Corporate Website:			_	
Officer(s):				
Estimator:		E-Mail:		
Project Mgr.:		E-Mail:		
A/R Contact:		E-Mail:		
COMPANY CAPABILITIES				
Past Projects:				
<u>Name</u>		Year Completed	<u>Size</u>	<u>Value</u>
Number of Employees:		Average Crew Siz	e:	
Union Non-Union				
Largest Project Dollar Value:		Average	Project Dollar Value:	
Estimating Capabilities:				



COMPANY CAPABILITIES CONTINUED

CAD Capabilities:
Equipment Owned:
Special Capabilities:
ISO Certified: Yes No Date of Certification:
<u>SAFETY</u>
Note: Upon award of a project, you may be required to visibly show evidence of a Safety Manual.
What is your company's Experience Modifier Rate (EMR)?
What is your company's MIOSHA incident rate? (Provide a copy of the OSHA 300A Summary for the last 3 years)
In the past three (3) years has your company had any MIOSHA violations or warnings? If so, please list details, including any fine amounts.

How to Calculate the MIOSHA Incident Rate

Incidence rates represent the number of injuries and illnesses per 100 full-time workers and are calculated as $(N/EH) \times 200,000$ where:

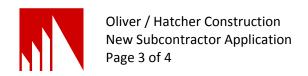
N = Number of injuries and illnesses

EH = Total hours worked by all employees during the calendar year

200,000 = Base for 100 equivalent full-time workers

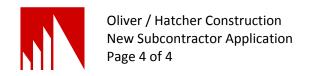
(Working 40 hours per week, 50 weeks per year)

Please calculate your company's MIOSHA incident rate and enter the information on the line provided above. It is required that you provide a copy of your safety manual prior to commencing work on any of our job sites. Thank you for your cooperation.



FINANCIAL

Please provide banking information and contact:	Employer Identification #:				
Bank Name:	Classification:				
Contact Person:	Incorporated:	Yes		No	
Address:	Partnership:	Yes		No	
Phone Number:	Sole Proprietor:	Yes		No	
Line of Credit:	MI Sales Tax Acct. No.:				
Limit:					
Amount Outstanding:					
Bonding Company:	Total Bonding Capacity:				
Contact Person:	Single Project Bonding Capacity:				
	Amount Currently Bonded:				
Have you ever failed to complete a project: Yes \(\square \) No \(\square \)					
If yes, please explain:					
Have you ever been removed from a project prior to completion?					
If yes, please explain:					
Has the Owner(s) and/or principals of the company ever filed for bankruptcy or reorganization? Yes					
Are there any lawsuits or legal actions pending against your compa	any? Yes 🗌 No 🗌				
If yes, please explain:					
Ever bonded a job for completion? Yes \square No \square					
If yes, please explain:					



REFERENCES

Please provide three (3) client and three (3) supplier references.

<u>Client</u>	<u>Suppliers</u>
Company:	Company:
Contact:	Contact:
Phone:	Phone:
Company:	Company:
Contact:	Contact:
Phone:	Phone:
Company:	Company:
Contact:	Contact:
Phone:	Phone:

Please provide Oliver / Hatcher Construction with a copy of your company resume (if available).