Pre-Qualification Form

Thank you for your interest in working with Dawson Wallace. Please complete every section that applies to your company, save the form and submit it with the attachments listed in section 10 through the Bidders page at dawsonwallace.com. Pre-qualification is reviewed yearly, or sooner if your safety, insurance or bonding details change. The information you provide is used only to assess pre-qualification and is kept confidential.

1. COMPANY INFORMATION

Legal company name

Operating name (if different)

Street address

City

Province

Postal code

Main phone

Website

Years in business

GST / business number

WCB account number

Business structure

☐ Corporation ☐ Partnership ☐ Sole proprietor ☐ Other

Primary contact name

Title

Email

Phone

Estimating contact name

Title

Email

Phone

2. TRADE AND CAPABILITIES

Primary trade or scope of work

Other trades or scopes

We are a

☐ Subcontractor ☐ Supplier ☐ Subcontractor and supplier ☐ Consultant

Labour

☐ Union ☐ Non-union ☐ Open shop

Office staff

Field staff

Typical contract value (from / to)

Largest contract in the last 5 years ($)

Do you offer design-build or delegated design for your scope? ☐ Yes ☐ No

3. REGIONS YOU WORK IN

☐ Calgary area ☐ Edmonton area ☐ Lethbridge / Southern AB ☐ Central Alberta

☐ Northern Alberta ☐ British Columbia ☐ Saskatchewan ☐ Manitoba

4. SECTORS YOU WORK IN

- ☐ Light industrial & distribution
- ☐ Office
- ☐ Fitness & recreation
- ☐ Supply chain & processing
- ☐ Interior improvements
- ☐ Multi-family & seniors
- ☐ Retail
- ☐ Institutional & public works
- ☐ Specialty

5. HEALTH AND SAFETY

Do you hold a current Certificate of Recognition (COR) or SECOR? ☐ Yes ☐ No

COR / SECOR number	Certifying partner	Expiry date

Do you have a written health and safety program? ☐ Yes ☐ No

Are you a member of ISNetworld, ComplyWorks or a similar program? ☐ Yes ☐ No

Safety record for the last three full years

Year	Worker hours	Lost time incidents	Recordable incidents	WCB industry rate vs. your rate

Any OHS orders, stop-work orders, charges or fatalities in the last three years? ☐ Yes ☐ No

If yes, please explain

6. INSURANCE

Commercial general liability insurer	Limit per occurrence ($)	Expiry date

Automobile liability limit ($)	Insurer	Expiry date

Professional liability limit ($) (if you provide design)	Insurer	Expiry date

Can you name Dawson Wallace and the owner as additional insureds? ☐ Yes ☐ No

7. BONDING AND FINANCIAL

Surety company	Surety contact	Phone

Single project bonding capacity ($)	Aggregate bonding capacity ($)

Bank	Branch contact	Phone

Any liens, litigation, defaults or claims against your company in the last five years? ☐ Yes ☐ No

If yes, please explain

8. RECENT PROJECTS (LAST FIVE YEARS)

Project	Owner / general contractor	Location	Your contract value ($)	Year done	Reference contact and phone

9. REFERENCES

Company	Contact name	Phone	Email	Relationship

10. ATTACHMENTS

Please include the following with your submission.

- ☐ WCB clearance letter (current)
- ☐ Certificate of insurance
- ☐ Health & safety manual (table of contents)
- ☐ COR / SECOR certificate
- ☐ Bonding letter from your surety
- ☐ Company profile or project list (optional)

11. DECLARATION

I certify that the information in this form is accurate and complete, and I authorize Dawson Wallace Construction Ltd. to contact the references, surety, insurer and bank named above to verify it.

Name	Title	Signature (type your name)	Date

Submitting this form does not guarantee an invitation to tender. Dawson Wallace reviews pre-qualification yearly and may ask for updated documents at any time.