



Nipissing District Housing Corporation
Société de logement du district de Nipissing

APPLICATION FOR INCLUSION ON QUALIFIED CONTRACTOR LIST

COMPANY NAME: _____ DATE: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

NUMBER OF YEARS IN BUSINESS: _____

H.S.T. REGISTRATION: _____

LICENSE: *If you are a licensed contractor please complete.*

LICENSE # _____ EXPIRY DATE _____

TYPE OF LICENSE: _____

TRAINING: Provide copies of all certifications such as Electrical Contractor License, Plumber's license, Gas Technician Certification, etc.

Do you have a Health and Safety Training Policy in place? _____

Do you have a JH&S Committee? _____

INSURANCE: *A copy of your certificate of Liability and an up-to-date W.S.I.B. Clearance Certificate **must** accompany this form. Also NDHC must be listed as additional insured, and min., 2,000,000 in insurance coverage*

COMPANY: _____

POLICY #: _____

COVERAGE AMOUNT: \$ _____

WORKPLACE SAFETY & INSURANCE BOARD Acc#: _____

BANK REFERENCE

NAME & BRANCH: _____

ADDRESS: _____

WORK PERFORMANE RECORD *(Please supply 2 references with name, address, phone # and contact person)*

NAME: _____ ADDRESS: _____

PHONE: _____ CONTACT: _____

NAME: _____ ADDRESS: _____

PHONE: _____ CONTACT: _____

