



10202 - 74 Avenue, Clairmont, AB T0H 0W0
 Phone: 780.532.3350 Fax 780.532.8977
 Email: office@fabcor.ca

CONTRACTOR APPLICATION

Name: _____

Address: _____ City/Postal Code: _____

Home Telephone: _____ Cell Phone: _____

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 – As provided by the Workers Compensation Board of Alberta or similar board

WCB Number _____	Province of Coverage _____
Experience Rating _____	

REFERENCE

Name of Company:	
Contact Name:	
Telephone Number:	
Cell Number:	

Name of Company:	
Contact Name:	
Telephone Number:	
Cell Number:	

Name of Company:	
Contact Name:	
Telephone Number:	
Cell Number:	

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

Date: _____

Signature: _____