

SUBCONTRACTOR AGREEMENT

Company Name:

Subcontractor Name

WCB Registration Number:

Address

Year of Registration

Year of Employment

Nature of Work Performed (include dates, if applicable):

Please ensure all questions below are answered to assist in the overall assessment procedure

1. Are you aware of all the health and safety hazards associated with your field of work?

Yes, very aware and compliant Not aware

2. Do you adhere to all the rules and regulations of the construction guidelines?

Always Sometimes No

3. Can you verify that all your subordinates have produced quality work?

Most definitely Not all of them No

4. Have you had any reported accidents under your charge in the past year?

YES NO

If yes, please state how many: _____

5. Have you been issued any statutory notices in the past? YES NO

If yes, please elaborate

Signed _____

Dated _____