

Subcontractor Prequalification Application

GENERAL COMPANY INFORMATION

Legal Name _____ (the "Subcontractor")
Address _____ **Head Office**
Town/City _____ **Province** _____ **Postal Code** _____ **Branch Office**
Phone No. _____ **Website** _____
Fax No. _____ **CRA No.** _____ **Business Inception** _____

Contact Information

Name _____	Phone _____	Name _____	Phone _____
Position _____		Position _____	
Email _____		Email _____	

Additional Location(s)

Address _____	Address _____
Town/City _____ Province _____	Town/City _____ Province _____
Phone _____	Phone No. _____

Business Type Corporation Limited Partnership
 Sole Proprietor General Partnership
 Other: _____

Number of Employees
 _____ **Trades/Craft Personnel**
 _____ **Other**

Principals, Directors, Officers and Key Personnel

Name _____	No. of Years _____	In Current Position
Position _____		With Company
Name _____	No. of Years _____	In Current Position
Position _____		With Company
Name _____	No. of Years _____	In Current Position
Position _____		With Company

Related Companies (i.e. Parent, Holding, Common Ownership, Subsidiary, Partnerships, Joint Ventures, etc.)

Company Name	Relationship
_____	_____
_____	_____
_____	_____

Have there been any changes in ownership, control or management in the past three (3) years? Yes No

If yes, provide details.

Has the Subcontractor or any of its shareholders operated under a different company name in the past? Yes No

If yes, provide details.

RELATED WORK EXPERIENCE

Scope(s) of Work Performed _____

Does the Subcontractor perform any engineering, design or other professional services? Yes No

Is any portion of this work subcontracted to others? Yes No

If yes, provide details.

What percentage the works is performed in the following industries? _____ % Commercial _____ % Institutional
 _____ % Industrial _____ % Residential

Geographical Area of Operations BC SK ON Territories Canada USA
 AB MB QC Maritimes Other: _____

In the past three (3) years, how many contracts have been completed the following thresholds?

_____	Less than \$50,000	_____	\$50,000 - \$100,000	_____	\$100,000 - \$500,000
_____	\$500,000 - \$1,000,000	_____	\$1,000,000 - 2,500,000	_____	\$2,500,000 - \$5,000,000
_____	\$5,000,000 - \$10,000,000	_____	\$10,000,000 - \$25,000,000	_____	Greater than \$25,000,000

WORK EXPERIENCE / PROJECT REFERENCES

Provide details of the largest contracts that have been completed in the past three (3) years.

Project Name _____ Contract Value \$ _____
 Location _____ Date Completed _____
 Project Manager (Owner / Contractor) Contact Name _____
 Phone _____ Email _____

Project Name _____ Contract Value \$ _____
 Location _____ Date Completed _____
 Project Manager (Owner / Contractor) Contact Name _____
 Phone _____ Email _____

Project Name _____ Contract Value \$ _____
 Location _____ Date Completed _____
 Project Manager (Owner / Contractor) Contact Name _____
 Phone _____ Email _____

Provide details of any contracts that have been completed with Stuart Olson in the past three (3) years.

Project Name _____ Contract Value \$ _____
 Location _____ Date Completed _____
 Superintendent _____ Project Manager _____

Project Name _____ Contract Value \$ _____
 Location _____ Date Completed _____
 Superintendent _____ Project Manager _____

QUALITY CONTROL PROGRAM

Does the Subcontractor have a formal Quality Control (QA/QC) Program? Yes No

If yes, provide a copy of the table of contents.

If no, please explain.

QAQC Contact Name _____ Phone _____ Email _____

Is the Subcontractor ISO Certified? Yes No

If yes, provide a copy of the certificate.

BONDING & INSURANCE

Does the Subcontractor have surety facility in place? Yes No

Surety Company Name _____

Is the facility secured by any financial and/or performance security? Yes No

If "yes", specify the type of security.

- | | |
|--|---|
| <input type="checkbox"/> Parental Guarantee | <input type="checkbox"/> Personal Guarantee |
| <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> General Security Agreement |
| <input type="checkbox"/> Subordination Agreement | <input type="checkbox"/> Other: _____ |

Has any claim been made against a bond provided on your behalf? Yes No

If yes, provide details.

Has a surety company ever declined to provide a surety bond? Yes No

If yes, provide details.

Provide the details of the Subcontractor's current insurance program.

Certificate of insurance to be submitted with application.

	Insurance Company Name	Limit of Insurance	Expiry Date (mm/dd/yyyy)
Commercial General Liability		\$	
Automobile Liability		\$	
Umbrella/Excess Liability		\$	
Professional (E & O) Liability		\$	
Pollution Liability		\$	

SUPPLIER CREDIT REFERENCES

List the names of suppliers that extend credit to the Subcontractor.

Supplier _____	Supplier _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____	Email _____

FINANCIAL INFORMATION

Corporate Year End: _____ Annual Gross Revenue \$ _____ Current Year (Estimated)
 Annual Gross Revenue \$ _____ Prior Year

Current financial statements (accountant prepared) to be submitted with application.

What percentage of Account Receivable are beyond the agreement payment terms (excluding holdback)? _____ %

If > 10%, provide details.

What percentage of Account Payable are beyond the agreement payment terms? _____ %

If > 10%, provide details.

Does the Subcontractor have an operating line of credit in place? Yes No

Bank/Financial Institution _____

ADDITIONAL INFORMATION

Has the Subcontractor, its shareholders or any related companies ever become insolvent or filed for bankruptcy? Yes No

If yes, provide details.

Is the Subcontractor or any affiliated companies involved in any litigation, arbitration or mediation? Yes No

If yes, provide details.

Have any liens filed been against the Subcontractor in the past three (3) years? Yes No

If yes, provide details.

Has the Subcontractor or any affiliated companies ever failed to complete work under a contract? Yes No

If yes, provide details.

Has the Subcontractor or any affiliated companies ever received a notice of default under a contract? Yes No

If yes, provide details.

ACKNOWLEDGEMENT OF INFORMATION

The Undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

Signature: _____
Print Name: _____
Position: _____
Date: _____

PREQUALIFICATION CHECKLIST



In addition to the fully completed and executed Subcontractor Prequalification Application, the following documents will need to be submitted.

- Current Financial Statements (Accountant Prepared)
- Bank Reference Form
- Surety Reference Form
- Health & Safety Manual - Table of Contents
- Certificate of Recognition (COR)*
- Quality Control Program Manual - Table of Contents
- ISO Certification*
- Workers Compensation Experience Rating (3 Years)
- Certificate of Insurance (General Liability and Automobile Insurance - \$5,000,000 Limit)

** If Applicable*

Submit Completed Application to: Risk Management Department
Email RiskManagement@stuartolson.com
Fax (403) 685-7770