



## **CONTRACTOR PREQUALIFICATION – OVERVIEW**

The Municipality of Lambton Shores is implementing a pre-qualification process for all contractors who perform construction and maintenance tasks for the Municipality. Pre-qualification will focus on mainly the Community Services Department. This report will focus on: pre-qualification objectives, benefits, acceptability of contractors, requirements for pre-qualification, the establishment of a pre-qualification advisory board and a list of contractors who need to be pre-qualified.

### **Other Objectives:**

- group contractors according to their expertise and capability
- set up panels of suitable contractors for specific work type and values
- facilitate the selection and invitation of pre-qualified contractors
- deliver improved project outcomes for the Municipality of Lambton Shores

### **Pre-Qualification Benefits:**

- pre-qualification process enables the Department to select contractors who have demonstrated the required experience, capability and capacity
- pre-qualified contractors have demonstrated the capability to provide better more consistent project outcomes
- the pre-qualification process results in reduced tendering costs relative to open tenders while maintaining appropriate levels of competition
- allows the Municipality of Lambton Shores, as a major buyer of construction related services to more effectively implement continuous improvement initiatives

### **Pre-Qualification Advisory Board:**

As per this pre-qualification scheme an advisory board will be initiated. This board will be made up of a five member committee consisting of the CAO, Clerk, Director of Community Services and Managerial representation from each area.

It will be the board's duty to investigate and examine the application of all contractors applying for pre-qualification. The board will also have the right to deny, revoke or temporarily suspend pre-qualification, subject to the required hearing process.

## **Acceptability:**

To determine the acceptability of a contractor the board will investigate the following items:

- financial responsibility of the contractor
- the quality and availability of the contractor's equipment, machinery and the number and qualifications of their personnel
- the performance record of the applicant in the performance of contracts within the municipality and for public and private improvements
- experience in supervising and/or implementing similar construction projects
- reputation and reliability
- the nature and extent of other current contract commitments
- whether or not the contractor has been denied pre-qualification, if so, for what reason
- any other fact which would materially affect the ability of the applicant to properly, adequately, expeditiously and satisfactorily prosecute the work which the applicant is seeking pre-qualification

## **Certificate of pre-qualification:**

The certificate of pre-qualification will be awarded from the successful completion and approval of an application. Success will be dependant on a point system associated with the **Contractor pre-qualification questionnaire** (see attached). The contractor will also supply the Advisory board with:

- an audited financial statement
- letter or certificate of good standing from a recognized bonding company, or failing that a credit report
- any other relevant information requested by the Advisory board e.g. WSIB, Health and Safety, Certifications,

**MUNICIPALITY OF LAMBTON SHORES  
CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**

**1.0 General Information** **Date:** \_\_\_\_\_

**1.1 Name of Firm:** \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact for Bid Purposes \_\_\_\_\_

**1.2 Legal Identity:** \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

**1.3 How long has your organization been under your present management?**  
\_\_\_\_\_

**1.4 Number of employees:**

Administrative, Project Management, and General Office: \_\_\_\_\_

Field Superintendents and Foremen: \_\_\_\_\_

Laborers: \_\_\_\_\_

**2.0 Capabilities**

**2.1 List trade categories in which your firm is qualified and performs work on a regular basis:**


**2.2 List trade categories for which your firm regularly subcontracts others:**


**2.3 Business Volume**

Indicate the annual dollar volume for the past three years

2007 \$ \_\_\_\_\_

2008 \$ \_\_\_\_\_

2009 \$ \_\_\_\_\_

Indicate the dollar volume of work for which you presently have contracts, but have not started or completed to date: \$ \_\_\_\_\_

**2.4 Contract**

2.4a Has your firm ever failed to complete a contract? YES \_\_\_\_ NO \_\_\_\_

2.4b Has your firm ever been in a lawsuit regarding project performance, payments, or schedule? YES \_\_\_\_ NO \_\_\_\_

2.4c Within the last five years, has any officer or principal of your firm been an officer or principal of another organization when it failed to complete a construction contract? YES \_\_\_\_ NO \_\_\_\_

**2.5 Scheduling**

2.5a Does your firm employ the critical path method? YES \_\_\_\_ NO \_\_\_\_

2.5b Does your firm employ computerized scheduling? YES \_\_\_\_ NO \_\_\_\_

2.5c If so, what software is used? \_\_\_\_\_

**2.6 Quality Assurance/Quality Control**

Does your firm have a written QA/QC Program? YES \_\_\_\_ NO \_\_\_\_

If yes, please provide a copy.

**2.7 Equipment**

Attach a list of company owned and leased equipment highlighting equipment that is readily available for use, including make, modal and year.

**2.8 Bonding**

Name of Bonding Company: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

2.8a Total Bonding Capacity \_\_\_\_\_

2.8b Single Project Capacity \_\_\_\_\_

2.8c Current Bonding in Effect \_\_\_\_\_

**3.0 Insurance**

List the following Insurance coverage amounts:

3.0a General Liability \$ \_\_\_\_\_

3.0b Workman's Compensation/Employers Liability \$ \_\_\_\_\_

3.0c Automobile Liability \$ \_\_\_\_\_

3.0d Professional Liability \$ \_\_\_\_\_

3.0e Insurance Company \$ \_\_\_\_\_

3.0f Broker/Agent \$ \_\_\_\_\_

3.0g Agent Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**4.0 References**

List three Owner, Construction Manager, or General Contractor references for which you have performed work in the last two years.

4.0a Company Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name(s): \_\_\_\_\_

4.0b Company Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name(s): \_\_\_\_\_

4.0c Company Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name(s): \_\_\_\_\_

## 5.0 HEALTH AND SAFETY

5.0a Does your company have a Certified Health and Safety Representative?

YES \_\_\_\_\_ NO \_\_\_\_\_

5.0b Name: \_\_\_\_\_

5.0c Address: \_\_\_\_\_

5.0d Phone: \_\_\_\_\_

5.0e Does your company conduct Health and Safety Meetings?

YES \_\_\_\_\_ NO \_\_\_\_\_

5.0f Schedule Times: \_\_\_\_\_

**6.0 WSIB**

6.0a Does your company carry valid WSIB? YES \_\_\_\_\_ NO \_\_\_\_\_

6.0b Is a copy attached? YES \_\_\_\_\_ NO \_\_\_\_\_

Please return completed form, with required documentation to;

Municipality of Lambton Shores  
Attn. Peggy Van Mierlo-West, Director of Community Services  
9575 Port Franks Road  
Thedford ON  
N0M 1J0

[pvmwest@lambtonshores.ca](mailto:pvmwest@lambtonshores.ca)

**STATUTORY DECLARATION**

DOMINION OF CANADA  
COUNTY OF Lambton  
TO WIT

(IN THE MATTER OF  
(contractor pre-qualification  
(in the Municipality of Lambton Shores  
(in the County of Lambton  
(in the Province of Ontario

I \_\_\_\_\_ a representative of \_\_\_\_\_  
(Printed Name) (Company Name)

Do solemnly swear that all statements contained in this application and provided by me are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of same force and effect as if made under oath.

And I make solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effects as if made under oath and by virtue of the "Canada Evidence Act".

DECLARED before me at

\_\_\_\_\_)  
Of \_\_\_\_\_)  
In the County of \_\_\_\_\_)  
This \_\_\_\_\_)  
Day of \_\_\_\_\_, 20\_\_\_\_\_)

\_\_\_\_\_  
Signature of Owner  
(I have authority to bind the Company/  
Corporation)

A Commissioner, etc.,

### POINT CODE BREAKDOWN

QUESTIONNAIRE NUMBER	POINT GIVEN
1.3	1-5 YRS 1 PT. 5+ YRS 2 PTS.
1.4	PROJECT MANAGEMENT 1 PT.  FIELD SUPER/FOREMAN 1 PT.
2.1	1 POINT PER TRADE
2.2	1 POINT PER TRADE
2.3	OVER \$100,00/YEAR 1 POINT
2.4(a,b,c)	-5 YES, +5 NO (each)
2.5(a,b,c)	+1 YES, -1 NO (each)
2.6	+1 YES, -1 NO
2.7	IMMEDIATE AVAILABILITY +1 PT.  EQUIPMENT >1998 +1PT.
2.8	+1 PT.
3.0(a,b,c,d)	+1 PT. each
4.0	+1 PT. each
5.0(a)	+5 YES, -5 NO
5.0(e)	+5 YES, -5 NO
6.0(a)	+5 YES, -5 NO
6.0(b)	+5 YES, -5 NO

Total score needed for approval **40**