



J M OLSON CORPORATION SUBCONTRACTOR PREQUALIFICATION INFORMATION

Please fill out completely, you may be assured that all financial information submitted will be strictly confidential. Our request is to ensure that all Subcontractor/Vendors selected are in accordance with JM Olson Corporation's Quality Operating System.

Date: _____

Company Name: _____

Headquarter Address: _____

Street Address _____ P.O. Box _____

City _____ State ____ Zip Code _____

Phone Number _____ Fax Number _____

Contact Person for Bid Opportunities: _____

Contact Person's Email Address: _____

1. Year Company was Established: _____

Number of years under present Ownership: _____

2. Bank Reference:

Name: _____

Street Address _____ P.O. Box _____

City _____ State ____ Zip Code _____

Contact Name _____ Telephone _____

Current Net Worth: _____

Unsecured Line of Credit Limit: _____

3. Surety Company:

Name: _____

Contact Name _____ Telephone _____

Bonding Capacity:

Single Job: _____ Aggregate: _____ Credit: _____

4. Insurance:

Program Coverage

Limits and Type Coverage

Workmen's Compensation _____

Bodily Injury & Property Damage _____

Excess/Umbrella Liability _____

Automobile Liability _____

Professional Error &
Omissions (if applicable) _____

5. Annual Dollar Volume for the Past (3) Years:

\$ _____ 2007 \$ _____ 2006 \$ _____ 2005

6. Largest Jobs in the Past (3) Years:

\$ _____ 2007 \$ _____ 2006 \$ _____ 2005

7. Work History / Representative Projects: (Submit a list of current projects including size, dollar volume, location, owner contact).

8. Desired Project Size: Max. \$ _____ Min. \$ _____

9. Field Labor Used: Union _____ Non-Union _____

10. Type of Work Performed: _____

11. Current Written and Operating Safety Program? Yes _____ No _____

12. Accident History: (Last Three Years)

	2007	2006	2005
No. of Manhours Worked:	_____	_____	_____
No. of Days Lost:	_____	_____	_____
No. of Losses:	_____	_____	_____
Experience Modification Rate	_____	_____	_____

13. References (3):

Name	Contact	Telephone
Owners/General Contractors:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Architects:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Suppliers:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Minority Owned Business: Yes___ No___

15. Women Owned Business: Yes___ No___

16. Previous Company Names: _____

17. Please Attach a Current Audited Financial Statement.

Name: _____ Signature _____

Title: _____ Date _____

Please submit Subcontractor Prequalification Information to the following location(s):

JM Olson Corporation
26210 Harper Avenue
St. Clair Shores, MI 48081
Attn: Rachel Sommers

(If you are submitting this prequalification information to bid on a particular project, **PLEASE NOTE THE PROJECT NAME.**)