



**ALBERTA  
PACIFIC**  
FOREST INDUSTRIES INC

# NEW / RENEWAL CONTRACT REQUIREMENTS

COMPANY NAME \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUIRED FOR THE SET UP OF ALL NEW/RENEWAL CONTRACTS. PLEASE COMPLETE AND RETURN TO ALBERTA-PACIFIC AT 780-525-8097**

<b>1.</b>	<b>COMPLETE COMPANY NAME, MAILING ADDRESS, PHONE NUMBER, FAX NUMBER:</b>
	NAME
	ADDRESS
	ADDRESS
	PHONE
	FAX
<b>2.</b>	<b>COMPANY CONTACT PERSON:</b>
<b>3.</b>	<b>CELL PHONE NUMBER(S):</b>
<b>4.</b>	<b>E-MAIL ADDRESS</b>
<b>5.</b>	<b>GST NUMBER:</b>
<b>6.</b>	<b>WCB ACCOUNT NUMBER (CONTRACTOR TO ENSURE CORRECT INDUSTRY SET UP WITH WCB):</b>
<b>7.</b>	<b>PROOF OF VALID COMMERCIAL GENERAL LIABILITY INSURANCE:</b>
	SEE ATTACHED
<b>8.</b>	<b>PROOF OF VALID VEHICLE INSURANCE</b>
	IF COMPANY DOES NOT OWN/LEASE ANY VEHICLES, SUPPLY INSURANCE FOR ANY VEHICLES THAT WILL BE USED (SEE ATTACHED)
<b>9.</b>	<b>ADM POLICY</b>
<b>10.</b>	<b>SAFETY PLAN</b>
<b>11.</b>	<b>MISCELLANEOUS REQUIREMENTS</b>
<b>12.</b>	<b>ABORIGINAL CONTRACTORS PLEASE COMPLETE THE FOLLOWING:</b>
	<b>FIRST NATIONS - COMMUNITY OR RESERVE NAME:</b>
	<b>METIS - SETTLEMENT NAME OR ZONE #:</b>





# Request for Certificate of Insurance

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

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

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

TO: INSURANCE BROKER: \_\_\_\_\_  
 PLEASE PROVIDE **ALBERTA-PACIFIC FOREST INDUSTRIES, P O Box 8000, BOYLE, ALBERTA TOA 0M0** WITH THE FOLLOWING:

✓	<b>INSURANCE CERTIFICATE</b>
	<p><b>THE CONTRACTOR SHALL HAVE HIS INSURER PROVIDE TO ALBERTA-PACIFIC A CERTIFICATE OF INSURANCE THAT SHOWS:</b></p> <ul style="list-style-type: none"> <li>• the term of the insurance policy</li> <li>• the type of insurance</li> <li>• the limits of liability</li> <li>• complete name, address, phone number of insurance broker</li> </ul>
✓	<b>FORMS OF INSURANCE</b>
	<p>COMPREHENSIVE GENERAL LIABILITY INSURANCE FOR ALL OF THE CONTRACTOR'S OR THE SUB-CONTRACTOR'S, AS THE CASE MAY BE, ACTIVITIES RELATED TO THE PERFORMANCE OF THIS AGREEMENT, COVERING AND INCLUDING, BUT NOT LIMITED TO, BODILY INJURY, DEATH, PERSONAL INJURY, PROPERTY DAMAGE INCLUDING LOSS OF USE, CONTRACTUAL LIABILITY, CONTRACTORS' PROTECTIVE COVERAGE, A CROSS LIABILITY CLAUSE, AN ENDORSEMENT PROVIDING FOREST FIRE FIGHTING EXPENSES COVERAGE, NON-OWNED AUTOMOBILE AND EMPLOYER'S LIABILITY.  <b>MINIMUM LIMIT OF LIABILITY IS \$5,000,000.00</b></p>
	<p>STANDARD MOTOR VEHICLE INSURANCE COVERING ALL OF THE CONTRACTOR'S OR SUB-CONTRACTOR'S, AS THE CASE MAY BE, LICENSED VEHICLES WHETHER OWNED, LEASED, LICENSED OR OPERATED BY OR ON BEHALF OF THE CONTRACTOR OR A SUB-CONTRACTOR. FOR HAULING CONTRACTS, ALL VEHICLES SHALL CARRY SUFFICIENT TRAVEL RADIUS' TO PERFORM THE HAULING.  <b>MINIMUM LIMIT OF LIABILITY IS \$5,000,000.00</b></p>
	<p>COVERAGE ON AN ALL RISKS BASIS COVERING OWNED OR LEASED EQUIPMENT USED BY THE CONTRACTOR.</p>
	<p>CARGO INSURANCE COVERING ALL LOADING, LOWBEDDING AND UNLOADING ACTIVITIES INCLUDING, WITHOUT LIMITATIONS, COVERAGE FOR THE REPLACEMENT COST OF ANY CARGO DAMAGED OR LOST.  <b>MINIMUM LIMIT OF LIABILITY IS \$1,000,000.00</b></p>
✓	<b>TERMS OF POLICY</b>
	<p>EACH INSURANCE POLICY SHALL STATE THAT IT CANNOT BE CANCELLED WITHOUT AT LEAST THIRTY (30) DAYS' PRIOR WRITTEN NOTICE TO ALBERTA-PACIFIC.</p>
✓	<b>ADDITIONAL INSURED</b>
	<p>ALBERTA-PACIFIC FOREST INDUSTRIES INC. SHALL BE ADDED AS ADDITIONAL INSUREDS TO ALL COMPREHENSIVE GENERAL LIABILITY POLICIES.</p>

Certificate of Insurance to be forwarded to Alberta-Pacific Forest Industries by fax (780) 525-8097