

APPLICATION FOR PREQUALIFICATION FOR CONSTRUCTION CONTRACTORS

Information to Applicants:

1. *The conditions and guidelines are to be read by the Applicant prior to completing this Application Form, and form the basis of acceptance of this Application.*
2. *All items on this Application Form relevant to the Applicant's submission are to be completed, and all the relevant documents requested by the Town of Lakeshore are to be attached to this Form. Applicants may submit relevant documentation additional to that requested by the Town of Lakeshore to support their application.*
3. *All information provided with the Application will be retained by the Town of Lakeshore and not disclosed to any other parties unless legally required to do so.*

1. **Business name of Applicant in full (as used on tender submissions):**

2. **Applicant's Office Address in Full:**

3. **Applicant's Postal Address for Correspondence (if different from item 2):**

4. **Applicant's Contact Person (include designation):**

5. **Telephone:** _____

6. **Facsimile:** _____

7. **Mobile Telephone:** _____

Email Address: _____

8. Prequalification Class Applied for:

Please place a check mark in the appropriate box.

- OD – open drain construction: Includes open channel construction and maintenance works including brush removal, erosion protection works and corrugated steel pipe culvert (bridge) installations.
- CD – closed drainage works: Includes the installation or repair of tile drainage systems, catch basin, manholes, and mechanical pump stations.
- R – road works – asphalt padding and paving only
- B – bridge installations: Includes the installation and/or repair of corrugated steel pipe culverts, precast concrete box culverts and end treatment systems.

9. Legal Structure of Contractor:

Year Established _____

Corporation_____, Partnership_____, Registered_____, Sole Proprietor_____, Other_____.

Name and Titles of Officers, Partners, Principal:

10. Financial References:

a. Bank Name: _____

Location: _____

Contact Person(s): _____

Phone: _____ Fax: _____ E:mail: _____

b. **Bonding Company:** _____

Location: _____

Contact Person(s): _____

Phone: _____ Fax: _____ E:mail: _____

11. **Annual Value of Construction Work for the Past Three Years:**

Year	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. Projects completed in the last three years which are similar or related to the Prequalification Class applied for. List in Appendix A.

13. Key Office Personnel, attach resume of qualification and experience: (i.e. Principal in Charge, Project Manager, Estimator etc.)

Name	Title/Position
_____	_____
_____	_____
_____	_____

14. Key site personnel, attach resume of qualifications and experience: (e.g. Project Manager, Superintendent, Foreman, etc.)

Name	Title/Position
_____	_____
_____	_____
_____	_____

15. **ATTACH** information about the equipment available to the Applicant for contract work including a description of item, including model and capacity.

16. **ATTACH** proof of Liability Insurance having a limit of liability of not less than two million dollars (\$2,000,000.00) inclusive of any occurrence. You may be required to provide five million (\$5,000,000.00) or greater proof of insurance for specific projects.

17. **ATTACH** a copy of an up to date WSIB Certificate or Independent Operator without coverage letter from WSIB.

I declare that the information provided is true and correct to the best of my knowledge.

Name and title of contact person

Date

Submit to:

Town of Lakeshore
419 Notre Dame
BELLE RIVER, Ontario
NOR 1A0

Attention: Kristen Newman
Director of Legislative & Legal Services – Town of Lakeshore

Principal projects completed in three years:

Project Title and Location: _____

Description: _____ Project Value \$ _____

Owner: _____ Date completed: _____

Refer to: _____ Phone: _____ Fax: _____

Consultant: _____

Refer to: _____ Phone: _____ Fax: _____

Project Title and Location: _____

Description: _____ Project Value \$ _____

Owner: _____ Date completed: _____

Refer to: _____ Phone: _____ Fax: _____

Consultant: _____

Refer to: _____ Phone: _____ Fax: _____

Project Title and Location: _____

Description: _____ Project Value \$ _____

Owner: _____ Date completed: _____

Refer to: _____ Phone: _____ Fax: _____

Consultant: _____

Refer to: _____ Phone: _____ Fax: _____

Project Title and Location: _____

Description: _____ Project Value \$ _____

Owner: _____ Date completed: _____

Refer to: _____ Phone: _____ Fax: _____

Consultant: _____

Refer to: _____ Phone: _____ Fax: _____

Project Title and Location: _____

Description: _____ Project Value \$ _____

Owner: _____ Date completed: _____

Refer to: _____ Phone: _____ Fax: _____

Consultant: _____

Refer to: _____ Phone: _____ Fax: _____

Project Title and Location: _____

Description: _____ Project Value \$ _____

Owner: _____ Date completed: _____

Refer to: _____ Phone: _____ Fax: _____

Consultant: _____

Refer to: _____ Phone: _____ Fax: _____