

Contractor's Qualification Statement

Standard Construction Document

CCDC 11 – 2018

CONFIDENTIAL

This document is intended to provide information on the Contractor's company, capacity, skill, and experience. Information requested may be supplemented with additional sheets if required.

CONFIDENTIALITY AND ACCESS TO INFORMATION

All information contained herein is submitted in confidence and may not be disclosed without the express written consent of the Contractor. If the party to whom this document is submitted, or any other party that is in possession of this document, receives a request, including pursuant to any applicable freedom of information legislation or related laws, for disclosure of the information contained herein or information which would directly or indirectly reveal the information contained herein, the party receiving the request shall promptly notify the Contractor's company in writing of such request and shall afford the Contractor's company the opportunity to make submissions concerning non-disclosure prior to making any disclosure of the information contained herein.

PROJECT

Project Title:

Project Number:

Location:

SUBMITTED TO

Name:

Address:

Phone:

E-mail:

SUBMITTED BY

Name:

Address:

Phone:

E-mail:

COMPANY INFORMATION

1. Legal Structure

Year Established:

Corporation Partnership Joint Venture Registered Sole Proprietor Other

Names and Titles of Officers, Partners, or Principals:

Name	Title/Position

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Canadian Construction Documents Committee

Project Title:

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2. Financial Reference

Bank Name:

Address:

Contact Person:

Phone:

E-mail:

3. Bonding or other Contract Security Reference

Company Name:

Address:

Contact Person:

Phone:

E-mail:

4. Insurances References

General Liability Insurance Limit of \$5,000,000 or more? Yes No

Insurance Company Name:

Insurance Broker or Representative:

Address:

Phone:

E-mail:

Automobile Liability Insurance Limit of \$5,000,000 or more? Yes No

Insurance Company Name:

Insurance Broker or Representative:

Address:

Phone:

E-mail:

Broad Form Contractors' Equipment Insurance? Yes No

Insurance Company Name:

Insurance Broker or Representative:

Address:

Phone:

E-mail:

5. Health and Safety

Certificate of Recognition program (COR™)? Yes No

If "No",

equivalent to COR™

attach details to demonstrate the effectiveness of your health and safety plan.

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

Calendar year			
Industry classification code, or equivalent			
Industry base rate			
Company's experience rate			
Fatalities (actual numbers)			
Lost time incident frequency (LTIF) rate based on 200,000 hours			
Total recordable incident frequency (TRIF) rate based on 200,000 hours			

Remarks:

6. Value of construction work projected for current year and the actual value for the past four years.

Calendar year	Current year				
Annual value of construction work	\$	\$	\$	\$	\$

Remarks:

QUALIFICATIONS AND EXPERIENCE OF PERSONNEL

1. Key office personnel proposed for the purpose of this qualification statement.

Attach resume of qualifications and experience: (e.g. Project Executive, Project Director, Project Manager)

Name	Title/Position

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2. Key site personnel proposed for the purpose of this qualification statement

Attach resume of qualifications and experience: (e.g. Superintendent, Health and Safety Officer)

Name	Title/Position

PROJECT EXPERIENCE

Unless otherwise specified in the Request for Qualifications, provide a list of five relevant projects for each of the following Appendices:

1. Key construction projects completed in the past five years (Appendix A).
2. Comparable construction projects completed (similar type, size and complexity) (Appendix B).
3. Key construction projects underway as of the date of submission of Contractor's Qualification Statement (Appendix C).

I declare the information in this form to be true and correct to the best of my knowledge

Signature of Contact Person: _____

Name of Contact Person: _____

Title of Contact Person: _____

Phone: _____

E-mail: _____

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APPENDIX A

Key construction projects completed in the past five years

Project Title:

Location:

Date Project Substantially Completed:

Date Project Completed:

Project Value at Completion: \$

Project Manager:

Project Superintendent:

Owner:

Contact Person:

Phone:

E-mail:

Consultant:

Contact Person:

Phone:

E-mail:

Other Party, if applicable:

Contact Person:

Phone:

E-mail:

Contract Type: (e.g. Design-Bid-Build / Construction Management / Design-Build, Prime Contractor/Subcontractor)

Description of Project and Scope of Services:

Remarks:

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APPENDIX B

Comparable projects completed (similar type, size and complexity)

Project Title:

Location:

Date Project Substantially Completed:

Date Project Completed:

Project Value at Completion: \$

Project Manager:

Project Superintendent:

Owner:

Contact Person:

Phone:

E-mail:

Consultant:

Contact Person:

Phone:

E-mail:

Other Party, if applicable:

Contact Person:

Phone:

E-mail:

Contract Type: (e.g. Design-Bid-Build / Construction Management / Design-Build, Prime Contractor/Subcontractor)

Description of Project and Scope of Services:

Remarks:

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APPENDIX C

Key construction projects underway as of the date of submission of Contractor's Qualification Statement

Project Title:

Location:

Date Project Substantially Completed:

Date Project Completed:

Project Value at Completion: \$

Project Manager:

Project Superintendent:

Owner:

Contact Person:

Phone:

E-mail:

Consultant:

Contact Person:

Phone:

E-mail:

Other Party, if applicable:

Contact Person:

Phone:

E-mail:

Contract Type: (e.g. Design-Bid-Build/Construction Management/Design-Build, Prime Contractor/Subcontractor)

Description of Project and Scope of Services:

Remarks: