

SUBCONTRACTOR PRE-QUALIFICATION



COMPANY LEGAL NAME		OPERATING NAME (IF DIFFERENT)	
ADDRESS	YEARS IN BUSINESS	PRIMARY TRADE	
CONTACT NAME	PHONE	EMAIL	

CORPORATE

ITEM	Y	N	COMMENTS
Business registration current — Alberta and/or federal incorporation in good standing			
GST/HST registration in place			
Indigenous-owned (specify ownership %): _____			
Bondable — letter of bondability from surety on file			
Bank reference available on request			

INSURANCE AND WCB

ITEM	Y	N	COMMENTS
Commercial General Liability — \$5M minimum (specify limit if higher)			
Automobile Liability — \$2M minimum, all vehicles covered			
Pollution/Environmental Liability (where scope requires)			
Workers' Compensation Board — clearance certificate current			
Certificate of Insurance can be provided naming client as additional insured			

SAFETY

ITEM	Y	N	COMMENTS
SECOR or COR certification (or equivalent) — certificate attached			
Documented safety program — manual available for review			
ISNetworld / Avetta / ComplyWorks / Cognibox registered (specify):			
Lost-time incident frequency rate (last 3 years): _____			
Total Recordable Injury Frequency (TRIF) (last 3 years): _____			
Designated competent person for safety on this scope			

EXPERIENCE AND REFERENCES

PROJECT NAME	CLIENT	YEAR	SCOPE VALUE (\$)	REFERENCE CONTACT

CAPACITY

ITEM	Y	N	COMMENTS
Workforce size (current employees and typical subs):			
Equipment owned vs rented for scopes of this type:			
Current backlog and available capacity for proposed scope:			

ACKNOWLEDGMENT

I confirm the information provided is accurate and complete to the best of my knowledge. Misrepresentation may result in disqualification from this and future opportunities.

AUTHORIZED SIGNATORY	
Name	
Signature	Date