

RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Public Works Government Services Canada-
Bid Receiving / Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Brunswick
E2L 2B9

INVITATION TO TENDER APPEL D'OFFRES

**Tender To: Public Works and Government Services
Canada**

We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods, services, and construction listed herein and on any attached sheets at the price(s) set out therefor.

Soumission aux: Travaux Publics et Services Gouvernementaux Canada

Nous offrons par la présente de vendre à Sa Majesté la Reine du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux annexes ci-jointes, les biens, services et construction énumérés ici et sur toute feuille ci-annexée, au(x) prix indiqué(s).

Comments - Commentaires

Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Public Works Government Services Canada- Bid
Receiving / Réception des soumissions
189 Prince William Street
Room 421
Saint John
New Bruns
E2L 2B9

Title - Sujet Springhill Door Repairs Bldgs	
Solicitation No. - N° de l'invitation EC016-142083/A	Date 2013-12-30
Client Reference No. - N° de référence du client EC016-142083	GETS Ref. No. - N° de réf. de SEAG PW-\$PWB-020-3355
File No. - N° de dossier PWB-3-36123 (020)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-01-23	
Time Zone Fuseau horaire Atlantic Standard Time AST	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Donovan, Janine PWB	Buyer Id - Id de l'acheteur pwb020
Telephone No. - N° de téléphone (506) 636-5347 ()	FAX No. - N° de FAX (506) 636-4376
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

Solicitation No. - N° de l'invitation

EC016-142083/A

Amd. No. - N° de la modif.

Buyer ID - Id de l'acheteur

pwb020

Client Ref. No. - N° de réf. du client

EC016-142083

File No. - N° du dossier

PWB-3-36123

CCC No./N° CCC - FMS No/ N° VME



Correctional Service Canada
Service correctionnel Canada

PROTECTED
PROTÉGÉ

A ☐ B ☒ C ☐ ONCE COMPLETED
UNE FOIS REMPLI

**INSTITUTIONAL ACCESS
CPIC CLEARANCE REQUEST**

**ACCÈS À UN ÉTABLISSEMENT
DEMANDE DE VÉRIFICATION DU DOSSIER AU CIPC**

PLEASE PRINT INFORMATION CLEARLY - VEUILLEZ ÉCRIRE EN LETTRES MOULÉES

Institution - Établissement	Request received Demande reçue le	Date (YYYY/MM/DD) - (AAAA/MM/DD)	PUT AWAY ON FILE CLASSER AU DOSSIER	3170-12
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A. PERSONAL INFORMATION - RENSEIGNEMENTS PERSONNELS

Surname Nom de famille	Full name (no nicknames or initials) Nom au complet (pas de surnoms ou d'initiales)	Maiden name (if applicable) Nom de jeune fille (s'il y a lieu)
Date of birth (YYYY/MM/DD) Date de naissance (AAAA/MM/JJ)	Place of birth - Lieu de naissance City/Town - Ville ou municipalité	Province/State - Province ou état
		Country - Pays

B. PHYSICAL DESCRIPTION - DESCRIPTION PHYSIQUE

<input type="checkbox"/> Male Homme	<input type="checkbox"/> Female Femme	Height - Grandeur	Weight - Poids	Eye color - Couleur des yeux	Hair color - Couleur des cheveux
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C. ADDRESS - ADRESSE

Street - Rue	City/Town - Ville ou municipalité	Province	Postal Code - Code postal	Telephone number - Numéro de téléphone Home - Domicile Work - Bureau
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Representing (name of company/organization) - Représente (nom de la compagnie ou de l'organisation)

D. GENERAL INFORMATION - RENSEIGNEMENTS GÉNÉRAUX

1. Have you ever been convicted of a criminal offence for which you have not been granted a pardon, or an offence for which you have been granted a pardon and such a pardon has been revoked? Avez-vous déjà été reconnu coupable d'une infraction criminelle pour laquelle on ne vous a pas octroyé un pardon ou d'une infraction pour laquelle on vous a octroyé un pardon qui a été révoqué?	<input type="checkbox"/> Yes Oui	<input type="checkbox"/> No Non
2. Do you personally know of any person incarcerated in a correctional facility? Connaissez-vous personnellement une personne qui est incarcérée dans un établissement correctionnel?	<input type="checkbox"/> Yes Oui	<input type="checkbox"/> No Non
3. Do you have any reason to believe coming into contact with this person could pose a risk to your or their personal safety? Avez-vous des raisons de croire que le fait d'entrer en contact avec cette personne pourrait présenter un risque pour votre sécurité personnelle ou la sienne?	<input type="checkbox"/> Yes Oui	<input type="checkbox"/> No Non
4. Are you related/associated to an inmate or on an inmate's visiting list? Êtes-vous apparenté ou associé à un détenu ou inscrit sur la liste des visiteurs d'un détenu?	<input type="checkbox"/> Yes Oui	<input type="checkbox"/> No Non

If you have answered YES to any of the above, please explain below. - Si vous avez répondu OUI à une des questions ci-dessus, veuillez fournir une explication ci-après.

E. SIGNATURE (When sections A to E are filled out completely, please return the completed form to the institution for approval.)

(Une fois que les sections A à E ont été remplies, veuillez retourner le formulaire dûment rempli à l'établissement aux fins d'approbation.)

In making this application, I hereby give the Correctional Service of Canada my consent to use the information provided on this form to conduct such inquiries with police authorities as may be necessary to ascertain my suitability. Finally, I acknowledge that the Correctional Service of Canada has no responsibility for any harm that may come to me in the course of my activities, except where such harm is a direct result of negligence on the part of an employee(s) of the Service.

NOTE: Access may be denied for submitting false information. Passes may be issued for those receiving clearance and approval.

En soumettant la présente demande, j'autorise le Service correctionnel du Canada à se servir des renseignements fournis dans le formulaire afin de mener, auprès des services de police, toute enquête jugée nécessaire pour vérifier mon admissibilité. Par ailleurs, je conviens que le Service correctionnel du Canada ne peut être tenu responsable d'un préjudice subi dans le cadre de mes activités sauf si ce préjudice est directement attribuable à la négligence d'un ou de plusieurs employés du Service.
NOTA : Tout demandeur qui fournit de faux renseignements peut se voir refuser l'accès à l'établissement. Un laissez-passez peut être émis aux demandeurs dont la demande d'accès est approuvée.

Applicant's signature - Signature du demandeur

Date (YYYY/MM/DD) - (AAAA/MM/JJ)

F. FOR OFFICE USE ONLY - RÉSERVÉ AU SCC

Reason for clearance - Motif justifiant la demande d'accès

Department making the request (please print) Unité qui soumet la demande (en lettres moulées s.v.p.)	Signature of Division Head Signature du chef de la division	Date (YYYY/MM/DD) - (AAAA/MM/JJ)
<input type="checkbox"/> No criminal record Aucun casier judiciaire	<input type="checkbox"/> A possible criminal record #: Numéro du casier judiciaire possible :	Last entry: Dernière entrée :
<input type="checkbox"/> An outstanding warrant/charge held by: Auteur du mandat non exécuté/accusation en instance :		

SIGNATURES

The individual has been advised. - Le demandeur a été informé de la décision.

<input type="checkbox"/> Approved Approuvée	<input type="checkbox"/> Not approved Non approuvée	<input type="checkbox"/> Yes Oui	<input type="checkbox"/> No Non	By: Par :
Security Intelligence Officer Agent de renseignements de sécurité	Institutional Head Directeur de l'établissement	Visit Review Board Comité des visites		
Date (YY/MM/DD) (AA/MM/JJ)	Date (YY/MM/DD) (AA/MM/JJ)	Date (YY/MM/DD) (AA/MM/JJ)		



CERTIFICATE OF INSURANCE

Page 1 of 2

Description and Location of Work Door Repairs – New Steel Plate & Shims Buildings 50, 51 & 52, Springhill Institution, Springhill, Nova Scotia		Contract No. N/A
		Project No. R.035134.004

Name of Insurer, Broker or Agent	Address (No., Street)	City	Province	Postal Code
Name of Insured (Contractor)	Address (No., Street)	City	Province	Postal Code
Additional Insured				
<i>Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services</i>				

Type of Insurance (Required when Checked)	Insurer Name and Policy Number	Inception Date D / M / Y	Expiry Date D / M / Y	Limits of Liability		
<input checked="" type="checkbox"/> Commercial General Liability Umbrella/Excess Liability				Per Occurrence \$	Annual General Aggregate \$	Completed Operations Aggregate \$
<input type="checkbox"/> Builder's Risk / Installation Floater						
<input type="checkbox"/> Pollution Liability				\$	<input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence	Aggregate \$
<input type="checkbox"/> Marine Liability				\$		
<input type="checkbox"/> Aviation Liability				\$	<input type="checkbox"/> Per Incident <input type="checkbox"/> Per Occurrence	Aggregate \$
<input type="checkbox"/>				\$		

I certify that the above policies were issued by insurers in the course of their Insurance business in Canada, are currently in force and include the applicable insurance coverages stated on page 2 of this Certificate of Insurance, including advance notice of cancellation / reduction in coverage.

Name of person authorized to sign on behalf of Insurer(s) (Officer, Agent, Broker)		Telephone Number
Signature		Date D / M / Y



CERTIFICATE OF INSURANCE Page 2 of 2

<p>General</p> <p>The insurance policies required on page 1 of the Certificate of Insurance must be in force and must include the insurance coverages listed under the corresponding type of insurance on this page.</p> <p>The policies must insure the Contractor and must include Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services as an additional Insured.</p> <p>The insurance policies must be endorsed to provide Canada with not less than thirty (30) days notice in writing in advance of a cancellation of insurance or any reduction in coverage.</p> <p>Without increasing the limit of liability, the policies must protect all insured parties to the full extent of coverage provided. Further, the policies must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.</p>	<p>Commercial General Liability</p> <p>The insurance coverage provided must not be substantially less than that provided by the latest edition of IBC Form 2100.</p> <p>The policy must either include or be endorsed to include coverage for the following exposures or hazards if the Work is subject thereto:</p> <ul style="list-style-type: none">(a) Blasting.(b) Pile driving and caisson work.(c) Underpinning.(d) Removal or weakening of support of any structure or land whether such support be natural or otherwise if the work is performed by the insured contractor. <p>The policy must have the following minimum limits:</p> <ul style="list-style-type: none">(a) \$5,000,000 Each Occurrence Limit;(b) \$10,000,000 General Aggregate Limit per policy year if the policy contains a General Aggregate; and(c) \$5,000,000 Products/Completed Operations Aggregate Limit. <p>Umbrella or excess liability insurance may be used to achieve the required limits.</p>	<p>Builder's Risk / Installation Floater</p> <p>The insurance coverage provided must not be less than that provided by the latest edition of IBC Forms 4042 and 4047.</p> <p>The policy must permit use and occupancy of any of the projects, or any part thereof, where such use and occupancy is for the purposes for which a project is intended upon completion.</p> <p>The policy may exclude or be endorsed to exclude coverage for loss or damage caused by asbestos, fungi or spores, cyber and terrorism.</p> <p>The policy must have a limit that is not less than the sum of the contract value plus the declared value (if any) set forth in the contract documents of all material and equipment supplied by Canada at the site of the project to be incorporated into and form part of the finished Work. If the value of the Work is changed, the policy must be changed to reflect the revised contract value.</p> <p>The policy must provide that the proceeds thereof are payable to Canada or as Canada may direct in accordance with GC10.2, "Insurance Proceeds" (https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual/5/R/R2900D/2).</p>	<p>Aviation Liability</p> <p>The insurance coverage shall Include Bodily Injury (including passenger Bodily Injury) and Property Damage, in an amount of not less than \$5,000,000 per incident or occurrence and in the aggregate.</p>
<p>Contractors Pollution Liability</p> <p>The policy must have a limit usual for a contract of this nature, but not less than \$1,000,000 per incident or occurrence and in the aggregate.</p>	<p>Marine Liability</p> <p>The insurance coverage must be provided by a Protection & Indemnity (P&I) insurance policy and must include excess collision liability and pollution liability.</p> <p>The insurance must be placed with a member of the International Group of Protection & Indemnity Associations or with a fixed market in an amount of not less than the limits determined by the <i>Marine Liability Act</i>, S.C. 2001, c. 6. Coverage must include crew liability, if it is not covered by the statutory requirements of the Territory or Province having jurisdiction over such employees.</p> <p>The policy must waive all rights of subrogation against Canada as represented by Public Works and Government Services Canada for any and all loss of or damage to the watercraft however caused.</p>		