



Non-Participating Subcontractor Approval

CF-S-85

Company Information						
Company Name:			Business Operating Name:			
Date of Incorporation:			Type of Business:			
GST No.:			WCB No.:			
Note: A letter of good standing from the WCB must be provided						
Mailing Address:						
City:		Prov.:		Postal Code:		
Phone No.:		Fax No.:		E-mail:		
B. Company Contacts						
Contact No.1:			Contact No.2:			
Position:			Position:			
Phone No.:			Phone No.:			
Cell No.:			Cell No.:			
E-mail:			E-mail:			
C. Insurance Information (Attach Proof of Insurance)						
Comprehensive General Liability (min \$2,000,000 coverage)					Yes ☐ No ☐	
Automobile Liability (min \$2,000,000 coverage)					Yes ☐ No ☐	
D. Safety Information (if yes, attach supporting documentation)						
CSP Yes ☐ No ☐			A&D Program Yes ☐ No ☐			
COR Yes ☐ No ☐			SECOR Yes ☐ No ☐			
Safety Statistics for the last 3 years						
Year	Man Hours	No. of LTI's	No. of MA's	LTIF	TRIF	WCB-ER
CSP	Company Safety Program		COR	Certificate of Recognition		
SECOR	Small Employer Certificate of Recognition		WCB-ER	Workers Compensation Board most recent experience rating		
LTI	Lost Time Incident		MA	Medical Aid		
LTIF	Lost Time Incident Frequency		TRIF	Total Recordable Injury Frequency		
E. Quality Assurance/ Quality Control Information (if yes, attach supporting documentation)						
Quality Control Manual: Yes ☐ No ☐			Provincial Boilers Branch Certification: Yes ☐ No ☐			
Provincial Boilers Branch Certification No.:				Expiry Date:		



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F. Diversity and Inclusion

Is your company a member of or affiliated with an Indigenous Community? Yes ☐ No ☐

If yes, provide the name(s) or the community:

Based on the following definition of a Diverse Supplier, does your company identify themselves as a diverse supplier?

A "Diverse Supplier" is a business that provides materials, goods, and/or services (including contractors, subcontractors, vendors, and consultants) and is at least fifty-one percent (51%) owned, managed, and controlled by a diverse person or group with U.S. or Canadian citizenship.

Yes ☐ No ☐

If yes, please indicate the Diverse category (Multi-select Check box of diverse suppliers categories):

- ☐ Minority Business Enterprise (**MBE**) or Visible Minority - Asian, Subcontinent Asian/Asia Indian, Asian-Pacific, Black/African American, Hispanic/Latino
- ☐ Woman Business Enterprise (**WBE**)
- ☐ LGBTQ2+ Business Enterprise (**LGBTBE**)
- ☐ Disability-Owned Business Enterprise (**DOBE**)
- ☐ Veteran Business Enterprise (**VBE**)
- ☐ Small Business (As defined by Industry Canada or the U.S. Small Business Administration, which includes these classifications: Woman Owned Small Business, Economically Disadvantaged Woman Owned Small Business, Small Disadvantaged, Small Veteran, Service-Disabled Veteran Owned Small Business, and HUBZone)

F. Service Provided, Billing Data and Terms of Payment

As defined and described on the Strike Purchase Order (PO). Attach rate sheets and /or contract documents as required. **Note:** Purchase Orders must be issued "Before" work begins.

Send Invoice to:

Strike

Note: Payment withheld

1. Until all information requested in this document is provided.
2. The invoice does not have a Purchase Order Number

G. Agreement Sign Off

Signed on behalf of Sub-contractor:

Name (Print)

Signature

Date

Strike Division Vice President:

Name (Print)

Signature

Date