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 [ ]  NOIf 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)

|  |
| --- |
| * 1. **Financial**
 |
|  | 2022 |  | 2023 |  | 2024 |
| Revenues Past 3 years: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Assets as of December 31 |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Liabilities as of December 31 |  |  |  |  |  |
| Current |  |  |  |  |  |
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|  |  |  |  |  |  |
| * 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** |
|  |  |  |
|  |  |  |
|  |  |  |

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 |  |  |  |