



McKay-Cocker Construction Limited
Subcontractor Prequalification Form

General Information

Legal Company Name \_\_\_\_\_ Operating As: \_\_\_\_\_
Physical Address \_\_\_\_\_
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_
Postal Code \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
Contact Name \_\_\_\_\_ Tel (if different) \_\_\_\_\_

Company Owner(s) – Principals

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ Prov \_\_\_\_\_
Postal Code \_\_\_\_\_ E-Mail \_\_\_\_\_
Tel \_\_\_\_\_ Fax \_\_\_\_\_

Business Information

Type of Ownership: Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_
Type of Business \_\_\_\_\_
# of years in Business \_\_\_\_\_
Are PO's required? Yes \_\_\_ No \_\_\_

Bank Information

Name of Bank \_\_\_\_\_ Transit \_\_\_\_\_ Account Number \_\_\_\_\_
Address \_\_\_\_\_ Account Manager \_\_\_\_\_
Tel \_\_\_\_\_ Fax \_\_\_\_\_
Line of Credit Limit \$ \_\_\_\_\_ Line of Credit Utilized \$ \_\_\_\_\_

Major Supplier References

Table with 4 columns: #, City, Phone, Fax. Rows 1-4.

Owner/Contractor References

Table with 4 columns: #, Contact, Phone, Fax. Rows 1-4.

We / I authorize the exchange of business information on an ongoing basis with credit bureaus, trade suppliers, owner / contractors, surety's and banks in order to protect and insure the completeness of the information and to maintain the integrity of the credit / supplier system.

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application must be completed in its entirety to facilitate processing.

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Bonding Information

Surety Company
Contact Name Phone

(Submit bonding support letter with single and aggregate program limits)

Bonding Capacity: Single Job \$ Aggregate \$

Insurance Information

General Liability Insurance Coverage:\$
For design work, limit for professional liability per claim:\$ Per Policy Period \$

Financial Information

Annual Revenue in the last 3 years:
Year \$ Year \$ Year \$

Current working capital \$ Total Shareholders' Equity \$
(Current assets less current liabilities)

Largest job in the last 3 years:

Owner/Contractor Value \$

Are you signatory to any unions?

Unions :

Field Labour #: Union Non-Union # of site employees # of shop employees

Desired project size: Minimum \$ Maximum \$

Have you ever failed to complete any work awarded to you? Yes No

Does your company subcontract out any of your work? Yes No

Explain:

Are there any liens, Claims, Judgments, Arbitration or Lawsuits that you have been a party to in the last five years in excess of \$10,000.00? Yes No

Describe:

Do you provide discounts for early payments? Yes No

Health & Safety

Do you have a dated & signed Health & Safety Policy(current year)? Yes No

Do you have a written Health & Safety Program? Yes No

Do you have a full-time Health & Safety Coordinator/Manager/Director? Yes No

Do you conduct weekly Health & Safety Meetings or Tool Box Talks? Yes No

Do you have a documented Health & Safety Orientation Program for New Hires? Yes No

Do you have a formal Health & Safety Training Program for Superintendent/Foremen? Yes No

Submit us a WSIB Workplace Injury Summary Report (WISR). Contact WSIB Prevention toll free at 1-800-663-6639 or 416-344-1016 to speak with a prevention representative to obtain a faxed report.

# of WSIB Modified Work Injuries in the last 3 years?
Year # Year # Year #

Have you ever had a fatality? (If yes, please provide details on separate page) Yes No

Has you company or any individual been charged under the OHS/A or Construction Regulations? Yes No
(If yes, please provide details on a separate page)

Are you registered with WSIB? Account # Yes No

If you employ independent operators, do you request WSIB Certificates? Yes No

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McKay-Cocker Review conducted by:

Name Signature Date Approval Rejection

Please Fax to: 519-451-8050, McKay-Cocker Construction Limited