1. General information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal entity (company) name**: |  | | | | |
|  |  | | | | |
| **Contact Name** |  | | | | |
|  |  | | | | |
| **Title and Email** |  | | | | |
|  |  | | | | |
| **Generic Email** |  | | | | |
| **Legal Location Address** |  | | | | |
| Street /No: |  | | | | |
|  |  | | | | |
| City: |  | | | | |
|  |  | | | | |
| Province/Territory: |  | Postal Code: | |  | |
|  |  |  | |  | |
| Country: |  | Telephone #: | |  | |
|  | | |  | | |
| Date Founded / Incorporated: | | |  | | |
|  | | | | | |
| * 1. **Nunavut Tunngavik Inc**   Is the company (**legal entity**) registered to Nunavut Tunngavik Inc?  YES  NO | | | | | |
| *NTI# Please attach your certificate*. (NTI=IFRXXXX) | | | | | |
| ***If yes,***  **Company owned by:** | |  | | | |
| Northern Partner (if existing) |  | | | | |
|  |  |  | | | |
| Ownership % |  | | | | |
|  |  | | | | |  |
| Southern partner (If existing) |  | | | | |
|  |  | | | | |
| Ownership % |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
| *If applicable*, Joint Venture |  | | | | |
| * 1. **Employment Base Questions:**   Please confirm if either of these statements are true:  If your firm employs the equivalent of six (6) full-time employees or less, is at least one such full-time employee Inuit (must include subcontractor);  YES  NO  If your firm employs more than the equivalent of six (6) full-time employees, at least 33% of such full-time employees are Inuit (must include subcontractor).  YES  NO | | | | |  |

1. Nature of your Business

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Manufacturer |  | Manufacturer’s Representative |  | Contractor / On Site Installation |  | Retailer |  |
|  |  |  |  |  |  |  |  |
| Supplier |  | Fabrication |  | Distributor |  | Engineering/ Design Service |  |
|  |  |  |  |  |  | |  |
| Other |  |

If Other is selected or you would like to expand on the nature of your business please provide an explanation in the text box below:

1. financial capacity (RECOMMENDED to provide BUT NOT mANDATORY)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. **Financial** | | | | | | | | | |
|  | | 2018 |  | 2019 | | | |  | 2020 |
| Revenues Past 3 years: | |  |  |  | | | |  |  |
|  | |  |  |  | | | |  |  |
|  | |  |  |  | | | |  |  |
| Total Assets as of December 31 | |  |  |  | | | |  |  |
|  | |  |  |  | | | |  |  |
| Total Liabilities as of December 31 | |  |  |  | | | |  |  |
| Current | |  |  |  | | | |  |  |
|  | |  |  |  | | | |  |  |
|  | |  |  |  | | | |  |  |
| * 1. **Financial Statement** | |  |  |  | |  |  | | |
| Is Certified Financial or Income Statement, including net worth statement, available? | | | | | YES  NO | | | | |
| If Yes, please attach latest statement copy.  (⁭Check box if statement is attached) | | | | |  | | | | |
| Financial Institution | |  | | | | | | | |
| AEM reserves the right to contact an Officer of the applicant and credit agency to verify financial information and by accepting, you consent AEM to do so. | | | | | | | | | |
| Accepted | | | | | | | | | |
|  | | | | | | | | | |
| * 1. **Contract size** | |  |  |  | |  |  | | |
|  | |  |  |  | |  |  | | |
| What is your firm's desired project / contract size? (In CAD Dollars) | | | | | | | | | |
|  | |  |  |  | |  |  | | |
| Minimum : |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | | |
| Maximum: |  | |  |  | |  |  | | |

* 1. **Bonding or credit**

Please confirm your ability to obtain bonding. Please name bonding or credit ***company and limit***.

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* **Bonding information may be required of Firms wishing to participate in contracts with a value greater than $500,000**

1. Service or Product Provided
   1. **List the core business services and/or products supplied by the Company**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service or Product** |  | **Manufacturers Name** |  | **Mfg. Location** |  | **Stock Location** |  |  |
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* 1. **Prequalification Contract and categories list**

Please complete the Contract & Categories list document annexed Categories List “Appendix B”. *Take note that to be eligible you must return the Appendix B in Excel format only and Columns D and E must be completed..*

1. RELEVANT EXPERIENCE
   1. **Important contracts**

Attach a list, or complete in the space provided below, of important contracts for each selected category in the Appendix B. Realisation should be completed in the past three (3) years in a Northern environment (NWT, Nunavut, Nunavik). Include any work performed for Agnico Eagle Mines Limited. (If applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category |  | Customer Name, Contact & Telephone Number |  | Description of Products or Service Provided |  | Total Order/Contract Dollar Value |  | Year Completed |  |
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1. Equipment and shop Facilities
   1. **Shop**

Supply a list of your facilities (location, building. storage capacity sq.ft, shipping facilities access, Shop)

* 1. **Equipment**

Supply a list of major equipment own (loader, crane, machine shop, etc.)

1. HUMAN RESOURCE
   1. **Key personnel**

Supply a summary of the key personnel that could be appointed to the project,

* Name and title;
* Year of service;
* Past project attended, Client name
* mentioned the relevant experience related to the Appendix B
  1. **Please indicate the number of employees of the Company in each skill set and specialty.**

{*i.e. Engineers (Piping, Mechanical, Process, Welding, Civil, etc.), Drafting, CAD (2D, 3D), Procurement / Materials / Expediting, QA/QC, etc.*}

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Profession / Trade / Skill Description** |  | **Notes** |  | **Number of Supervisory Staff** |  | **Number of Production Staff** |  |
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* 1. **Permanent Employees**

More than 500 employees

250 to 500 employees

100 to 250 employees

75 to 100 employees

50 to 75 employees

25 to 50 employees

Less than 25 employees

1. Subcontracting

List any associated work that would typically be subcontracted to other vendor(s) / contractor(s) and list the contact person:

**Works:** **Subcontractor name:**

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| --- | --- | --- |
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1. Union labour employed

Do you employ union labour?  YES  NO

Please list all labour organizations / affiliated unions with whom you have contracts or working agreement.

|  |  |  |
| --- | --- | --- |
| **Organization** | **Agreement Numbers nNumbers** | **Expiration** |
|  |  |  |
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1. QUALITY ASSURANCE / QUALITY CONTROL

Do you have any approved Quality Control procedures?  YES  NO

(*If yes, please attach a copy of your procedures with this questionnaire*)

If you do ***not*** have a Quality Control and/or Quality Assurance manual, please provide information as to how material control, construction activities, inspection and testing are controlled (professional association, internal process).

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1. Certification

Do you have a certificate of authorization from:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| ISO (International Organization for Standardization) |  |  |
| ASME (American Society of Mechanical Engineers) |  |  |
| CWB (Canadian Welding Bureau) |  |  |

(*if yes, please attach copy of certificate(s)*)

1. Health and Safety and Environment Performance History

Please complete the Health & Safety document annexed “Appendix A”

Do you have a Health and Safety written policy?  YES  NO

Do you have an Environmental written policy?  YES  NO

*(if yes, please attach copy of each manuals or policies)*

1. Company/Vendor Acknowledgement

The Company/Vendor acknowledges that Agnico Eagle Mines Limited shall have no liability whatsoever, for any costs, expenses, charges or losses which the Company/Vendor may incur or be required to spend in its preparation or presentation of this Pre-Qualification Form, nor in the preparation or presentation of any bid for work that may be made by the Company/Vendor.

Submittal by Company/Vendor of documentation/information requested for purposes of the Pre-Qualification Form shall not convey any right to Company/Vendor to be included on the final Bidder List and it will be Agnico-Eagle Mines Limited’s sole right to determine the final list of qualified vendors to be included on said Bidder List.

The Company/Vendor acknowledges that Agnico-Eagle Mines is relying on the completeness, accuracy and truthfulness of the information herein, as provided by the vendor.

The Company/Vendor acknowledges that, the information provided is not for general publication and will only be used as necessary for the purposes of Pre-Qualification.

Completed by:

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | | |
|  |  |  |  |
| Name: |  | Date: |  |
|  |  |  |  |
| Title |  |  |  |