



Silver Ridge Construction Subcontractor Application

General Information

Company Name: _____

Address: _____
Street Address City Postal Code

Phone Number: _____ Fax Number: _____

Years in Business: Under Current Name _____ Under Different Name _____

List of Company Officers

Name	Title	Years in title

Parent Company Information (cross out if not applicable)

Company Name: _____

Address: _____
Street Address City Postal Code

Project Examples

List the 3 largest projects that have been completed within the last 5 years.

Customer	Contract Amount	Contact	Phone Number



Insurance Information

General Liability Carrier Name: _____

Address: _____
Street Address City Postal Code

Type of Coverage: _____

Policy Number: _____

Contact Name: _____ Contact Number: _____

Health and Safety Program**Include a Letter of Good standing from Workers Compensation Board addressed to Silver Ridge Construction.**Does your company have a written safety program? Yes No
If yes, send a copy to Jordans@srcltd.caDoes your company have an orientation program for new hires? Yes No
If Yes, include an example orientation package.Does your company hold safety meetings? Yes No
If yes, how frequently? Daily Weekly Other _____Does your company have an individual assigned for health and safety responsibilities? Yes No
If Yes, Name: _____ Phone: _____ Email: _____