



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 Person Completing this Application: \_\_\_\_\_

**GENERAL INFORMATION**

Company Name: \_\_\_\_\_

Years Your Organization Has Been in Business: \_\_\_\_\_

Years Your Organization Has Been in Business Under 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>	<u>Year Completed</u>	<u>Size</u>	<u>Value</u>

Number of Employees: \_\_\_\_\_ Average Crew Size: \_\_\_\_\_

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: \_\_\_\_\_

**SAFETY**

**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:

Bank Name:  
 Contact Person:  
 Address:  
 Phone Number:

Line of Credit:  
 Limit:  
 Amount Outstanding:

Employer Identification #: \_\_\_\_\_

Classification:  
 Incorporated: Yes  No   
 Partnership: Yes  No   
 Sole Proprietor: Yes  No

MI Sales Tax Acct. No.: \_\_\_\_\_

Bonding Company:  
 Contact Person:

Total Bonding Capacity:  
 Single Project Bonding  
 Capacity:  
 Amount Currently Bonded:

Have you ever failed to complete a project: Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been removed from a project prior to completion? Yes  No

If yes, please explain: \_\_\_\_\_

Has the Owner(s) and/or principals of the company ever filed for bankruptcy or reorganization? Yes  No

Are there any lawsuits or legal actions pending against your company? Yes  No

If yes, please explain: \_\_\_\_\_

Ever bonded a job for completion? Yes  No

If yes, please explain: \_\_\_\_\_

*Provide financial statements for the past two years (if requested)*



**REFERENCES**

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

**Client**

**Suppliers**

Company:  
Contact:  
Phone:

Company:  
Contact:  
Phone:

Company:  
Contact:  
Phone:

Company:  
Contact:  
Phone:

Company:  
Contact:  
Phone:

Company:  
Contact:  
Phone:

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