



# Contractor Application

**SURERUS Pipeline Inc.**  
9312-109th Street  
Fort St. John, BC V1J 6G9  
Phone: (250) 785-2423 Fax: (250) 785-3475

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ABORIGINAL AFFILIATION: YES  NO

IF "YES," PLEASE INDICATE COMMUNITY: \_\_\_\_\_

### TYPE OF BUSINESS

PLEASE INDICATE WHAT SERVICES YOUR COMPANY PROVIDES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE:** Please include proof of insurance with your information package.

	EQUIPMENT AND LIABILITY	VEHICLE
NAME OF INSURANCE COMPANY:		
NAME OF INSURANCE AGENT:		
POLICY NUMBER:		
AMOUNT OF INSURANCE:		
EXPIRY DATE:		

### WORKERS' COMPENSATION BOARD COVERAGE

WCB NUMBER \_\_\_\_\_ PROVINCE OF COVERAGE: \_\_\_\_\_

EXPERIENCE RATING \_\_\_\_\_

*(As provided by the Workers' Compensation Board of British Columbia or similar board.)*

### REFERENCES

NAME OF COMPANY:	
CONTACT NAME:	
TELEPHONE NUMBER:	
NAME OF COMPANY:	
CONTACT NAME:	
TELEPHONE NUMBER:	
NAME OF COMPANY:	
CONTACT NAME:	
TELEPHONE NUMBER:	

*Please attach appropriate information relating to your company.  
(i.e. Health and Safety policies, corporate profile, equipment lists and rate sheets.)*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_