## CRCA STANDARD FORM OF ROOFING CONTRACTORS QUALIFICATION STATEMENT – At-Large Member

	Address						
	Telephone ( ) Fax ( )						
	Year of Incorporation Province of Incorporation						
	Please submit a copy of your incorporation documents.						
	Names and Titles of Contractor's Officers, Partners, Individual Owner						
	(a)						
	(b)						
	(c)						
	Other Trade Affiliated Associations to which contractor belongs						
	(a)						
	(b)						
	(c)						
	Average annual number of employees  Roofers: Sheet metal workers: Journeymen:						
	(a) Do you sublet all or part of your roofing work? Yes or no (circle one)						
	(b) Do you sublet all or part of your sheet metal work? Yes or no (circle one)						
	If YES in either (a) or (b), please explain the reasons for doing so.						
	Do you own or lease your roofing equipment? Own or lease (circle one)						
	Union Affiliation and Local Number (if applicable)						

	Approximate annual income of roofing work done in the past four (4) years									
			20	_ 20	_ 20	20				
	Roof: Perce	ing income entage of total income	\$	\$	\$ %	 %	%			
٠.	Insu	rance information								
	Insur	Insurance company's name								
	Agent's nameTel. #									
	Policy # Liability coverage \$ Liability deductible \$									
	Does the insurance policy contain a hot work endorsement? Yes or no (circle one)									
0.	that CRCA members carry a minimum of \$5 million in liability coverage.  This information must be submitted annually to CRCA to maintain your membership.  Financial references									
10.										
	(a)									
	( <b>l-</b> )	Telephone ( )								
	(b)	Name of bonding or								
	( )	Telephone ( ) _								
	101		reait referer	ices						
	(c)									
	(C)	(i) Name of Ag	ency							
	(c)	(i) Name of Ag Telephone (	ency	(	Contact					
	(c)	(i) Name of Ag Telephone ( (ii) Name of Ag	ency ) ency		Contact					
		(i) Name of Ag  Telephone (  (ii) Name of Ag  Telephone (	ency ) ency )		Contact					
	(d)	(i) Name of Ag Telephone ( (ii) Name of Ag	ency ) ency )		Contact					

	(d)	Have you or any of your principles/partners within this company declared bankruptcy within the last 10 years?						
		Please explain:						
11.	Occu	upational Health and Safety						
	(a)	Are you a member in good standing with the Workers Compensation Board in your province?						
		Yes or No (please circle one)						
		Please provide a current copy of your provincial WCB clearance certificate This information must be submitted annually to CRCA t maintain your membership.						
	(b)	Is your company COR (The Certificate of Recognition program) certified in your province?						
		Yes or No (please circle one)						
		Please provide a current copy of your provincial COR certificate.  This information must be submitted annually to CRCA to maintain your membership.						
12.	Busi	usiness licence						
		Please submit a copy of your business licence which must be located in a commercially oned property or a property that can be lawfully used for commercial purposes.						
13.		Names and suppliers from whom you have purchased roofing materials in the past eighteen (18) months						
		Tel. #						
		Tel. #						
		Ta1 #						

## Please include the final completion inspection report for each project. Project \_\_\_\_\_ Completion date \_\_\_\_\_ (i) Roofing contract value \$ \_\_\_\_\_ Roofing system applied \_\_\_\_\_ New construction \_\_\_\_\_\_ Re-roofing \_\_\_\_\_ Contact \_\_\_\_\_\_ Telephone ( ) \_\_\_\_\_\_ Architect/Engineer/Consultant \_\_\_\_\_ Contact \_\_\_\_\_\_ Telephone ( ) \_\_\_\_\_\_ Project \_\_\_\_\_ Completion date \_\_\_\_\_ (ii) Roofing contract value \$ Roofing system applied New construction \_\_\_\_\_\_ Re-roofing \_\_\_\_\_ Contact \_\_\_\_\_\_ Telephone ( ) \_\_\_\_\_\_ Architect/Engineer/Consultant \_\_\_\_\_ Contact \_\_\_\_\_\_ Telephone ( ) \_\_\_\_\_\_ Project \_\_\_\_\_ Completion date \_\_\_\_\_ (iii) Roofing contract value \$ \_\_\_\_\_ Roofing system applied \_\_\_\_\_ New construction \_\_\_\_\_\_ Re-roofing \_\_\_\_\_ Contact \_\_\_\_\_\_ Telephone ( ) \_\_\_\_\_\_ Architect/Engineer/Consultant \_\_\_\_\_ Contact \_\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

List three principal projects your company has completed in the past five (5) years

14.

## 14. List principal projects your company has in progress

(i)	Project					
	Roofing contract value \$	Roofing system applied				
	New construction	Re-roofing				
	Owner					
	Contact	Telephone ( )				
	Architect/Engineer/Consultant					
	Contact	Telephone ( )				
(ii)	Project					
	Roofing contract value \$	Roofing system applied				
	New construction	Re-roofing				
	Owner					
	Contact	Telephone ( )				
	Architect/Engineer/Consultant					
	Contact	Telephone ( )				
(iii)	Project					
	Roofing contract value \$	Roofing system applied				
	New construction	Re-roofing				
	Owner					
	Contact	Telephone ( )				
	Architect/Engineer/Consultant					
		Telephone ( )				

## Firm Name \_\_\_\_\_\_ Signature \_\_\_\_\_ Title

I hereby advise that the information provided is true and correct to the best of my

Please ensure that the Qualification Statement document is fully completed and includes the documents listed below. An incomplete document will delay your application process.

- Insurance policy certificate of coverage
- o Provincial WCB clearance certificate
- o Provincial COR certificate

**15.** 

knowledge

- o A copy of your business licence
- o The final completion inspection report for each project completed