

NEW CONTRACTOR INFORMATION FORM

General Information

Company Name: _____ Start Date: _____

Contact Name: _____

Mailing Address: _____

Phone: _____

Email: _____

WCB Number: _____

Safety Fitness Certificate Number: _____ NSC Number: _____

Safety Fitness Certificate Jurisdiction: Provincial Federal

CRA Business Number: _____

Driver Names

1.	_____	Phone No.	_____
2.	_____	Phone No.	_____
3.	_____	Phone No.	_____
4.	_____	Phone No.	_____
5.	_____	Phone No.	_____

Please return this completed form to Werkman Transport along with the following:

- Copy of valid Safety Fitness Certificate
- Certificate of Insurance naming 1301540 Alberta Ltd. o/a Werkman Transport with the following minimum requirements: General Liability (minimum of \$2,000,000), Third Party Liability for non-owned trailer (minimum of \$2,000,000), Non-Owned Trailer Coverage (minimum \$150,000), and Cargo Coverage for a minimum of \$32,000 is recommended but not essential
- Copy of banking information or void cheque for direct deposit
- WCB Clearance Letter