



CONTRACTOR QUALIFICATION APPLICATION FORM

Business Contact Information

Business Name:			
Phone:	Fax:	Email:	Internet address:
Business Address:			
City:	Province:	Postal Code:	
Contact Person:			
Title:	Phone:	Fax:	Email:

General Information

Year Business Established:	Organizational Chart: Yes/No (please attach)		
Number of full-time employees:	Union Affiliation:		
Number of jobs completed in the last five years:	Value of jobs completed in the last five years:		
WSIB Account Number:	WSIB Firm Number:		
Financial Institution:			
Contact Person:			
Title:	Phone:	Fax:	Email:

Company Principals

Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:

Authorization

Contractors Name:	Date:
Contractors Title:	Contractors Signature:

Projects Completed

Project Title:		
Location:	Description:	
Duration of Project:	Date Completed:	
Project Owner:	Project Value: \$	
Contact Person:	Title:	Phone:

Project Title:		
Location:	Description:	
Duration of Project:	Date Completed:	
Project Owner:	Project Value: \$	
Contact Person:	Title:	Phone:

Project Title:		
Location:	Description:	
Duration of Project:	Date Completed:	
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Location:	Description:	
Duration of Project:	Date Completed:	
Project Owner:	Project Value: \$	
Contact Person:	Title:	Phone:

Health & Safety Information

Do you have a written Health & Safety Policy: Yes/No (please sign and attach)

Are you a member of a recognized Safety Association: Yes/No

- Electrical & Utilities Safety Association (EUSA)? Yes/No
- Construction Safety Association of Ontario (CSAO)? Yes/No
- Industrial Accident Prevention Association (IAPA)? Yes/No
- Other? Please State _____

Accident Frequency Record

	2006	2007	2008	2009
Total Number of Lost Time Injuries (A)				
Total Number of No Lost Time Injuries (B)				
Total Injuries for Period (A+B)				
Total Hours Worked (C)				
Lost Time Injury Frequency (200,000 x A / C)				
Total Frequency (200,000 x A+B / C)				

Provide details of any Fatalities & Critical Injuries (O. Reg 834) in the last five years.

Attachments

1. Please provide a copy of your Safety Policy and Procedures.
2. Please provide a copy of your Workplace Safety and Insurance Board (WSIB) NEER/CAD7 injury experience report for the current and previous year.
3. The names and WSIB certification numbers of your Joint Health & Safety Committee co-chairs and Health & Safety Representatives.
4. A list of all Supervisors who will co-ordinate work and safety during the project.
5. Any certificates or licenses required by all Applicable Laws that are applicable to this Application, including, without limitation:
 - WSIB Clearance Certificate
 - Linemen Ontario Provincial Classification or Journeyman Certificates issued by the Municipal Electric Association or current equivalent for each employee
 - Electrical Awareness Certificates issued by the EUSA for each employee
 - Copy of your Commercial Vehicle Operator Certificate issued by the Ministry of Transportation (Ontario)
 - Other certificates or licenses required by any Applicable Laws or industry standards that may apply to this Application

Liability Insurance

TYPE OF INSURANCE	CARRIER	COVERAGE AMOUNT

Bonding Ability

Are you able to provide bid Bonds? Yes /No

- Up to \$100,000? Yes/No
- Up to \$250,000? Yes/No

Union Representation

List Unions which represent the workers to be employed in such work, and Agreement expiry dates.

UNION	EMPLOYEES AFFECTED	EXPIRY DATE

