Thank you for your interest in providing services to Édifice CONSTRUCTION Inc.

<u>trade evaluation</u>

To assist us in evaluating your request, please take a few moments to provide as many answers below as possible. If you have any questions, don't hesitate to call our office and speak to one of our estimators.

		OWNERSHIP		
Company name:		Continuous years in business:		
Owner(s)/Director(s):		Acting Manager(s):		
Has this company previously operated under any other name?		If "yes", what name(s):		
Have the Owner(s), Director(s), Acting Manager(s) previously been involved in the management of other construction-related businesses?		If "yes", what name(s):		
		SCOPE / SIZE		
What scope of work does this co	ompany wish to bid?			
What is the approximate value of the largest single contract you've performed to d		ve performed to date?	o date? For whom?	
When?	Description of work:			
What is the smallest contract value you would consider? What is your current approximate average contract value?			proximate average contract value?	
Do you have bonding? If "yes", what's your bonding capacity? Who is your bonding agent?		our bonding agent?		
		REFERENCES		
Provide the names of other (General Contractors for whom	you have previously provided this	s scope of work:	
Company: Contact na		intact name:	Phone #:	
Company:	Co	intact name:	Phone #:	
Company:	Co	ntact name:	Phone #:	
	SAFETY / L	ENVIRONMENT / QUALITY CON	VTROL	
Is your company registered with WorksafeBC?		Please confirm yc	Please confirm your WorksafeBC #	
Does your company have a written Safety Program?		Does your company have a written Quality Assurance program ?		
Does your company currently e	mploy written <i>Safe Work procedu</i>	<i>Ires</i> for high-risk activities?		
Is your company COR certified ?		Please confirm your CC	Please confirm your COR certification #	
Does your company employ an	Environmental Stewardship prog	ram?		
		DOCUMENTATION		
Please attach a copy of you	r most recent WorkSafeBC Cle	earance Letter		
Please attach a copy of you	r current liability insurance ce	rtificate		
Mailing Address:	Head office	e (if different):	phone:	
			fax:	
			website:	
Additional comments:				

