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Contractor Prequalification Form

CONTRACTOR INFORMATION				
1. Name of Company:				
Address:				
City:				
Province:			Postal Code:	
Phone:			Fax: .	
2. Contact For				Safety Information
Name				
Position				
Telephone #				
Cell #				
Email Address				
3. Describe services provided:				
4. List types of work normally sub-contracted by your company to others:				
HEALTH, SAFETY & ENVIRONMENT PERFORMANCE				
This section must include current year and the last three years company injury statistics				
5. WCB Number:				
6. Industry Code:			Industry Classification:	
7. WCB Details	2022	2023	2024	
• Your Industry WCB Premium Rate				
• Employers WCB Premium Rate				
• Your Industry WCB Rate Adjustment, %				
• Surcharge or (Discount) on WCB Rate If above industry rate complete section 8				
8. Safety Statistics				
• Number of Fatalities				
• Number of First Aid Injuries				
• Number of Medical Treatment Cases (MTC)				
• Number of Restricted Work Cases (RWC)				
• Number of Lost Time Injuries (LTI)				
• Exposure Hours				
• Average Number of Employees				

Please provide further information regarding above safety statistics: