



**GOVERNMENT OF ANTIGUA AND BARBUDA
DEPARTMENT OF ENVIRONMENT (DOE)**



CONSTRUCTION SERVICES – CONTRACTOR REGISTRATION

Project Title	An integrated approach to physical adaptation and community resilience in Antigua and Barbuda's northwest McKinnon's watershed
Type of Contract	Works Contract – drainage, wetland restoration, culvert refurbishment
Date of Issue	12 December 2017
Deadline	22 December 2017
Notes	Contractor Registration will be followed by issuance of the Tender Documents to agencies selected through this short-listing procedure
Application contacts	Electronic Copies to be provided to: Procurement Officer Department of the Environment #1 Victoria Park Botanic Gardens Factory Road, St. John's, Antigua Email: antiguaenvironmentdivision@gmail.com Copied to: DOE@ab.gov.ag Subject line: <i>Drainage Works Contractor Registration</i>

1. GENERAL BACKGROUND AND ORGANISATION OF FIRM
(Complete in BLOCK LETTERS)

1.1 Name of Organisation:

1.2 Registered Address:

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1.3 Mailing Address (if different from above):

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1.4 Telephone No.: Fax No.:

1.5 Email Address:

1.6 Designated Representative: Cell No.....

1.6.1 Email Address:

1.7 Type of Organisation

- | | |
|---|--|
| <input type="checkbox"/> Public Limited Liability | <input type="checkbox"/> Private Limited Liability |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Consortium | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> External Company | <input type="checkbox"/> Other (specify)..... |

1.8 Contractor Documentation

Please attach a copy of the following documents (where applicable):

- Certificate of Incorporation/Continuance/Registration
- Notice of Registered Office
- Notice of Directors
- VAT Certificate
- BIR Clearance Certificate (not less than three years)
- NIS Compliance Certificate
- Company Brochure
- Product Catalogue

1.9 Corporate Structure

Provide a current organisational chart illustrating your company's structure including all key personnel.

Please provide the names and addresses of each affiliated and/or subsidiary company.

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1.10 Key Personnel (resumes may be submitted with this Questionnaire)

Name	Title	Nationality	Qualifications	Experience (yrs)

1.11 Are you or any of the company's directors or employees related to any director/member or employee of the Department of Environment in Antigua and Barbuda?

No

Yes

If yes, please specify the persons and the nature of the relationship

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1.12 Were you previously registered with the Department of Environment under your current name or any other name?

No

Yes

If yes, please specify

2. FINANCIAL INFORMATION

2.1 Please provide Audited Financial Statements for the past three years commencing 2012.

2.2 If Audited Financial Statements are not available please indicate why

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2.3 If your audited financial statements cannot be provided, please attach signed filed returns for the last three financial years together with management accounts for the relevant periods.

Sole traders are required to show proof of quarterly tax payments for the last three years

2.4 Bankers

Name	Branch	Address	Telephone No	Contact Name

2.5 Please provide a letter from your bank confirming your relationship, credit and banking history.

2.6 Bonding

Is your Banker/Bonding Company prepared to provide sureties if required.

— No — Yes

If yes, please state the maximum limit (EC\$)

2.7 Insurance Coverage

2.7.1 Please indicate your organisation ability to obtain the following insurances which are necessary in the event that a contract is awarded:

- Contractor's All Risk Liability* Yes No
- Public Liability* Yes No
- Workmen's Compensation* Yes No
- Professional Indemnity * (if applicable) Yes No
- Motor Vehicle Yes No
- Employer's Liability Yes No

* The value of the cover is established on a per contract basis.

Please provide a Schedule outlining the types of Insurance cover maintained.

2.7.2 Do you have any pending Insurance Claim in respect of the above insurances?

No Yes

If yes, please specify

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2.8 Judgements/Litigation

2.8.1 Are there any pending actions or claims against the company and/or the principal officers or directors?

No Yes

If yes, please specify)

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2.8.2 Are there any judgements registered against the company and/or the principal officers or directors?

No Yes

If yes, please specify

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2.9 Contract Size

Please indicate which category of works or services your organisation is capable of financing (in Eastern Caribbean Dollars):

- | | |
|---|---|
| <input type="checkbox"/> \$0 ≤ \$50,000.00 | <input type="checkbox"/> \$50,000.00 ≤ \$150,000.00 |
| <input type="checkbox"/> \$150,000.00 - \$1 million | <input type="checkbox"/> \$1 million ≤ \$5 million |
| <input type="checkbox"/> \$5 million ≤ \$10 million | <input type="checkbox"/> \$10 million or higher |

3. CONTRACTS AND REFERENCES

Please provide a list of projects awarded/completed within the last three (3) years

i. Contract #1

Client Name:

Client Representative Tel No.

Contract Description

Contract Value

Contract Duration

ii. Contract #2

Client Name:

Client Representative Tel No.

Contract Description

Contract Value

Contract Duration

iii. Contract #3

Client Name:

Client Representative Tel No.

Contract Description

Contract Value

Contract Duration

iv. Contract #4

4. EQUIPMENT

4.1 Do you own all your equipment Yes No

If no, specify what % is rented/leased

4.2 Please describe the Equipment

#	Description	Owned/Leased	Age	Condition

5. SAFETY QUESTIONNAIRE

5.1 Do you have and adhere to a Health and Safety or Environmental Policy? (Please provide)

No Yes

5.2 Do you provide protective clothing and devices for your staff

No Yes

5.3 Do you keep an Accident log?

No Yes

If yes, please use your last year's accident log to fill the following:

Number of Injuries:

Number of Illnesses:

Number of lost workday cases:

Number of Restricted Workday cases:

Number of cases with medical treatment only:

Number of Fatalities:

5.4 Are Accident Reports prepared and sent to the following persons? If yes how often?

Recipient	Yes	No	Monthly	Quarterly	Annually
Foreman/Supervisors					
Manager					
CEO/General Manager					
Safety Officer					

5.5 Do you have a designated Safety Officer?

No Yes

5.6 Are you compliant with the OSH legislation?

No Yes

If no, in the form of a % how compliant are you?

5.7 Do you keep a record of "near miss" incidents that might have caused serious injury, property or equipment damage?

No Yes

If yes, please indicate the number of "near miss" incidents

5.8 Are Accident records and accident summaries kept?

No Yes

5.9 Do you hold Project Safety Inspections and Security Review?

No Yes

If yes, who conducts this inspection?

.....
and how often?

Weekly Bi-weekly Monthly Less often and/as needed.

5.10 Do you have an orientation programme for new hires?

No Yes

Does it include instruction on the following?

Construction safety No Yes

HSE Considerations No Yes

Personal Protective Equipment No Yes

5.11 Do you hold Safety and Security Meetings?

Safety No Yes
Security No Yes

How often?

Safety

Weekly Bi-weekly Monthly Less often and/as needed.

Security

Weekly Bi-weekly Monthly Less often and/as needed.

5.12 Do you have a substance abuse program in place?

No Yes

5.13 Do you conduct HSE Training for employees?

No Yes

If yes, how often is training held?

Bi-annually Annually Less often and/as needed.

The Applicant declares that the information provided in this Questionnaire and submitted as Schedules thereto are true and correct. This Questionnaire is signed by a duly authorized Officer and/or Agent of the Applicant. The signatory of this Questionnaire guarantees the veracity and accuracy of all responses given herein.

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APPLICANT NAME

.....
SIGNATURE OF OFFICER/AGENT

.....
NAME OF OFFICER/AGENT

.....
TITLE

.....
DATE

