

\_\_\_\_\_  
Name of Applicant

**Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:**

Services not resulting in construction (e.g. feasibility studies) \_\_\_\_\_  
Percentage

Residential projects (private) \_\_\_\_\_  
Percentage

Residential projects (multi-unit) \_\_\_\_\_  
Percentage

Industrial projects \_\_\_\_\_  
Percentage

Recreational projects including parks, playgrounds, amusement fairs etc. \_\_\_\_\_  
Percentage

Institutional projects \_\_\_\_\_  
Percentage

Commercial projects including retail \_\_\_\_\_  
Percentage

Municipal projects \_\_\_\_\_  
Percentage

Provincial Government projects \_\_\_\_\_  
Percentage

Federal Government projects \_\_\_\_\_  
Percentage

Other \_\_\_\_\_  
Describe \_\_\_\_\_  
Percentage

**TOTAL should equal 100%**

**Does your firm or any related company:**

1. Engage in actual construction, installation or erection?  Yes  No
2. Engage in actual manufacture, fabrication or assembly?  Yes  No
3. Enter into contracts to assume responsibility for any of the activities?  Yes  No

If Yes to any of the above, please provide details of operation and the percentage of revenue earned in last fiscal year.

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

**Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client?**

Yes  No

If yes please provide: \_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Relationship with client

\_\_\_\_\_  
 Approximate Annual revenue generated from client

**Were more than 50% of your total gross billing for any one year derived from a single client or contract?**

Yes  No

If yes please provide: \_\_\_\_\_  
 Client Name

\_\_\_\_\_  
 Relationship with client

\_\_\_\_\_  
 How long do you expect this relationship to continue?

**Describe your firm's five(5) largest jobs or projects during the past three (3) years.**

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

**Do you provide professional services in which you retain an ownership interest?**

Yes  No

\_\_\_\_\_  
 If Yes, please provide full.

\_\_\_\_\_

Do you utilize the services of independent contractors or sub-consultants?

Yes  No

Approximate percentage of billing attributable to sub-contractors/consultants?

\_\_\_\_\_  
Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured?

Yes  No

\_\_\_\_\_  
If yes, what limits?

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

DATE: 

D	D	M	M	Y	Y
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