

89 Freedman Crescent Winnipeg, Manitoba Canada, R3T 2N2

Small Project Work - Expression of Interest

Submittal Requirements	
Corporate Information:	
Full Legal Company Name	
Operating Name (if different from above)	
Street Address	
Mailing Address (including postal code)	
Website	
GST Registration Number	
Year Established	
Company Owners/Officers/Partners/Pri	incipals:
Name	Title
Primary Contact Person:	
Name	
Title	
Phone Number	
E-Mail Address	
	rest: ts own behalf that and all persons who were involved in the preparation of the ge, having made all necessary inquiries and investigations to permit the Applicant to
	ion of the Applicant's Proposal has any relationship(s) with any employee(s) of the conflict of Interest as defined in this RFQ, or unfair advantage, or could otherwise RFQ Process.
The statement is true and accurate.	
Authorized Signatory of Applicant:	
Position:	

Financial Reference:

Name of Financial Institution	
Contact Person	Name:
	Phone Number:

Indicate if the University may contact the above financial institution to obtain relevant credit information. Circle one: Yes / No

If response is NO, please provide an explanation as to why the University cannot make such contact.

Bonding Reference:

Name of Bonding Company	
Contact Person	Name:
	Phone Number:
Total Bonding Capacity	\$

Identify all instances of the bonding company completing the work of the applicant. Provide description of the project and associated circumstances.

Insurance:

Provide a letter signed by a licensed insurance broker stating that the applicant in eligible to purchase the required insurance if selected to provide services, as noted below.

Please note that future bid may require project-specific insurance coverage beyond the minimum requested in this document. If the applicant's insurance policy expires during the term of the contracted work, it is the applicant's responsibility to provide the University with the updated proof of insurance.

Required Insurance:

Commercial General Liability	The Commercial General Liability policy shall include the Owner and Consultar as additional Named Insureds.	
	Construction Cost Under \$200,000 (two-hundred thousand dollars):	
	Contractor to carry Commercial General Liability Insurance shall be with limits of not less than \$2,000,000 (2 million dollars) per occurrence. Policy shall have an aggregate limit of not less than \$2,000,000 (2 million dollars) within any policy year with respect to completed operations. Policy shall have a deductible not exceeding \$5,000 (five-thousand dollars).	
Automobile Liability	Automobile liability insurance in respect of vehicles that are required by law to be insured under a contract by a Motor Vehicle Liability Policy, shall have limits of not less than \$2,000,000 (two million dollars) inclusive per occurrence for bodily injury, death and damage to property, covering all vehicles owned or leased by the <i>Contractor</i> .	

Safety Certification:

The University requires that all prequalified contractors maintain COR/SECOR Certification (as administered by the Construction Safety Association of Manitoba) throughout the term of the prequalification period.

Provide the following information regarding the applicant's COR Certification status along with a copy of applicant's current COR/SECOR certificate:

COR/SECOR Certification Number:	
Date of Last External Audit:	
Certification Expiry Date:	

WCB Clearance:

As listed below, if applicable to the Place of Work, provide workers compensation information for the previous three calendar years:

Calendar Year	2020	2021	2022
Industry classification code, or equivalent			
Industry base rate			
Company experience rate			
Fatalities			
Lost time incident frequency rate (LTIF)			
Based on 200,000 hours			
Total recordable incident frequency (TRIF)			

Relevant Project Experience

Provide information and description of relevant projects completed within the last five (5) years. This could include work completed at the University or work elsewhere but with relevance to university work. Examples of work types at the University:

- Labs, libraries, greenhouses, classrooms and assembly spaces, office renovations, service room / equipment work
- Work in new buildings, historic buildings
- Working in occupied spaces, environments with hazardous materials present

Project Name / Location	Year Comp	Work value	Relevant characteristics

Team Qualifications and Experience

Describe the personnel proposed to work at the University, as requested below:

Project Manager Name:		
Years with the applicant firm:		
Year of relevant work experience:		
Certifications / Training		
Other related information:		
Site Superintendent Name:		
Years with the applicant firm:		
Year of relevant work experience:		
Certifications / Training		
Other related information:		
Total # of Project Managers on Staff: Complete the chart below, describing the and in each role. Indicate the employee(s	anagers and Site Supervisors currently on staff at th Total # of Site Supervisors on Staff: full staff complement of your organization. Include responsible for OHSE / Safety Officer responsibility	e the number of staff in each department ies.
Staff function role		Quantity of staff/role