



**BENEDICT PIPELINE INC.**

6111 – 45<sup>TH</sup> Street, LEDUC, AB T9E 7C4  
 Phone: 780-980-0156  
 Fax: 780-980-0189  
 Email: [office@benedictpipeline.com](mailto:office@benedictpipeline.com)

9010 – 150<sup>TH</sup> Avenue, GRANDE PRAIRIE, AB T8X 0E8  
 Phone: 780-402-2592  
 Fax: 780-402-2786  
 Email: [gpoffice@benedictpipeline.com](mailto:gpoffice@benedictpipeline.com)

**CONTRACTOR APPLICATION**

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>TYPE OF BUSINESS</b> – Please indicate what services your company provides:
_____
_____
_____
_____

<b>INSURANCE</b> – Please include proof of insurance and vehicle registration with your information package.		
	<b>Equipment and Liability</b>	<b>Vehicle</b>
Name of Insurance Company:		
Name of Insurance Agent:		
Policy Number:		
Amount of Insurance:		
Expiry Date:		

GST # _____
-------------

<b>WORKERS' COMPENSATION BOARD COVERAGE</b> – As provided by the Workers Compensation Board of Alberta or similar board.	
WCB Number: _____	Province of Coverage: _____
Experience Rating: _____	
WCB Number: _____	Province of Coverage: _____
Experience Rating: _____	

<b>REFERENCE</b>	
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. Copies of Safety tickets, Health and Safety Policies, Corporate Profile, Equipment Lists and Rate sheets.)**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_