## 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	Please place a check mark in the appropriate box.				
OD – open drain construction: Includes open channel construmaintenance works including brush removal, erosion properties and corrugated steel pipe culvert (bridge) installations.			luding brush removal, erosion protection works			
	0	CD –	•	Includes the installation or repair of tile drainage nanholes, and mechanical pump stations.		
		R -	road works – asphalt p	adding and paving only		
	0	B –		ludes the installation and/or repair of corrugated cast concrete box culverts and end treatment		
9.	Legal Structure of Contractor:					
	Year Established					
	Corporation, Partnership, Registered, Sole Proprietor, Other					
	Name and Titles of Officers, Partners, Principal:					
10.	Financ	ial Refe	rences:			
a.	Bank N	Bank Name:				
	Location:					
	Contact Person(s):					
	Phone:		Fax:	E:mail:		
b.	Bonding Company:					
	Location:					
	Contact Person(s):					
				E:mail:		

	Year	Value		
		_ \$		
		\$		
		_ \$		
12.			ne last three years which are similar or related to the ied for. List in Appendix A.	Э
13.			resume of qualification and experience: ject Manager, Estimator etc.)  Title/Position	
14.			esume of qualifications and experience: rintendent, Foreman, etc.)  Title/Position	
15.			the equipment available to the Applicant for contract wor m, including model and capacity.	k
16.	<b>ATTACH</b> 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.		H a copy of an սր e letter from WSIB.	to date WSIB Certificate or Independent Operator without	ıt
I ded	clare that	t the information p	ovided is true and correct to the best of my knowledge.	
		tle of contact perso	 n	

## Submit to:

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

Attention: Mary Masse Clerk – Town of Lakeshore

Principal projects completed in three years:				
Project Title and Location:				
Description:	Project Value \$ _			
Owner:	Date completed: _	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:		
Description:	Project Value \$ _			
Owner:	Date completed: _	Date completed:		
Refer to:	Phone:	Fax:		
Consultant:				
Refer to:	Phone:	Fax:		

## **APPENDIX "A"**

Project Title and Location:			
Description:	Project Value \$		
Owner:	Date completed:	Date completed:	
Refer to:	Phone:	Fax:	
Consultant:			
Refer to:		Fax:	
Project Title and Location:			
Description:	Project Value \$	Project Value \$	
Owner:	Date completed:		
Refer to:	Phone:	Fax:	
Consultant:			
Refer to:		Fax:	
Description:	Project Value \$		
Owner:	Date completed:		
Refer to:	Phone:	Fax:	
Consultant:			
Refer to:			