

# SUBCONTRACTOR PRE-QUALIFICATION STATEMENT

**SUBCONTRACTOR DISCIPLINE: Electrical (includes Communication Systems, Security Systems and Audio-Visual System Infrastructure and Equipment)**

1. This form is intended to provide information on the experience, skill and capacity of the Subcontractor.
2. This form must be completed in its entirety as your company will be evaluated based on the information you provide.
3. Please be advised that you must provide documentation where noted to support your responses below or you may not be considered.
4. Only hard copy submissions are acceptable.
5. All pre-qualified Trade Contractors will be notified at the conclusion of the evaluation process.

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## SECTION A

Submitted by: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Structure of Subcontractor:

Year Established: \_\_\_\_\_

Corporation: \_\_\_ Joint Venture: \_\_\_ Partnership: \_\_\_ Registered: \_\_\_ Sole Proprietor: \_\_\_ Other: \_\_\_

List names and titles of Principal, Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Does this company have the ability to be bonded? Yes: \_\_\_ or No: \_\_\_ *(if yes, attach Consent of Surety documents)*
2. Does this company have proper and up to date construction insurance? Yes: \_\_\_ or No: \_\_\_ *(attach letter from Ins. Comp.)*
3. Does this company have an up to date Health & Safety Policy and Program? Yes: \_\_\_ or No: \_\_\_ *(attach Health & Safety Policy)*
4. Does this company have a current WSIB Workplace Injury Summary Report (WISR)? Yes: \_\_\_ or No: \_\_\_ *(attach WISR)*
5. Does this company have a current valid WSIB Clearance Certificate? Yes: \_\_\_ or No: \_\_\_ *(attach WSIB Clearance Certificate)*
6. Is your company affiliated with a Union? Yes: \_\_\_ Local: \_\_\_\_\_, or No: \_\_\_

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## SECTION B

How many years has this company been in business? \_\_\_\_\_ Years

What is this company's annual value of construction work in the past five years?

Year: \_\_\_\_\_ Value \$: \_\_\_\_\_

Year: \_\_\_\_\_ Value \$: \_\_\_\_\_

Year: \_\_\_\_\_ Value \$: \_\_\_\_\_

Year: \_\_\_\_\_ Value \$: \_\_\_\_\_

Year: \_\_\_\_\_ Value \$: \_\_\_\_\_

Key **office personnel** proposed for the project:

Please list and indicate: Column **(A)**, number of years employed at this company and column **(B)**, relevant years of total experience in this trade, for each of the following personnel:

<u>Personnel</u>	<u>Name</u>	<u>A</u>	<u>B</u>
Principal/Owner	_____	_____	_____
Project Manager	_____	_____	_____
Construction Manager	_____	_____	_____
Estimator	_____	_____	_____

Key **site personnel** proposed for the project:

Please list and indicate: Column **(A)**, number of years employed at this company and column **(B)**, relevant years of total experience in this trade, for each of the following personnel

<u>Personnel</u>	<u>Name</u>	<u>A</u>	<u>B</u>
Project Manager	_____	_____	_____
Construction Manager	_____	_____	_____
Superintendent	_____	_____	_____
Foreman	_____	_____	_____

Please provide company's financial references below:

**(Please attached letters from these Financial Institutions)**

Bank Name: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Bonding Company Name (if applicable): \_\_\_\_\_

Location: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION C**

1. Construction projects completed in past five years. **Please list in Appendix A below.**
2. Major construction projects underway as of submission date. **Please list in Appendix B below.**
3. Has this company worked on any "LEED" construction projects? Yes: \_\_\_\_\_ or No: \_\_\_\_\_ *(If yes, attach list of projects)*
4. Has this company worked on any "Toronto Green Standard Tier 2" construction projects? Check for Yes: \_\_\_\_\_ or No: \_\_\_\_\_ *(If yes, attach list of projects)*

5. ***Please attach*** a maximum of five (5) or minimum of three (3) references from current clients and/or suppliers.

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

**Name (print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Major construction projects under way as of submission date:

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Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_  
Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant Co. : \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_  
Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant Co. : \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_  
Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant Co. : \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_  
Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_  
Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Consultant Co. : \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Major construction projects under way as of submission date:

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Project Name: \_\_\_\_\_

Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_ Percent Completed %: \_\_\_\_\_

Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consultant Co. : \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_ Percent Completed %: \_\_\_\_\_

Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consultant Co. : \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_ Percent Completed %: \_\_\_\_\_

Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consultant Co. : \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location: \_\_\_\_\_ No. of Units: \_\_\_\_\_

Project Type: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_ Percent Completed %: \_\_\_\_\_

Builder/Developer: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consultant Co. : \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# DOCUMENT SUBMISSION CHECKLIST

## MANDATORY DOCUMENTS

- \_\_\_ UP TO DATE CONSTRUCTION INSURANCE
- \_\_\_ UP TO DATE HEALTH & SAFETY POLICY
- \_\_\_ UP TO DATE HEALTH & SAFETY PROGRAM/MANUAL
- \_\_\_ WSIB WORKPLACE INJURY SUMMARY REPORT (WISR)
- \_\_\_ CURRENT VALID WSIB CLEARANCE CERTIFICATE
- \_\_\_ BONDING CONSENT OF SURETY LETTER
- \_\_\_ LETTER FROM YOUR FINANCIAL INSTITUTION (FOR A FINANCIAL REFERENCE)
- \_\_\_ SECTION A: QUESTION 6 (MUST BE ANSWERED)
- \_\_\_ APPENDIX A (MUST BE FULLY COMPLETED AND SUBMITTED)
- \_\_\_ APPENDIX B (MUST BE FULLY COMPLETED AND SUBMITTED)