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LOCAL/NUNAVUT/INUIT EMPLOYMENT AND TRAINING

Local/Nunavut/Inuit employment and training are high priorities with the Government of Nunavut (GN). General Contractors and Sub-contractors contracted for work on Government of Nunavut projects are required to hire Local and Nunavut and Inuit residents to the maximum extent possible. Information regarding available Local and Nunavut and Inuit workers can be obtained from a Federal Government Employment Centre, a Federal Government Outreach Centre, or Hamlet Office, and Education Department Career Centres of the Government of Nunavut.

Federal Government Employment Centres:

<u>Location</u>	<u>Phone Number</u>	<u>Facsimile Number</u>
Rankin Inlet	(867) 645-2853	(867) 645-2148
Iqaluit	(867) 979-6271	(867) 979-6070

Federal Government Outreach Centres or Hamlet Offices:

<u>Location</u>	<u>Phone Number</u>	<u>Facsimile Number</u>
Arviat	(867) 857-2678	(867) 857-2502
Qikiqtarjuaq (Broughton Island)	(867) 927-8832	(867) 927-8120
Cape Dorset	(867) 897-8943	(867) 897-8030
Clyde River	(867) 924-6220	(867) 924-6293
Pond Inlet	(867) 899-8935	(867) 899-8940
Cambridge Bay	(867) 983-2120	(867) 983-2570
Baker Lake	(867) 793-2517	(867) 793-2509
Taloyoak	(867) 561-6341	(867) 561-5057
Kuugaruk (Pelly Bay)	(867) 769-6281	(867) 769-6069
Kugluktuk (Coppermine)	(867) 982-4471	(867) 982-3060
Gjoa Haven	(867) 360-7141	(867) 360-6049
Igloolik	(867) 934-8830	(867) 934-8757
Pangnirtung	(867) 473-8953	(867) 473-8832

Training is encouraged on all construction projects and, in some tenders, will be made a contract requirement. Funding to offset training costs is provided through the Building and Learning strategy, the Apprenticeship Program, the Training On The Job Program and Women in Trades and Technology, and as a contract bonus pursuant to the Nunavummi Nangminiaqtunik Ikajuuti Policy, Government of Nunavut. Contractors can obtain further information from the Education Department Career Centres, Government of Nunavut.

Education Department Career Centres, Government of Nunavut:

<u>Location</u>	<u>Phone Number</u>	<u>Facsimile Number</u>
Cambridge Bay	(867) 983-7214	(867) 983-2004
Iqaluit	(867) 975-5653	(867) 975-5670
Rankin Inlet	(867) 645-5039	(867) 645-2148
Igloolik	(867) 934-8192	(867) 934-8808

EMPLOYMENT REPORT

The successful General Contractor will be required to complete an Employment Report for ALL site employees that have worked on this project. The Contractor is required to complete a standard GN employment report.

A SAMPLE of the required Employment Report is attached on the following page. This form is available from the Owner.

This information **must** be submitted with each Progress Claim on contracts over \$100,000.00 as well as with the Substantial Certificate of Completion, updated with the Final Certificate of Completion.

For projects under or equal to \$100,000.00 the Employment Report must be submitted with the substantial Certificate of Completion, updated with the Final certificate of Completion. At the sole discretion of the owner, the information may be required with each Progress Claim.

It is the General Contractor's responsibility to obtain the required information from the sub-trades and sub-sub-trades.

The successful General Contractor shall comply with the requirements of Clauses GC52, GC53, GC54 and GC55. Specifically in respect to Clause GC54, if requested to do so by the Owner, the successful General Contractor shall be responsible to obtain an "Employee Verification and Consent Form" included as Appendix "B", page 4.

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EMPLOYEE VERIFICATION AND CONSENT FORM

TO: GOVERNMENT OF NUNAVUT (GN)

My full name is _____
(Print or Type)

My permanent home address is _____
(mailing and physical
address) _____

I am employed by _____

On _____
(Name or Description of Project)

I have lived in Nunavut for at least the past 12 months and in _____

_____ For at least the past 6 months.
(Community)

AND TO WHOM IT MAY CONCERN

I hereby authorize any Federal, Provincial or Territorial government department or agency to release particulars and/or a copy of my Nunavut Health Care Card, Nunavut Driver's License, Nunavut Motor Vehicle Registration, Nunavut General Hunting License, and Nunavut Tungavik Inc. (NTI) to release my Beneficiary number or card, or any other documentation which the GN may deem helpful or necessary in verifying my place of residence or Beneficiary status.

(Witness) (Employee Signature)

Signed _____
(Date) (Year)

BID ADJUSTMENT INFORMATION

Information to Tenderers in regards to Appendix "B-1" and Appendix "B-2". The Instructions to Tenderers section, Clause 4, also provides information about tender requirements and procedures related to the NNI Policy.

- This contract shall be awarded to the Tenderer who is responsive and responsible (as defined in the Government Contract Regulations) and who has submitted a tender that, after the application of any tender adjustment permitted under the Nunavummi Nangminiqagtunik Ikajuuti (NNI) Policy, is lower than that submitted by any other responsive and responsible Tenderer. Bid and contract requirements have been developed to comply with the letter and the spirit and intent of the NNI Policy.
- If and when requested by the GN, the Tenderer shall, prior to award, provide the GN with any and all clarifications, substantiations or further explanation about the proposals made by the Tenderer in respect to Local, Nunavut, Inuit and other content contained in their bid and reflected on Appendices "B-1" and "B-2".
- Tenderers are required to identify the dollar value of Own Forces as well as to name ALL subcontractors/suppliers and to identify their dollar value.
- Amendments affecting the tendered price shall require the Tenderer to also amend Appendix "B-1" to reflect the change, prior to the Phase I tender closing.
- Dollar value of Own Forces/Subcontractors noted in Appendix "B-1" shall include all amounts listed in Appendix "B-2" (i.e. payroll, transportation, equipment, etc.) for the Tenderer and all subcontractors. B-2 amounts that exceed the B-1 amounts will not be considered for bid adjustment.
- Dollar value(s) for payroll on Appendix "B-2" shall include all payroll costs for all divisions of work identified as Own Forces.
- An approved Nunavut Business or Inuit Firm will only receive bid adjustments for subcontractors, suppliers, payroll, and other bid components for those parts of bid that are Own Forces, or that are subcontracted to approved Nunavut businesses and/or Inuit firms, or for payroll to Inuit or Nunavut Residents. Bid adjustments will not be given for those portions of the bid that are not Nunavut or Inuit content. The definition of "Nunavut Business", "Inuit Firm", "Inuit" and "Nunavut Resident" are to be those definitions in the NNI Policy Definitions Appendix.
- Any business that is not an approved Nunavut Business, two weeks prior to tender closing, or is not an approved Inuit Firm prior to tender close, will not receive a bid adjustment for their portion of the bid, with the exception of the Inuit and/or Nunavut Payroll components, and amounts listed on Appendix B-1 as subcontracted to Nunavut and/or Inuit firms approved by the foregoing deadlines. Payroll to Inuit and Payroll to Nunavut Residents, need not be supplied by an Inuit Firm or a Nunavut Business to receive a bid adjustment.
- A Tenderer (General Contractor) that is not a Nunavut Business or an Inuit Firm will only receive bid adjustments for Inuit and/or Nunavut Payroll amounts, and for amounts identified on Appendix B-1 as going to approved Nunavut Businesses and/or Inuit Firms. A completed Appendix B-2 for each named Nunavut Business and/or Inuit firm listed on Appendix B-1 must be submitted by the General Contractor for the Nunavut and/or Inuit subcontractor or supplier amounts to be eligible for bid adjustment.

APPENDIX B-1

General Contractors & Sub-Contractors Dollar Amount

Project Title: _____

Project Location: _____ Project Number: _____

Tenderers are required to identify the dollar value of Own Forces as well as ALL Sub-Contractors that will be involved in the completion of this project. This Appendix MUST be submitted no later than the time and date set for the Phase I tender closing. If this Appendix is not submitted or is incomplete the tenderer may be disqualified. By signing this Tender, the Tenderer is certifying that the information on this Appendix is correct. Changes to this information will not be accepted after Phase I Tender Closing. The owner reserves the right to ask the tenderer for substantiation of information provided.

General Contractor: (Full Business Name)	Own Forces Amount: (\$)
	\$
Sub-Contractors: (Full Business Name)	Sub-Contract Amount: (\$)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Other(s)	Amount: (\$)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
TOTAL	\$

Project Name: _____ **This Appendix must be received within 24 hours of the Phase I tender close.** To receive bid adjustments, as per the Nunavummi Nangminiaqtunik Ikajjuuti (NNI) Policy, all tenderers **MUST** complete this form. The Nunavut, Local and Inuit firm status, as defined by the NNI Policy, of named companies will be verified by the owner. The owner reserves the right to request substantiation of information provided. No changes with respect to this information will be allowed without written authorization of the owner. Dollar value for **General Contractor:** _____ payroll shall include all divisions of work identified as own forces.

General Contractor (full business name):

Payroll		Local Nunavut Residents	Nunavut Res. (excl. Local)	Local Inuit Beneficiaries	Inuit Beneficiaries (excl. Local)	Total \$ Inuit Payroll (for GN use)	% Inuit of Total Payroll (for GN use)	Other Payr. - not Nunavut or Inuit	Total Payroll
Cost Components (excluding Payroll)									
Identify Work to be Completed by own forces or Name Subcontractor/ Supplier									
General Expenses:		\$	\$	\$	\$	\$	\$	\$	\$
Accommodation:		\$	\$	\$	\$	\$	\$	\$	\$
Sealift:		\$	\$	\$	\$	\$	\$	\$	\$
Other Transportation:		\$	\$	\$	\$	\$	\$	\$	\$
Sitework:		\$	\$	\$	\$	\$	\$	\$	\$
Framing/Structural:		\$	\$	\$	\$	\$	\$	\$	\$
Note: Business must be specifically approved by the GN for supply of applicable product to receive Nunavut bid adjustment.									
1	Name the Material Supplier(s) below	\$	\$	\$	\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$	\$	\$	\$
Note: The name of the applicable company, or an indication of "own forces" must be given, to be considered for bid adjustment.									
1	List Miscellaneous Expenses below	\$	\$	\$	\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$	\$	\$	\$
TOTALS: Payroll + Other Cost Components		\$	\$	\$	\$	\$	\$	\$	\$
Total \$ and % Inuit Content (for GN use):									
Amount Qualified for NNI Adjustment		\$	\$	\$	\$	\$	\$	\$	\$
This section for GN use: NNI adjustments: - 14% Nunavut, -3% Local, -3% Inuit		17%	14%	20%	17%	6%	3%	0%	\$
NNI Adjusted		\$	\$	\$	\$	\$	\$	\$	\$

Payroll

Cost Components (excluding Payroll)

Identify Work to be Completed by own forces or Name Subcontractor/ Supplier

General Expenses:

Accommodation:

Sealift:

Other Transportation:

Sitework:

Framing/Structural:

Name the Material Supplier(s) below

1

2

3

List Miscellaneous Expenses below

1

2

3

TOTALS: Payroll + Other Cost Components

Total \$ and % Inuit Content (for GN use):

Amount Qualified for NNI Adjustment

This section for GN use: NNI adjustments: -

14% Nunavut, -3% Local, -3% Inuit

NNI Adjusted

SUBSTANTIATION OF BID ADJUSTMENT - APPENDIX B-2

Project Name: _____ **This Appendix must be received within 24 hours of the Phase I tender close.** To receive bid adjustments, as per the Nunavutmi Nangminiqatunik Ikajuit (NNI) Policy, all tenderers **MUST** complete this form. The Nunavut, Local and Inuit firm status, as defined by the NNI Policy, of named companies will be verified by the owner. The owner reserves the right to request substantiation of information provided. No changes with respect to this information will be allowed without written authorization of the owner. Dollar value for payroll shall include all divisions of work identified as own forces.

Project Location: _____

Project Number: _____

General Contractor: _____

Mechanical Sub-Contractor (full business name): _____

Payroll	Local Nunavut Residents	Nunavut Res. (excl. Local)	Local Inuit Beneficiaries	Inuit Beneficiaries (excl. Local)	Total \$ Inuit Payroll	% Inuit of Total Payroll	Other Payr. - not Nunavut or Inuit	Total Payroll
	\$	\$	\$	\$	(for GN use)	(for GN use)	\$	\$
Cost Components (excluding Payroll)	*Nunavut Firms (not NTI approved Inuit) Local & Nunavut (excluding Inuit)		*Nunavut & **Inuit Firms (GN & NTI approved) Inuit & Local & Nunavut		**Inuit Firms (not GN approved Nunavut) Inuit & Local		Other (not GN or NTI approved firm)	* approved by GN ** approved by NTI
Identify Work to be Completed by own forces or Name Subcontractor/ Supplier	Local & Nunavut (excluding Inuit)		Inuit & Local & Nunavut (excluding Local)		Inuit & Local (excluding Inuit)		(not GN or NTI approved firm)	Total each Line
General Expenses:	\$	\$	\$	\$	\$	\$	\$	\$
Accommodation:	\$	\$	\$	\$	\$	\$	\$	\$
Sealift:	\$	\$	\$	\$	\$	\$	\$	\$
Other Transportation:	\$	\$	\$	\$	\$	\$	\$	\$
General Plumbing:	\$	\$	\$	\$	\$	\$	\$	\$
Sprinklers:	\$	\$	\$	\$	\$	\$	\$	\$
Insulation:	\$	\$	\$	\$	\$	\$	\$	\$
Sheet Metal:	\$	\$	\$	\$	\$	\$	\$	\$
Controls:	\$	\$	\$	\$	\$	\$	\$	\$
List Material Supplier(s) below	Note: Business must be specifically approved by the GN for supply of applicable product to receive Nunavut bid adjustment.							
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
List Miscellaneous Expenses below	Note: The name of the applicable company, or an indication of "own forces" must be given, to be considered for bid adjustment.							
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
TOTALS: Payroll + Other Cost Components	\$	\$	\$	\$	\$	\$	\$	\$
Total \$ and % Inuit Content (for GN use):								
This section for GN use: NNI adjustments: -	Amount Qualified for NNI Adjustment \$				\$	\$	\$	\$
14% Nunavut, -3%	Adjustment - %	17%	14%	20%	17%	6%	3%	0%

Local, -3% Inuit	NNI Adjusted	\$	\$	\$	\$	\$	\$	\$	\$
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Form Date: March 2001

SUBSTANTIATION OF BID ADJUSTMENT - APPENDIX B-2

Project Name: This Appendix must be received within 24 hours of the Phase I tender close. To receive bid adjustments, as per the Nunavummi Nangminiqaqtunik Ikajuit (NNI) Policy, all tenderers MUST complete this form. The Nunavut, Local and Inuit firm status, as defined by the NNI Policy, of named companies will be verified by the owner. The owner reserves the right to request substantiation of information provided. No changes with respect to this information will be allowed without written authorization of the owner. Dollar value for

Project Location:

Project Number:

General Contractor: payroll shall include all divisions of work identified as own forces.

Other Sub-Contractor (full business name):

Payroll	Local Nunavut Residents	Nunavut Res. (excl. Local)	Local Inuit Beneficiaries	Inuit Beneficiaries (excl. Local)	Total \$ Inuit Payroll (for GN use)	% Inuit of Total Payroll (for GN use)	Other Payr. - not Nunavut or Inuit	Total Payroll
	*Nunavut Firms (not NTI approved Inuit)		*Nunavut & *Inuit Firms (GN & NTI approved)		**Inuit Firms (not GN approved Nunavut)		Other (not GN or NTI approved firm)	* approved by GN ** approved by NTI
Identify Work to be Completed by own forces or Name Subcontractor/ Supplier	Local & Nunavut (excluding Inuit)	Nunavut (excl. Local & Inuit)	Inuit & Local & Nunavut	Inuit & Nunavut (excluding Local)	Inuit & Local	Inuit (excluding Local)		Total each Line
General Expenses:	\$	\$	\$	\$	\$	\$	\$	\$
Accommodation:	\$	\$	\$	\$	\$	\$	\$	\$
Sealift:	\$	\$	\$	\$	\$	\$	\$	\$
Other Transportation:	\$	\$	\$	\$	\$	\$	\$	\$
List Material Supplier(s) below	Note: Business must be specifically approved by the GN for supply of applicable product to receive Nunavut bid adjustment.							
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
List Miscellaneous Expenses below	Note: The name of the applicable company, or an indication of "own forces" must be given, to be considered for bid adjustment.							
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$	\$
TOTALS: Payroll + Other Cost Components	\$	\$	\$	\$	\$	\$	\$	\$
Total \$ and % Inuit Content (for GN use):								
This section for GN use: NNI adjustments: -	Amount Qualified for NNI Adjustment	\$	\$	\$	\$	\$	\$	\$
14% Nunavut, -3% Local, -3% Inuit	Adjustment - %	17%	14%	20%	17%	6%	3%	0%
	NNI Adjusted	\$	\$	\$	\$	\$	\$	\$

Note: for additional "Other Sub-contractors" use photocopies of this page

STIPULATED PRICE CONTRACTS ONLY - APPENDIX C

(Information to be Completed by Tenderer and Submitted with Tender)

Project Number: 02-4604

The following are our unit prices for the units of work listed hereunder. The base price for the work is included in our tender; these unit prices apply only to variances of the estimated quantity.

TO BE COMPLETED BY THE GN			TO BE COMPLETED BY THE TENDERER	
Unit of Work			Unit Price (\$)	
Item	Description	Unit	Addition	Deletion
1	Addition of 150mm insulated HDPE pipe	Linear meter	\$	\$
2	Deletion of 150 mm insulated HDPE pipe	Linear meter		

(Information to be Completed by Tenderer and Submitted with Tender)

- (a) The conditions in Tender Form, Clause 5.0 apply to the completion of this Appendix.
- (b) If space for listing items is insufficient, the Owner shall annex a list and make reference to it on this form.
- (c) Type or print tendered values clearly. An illegible submission may be disqualified at the sole discretion of the Owner.

TO BE COMPLETED BY THE GN				TO BE COMPLETED BY THE TENDERER	
1. No	2. Description	3. Estimated Quantity	4. Unit	5. Unit Price	6. Estimated Total Price
Total Estimated Contract Price					

**LIST OF OPTIONS & SUBSTITUTIONS
SPECIFIED BY THE OWNER - APPENDIX E**

(To be Completed by Tenderer and Submitted with Tender)

Project Number: 02-4604

In accordance with Clause 6 of the Instructions to Tenderers, indicate the effect on the stipulated price for the following options and substitutions listed by the Owner. The Tenderer further agrees that the following prices may be used in the evaluation of the submitted Tender.

All Options, Substitutions and Separate Prices shall include all work necessary for and incidental to the work described.

Description of Options & Substitutions (To be Completed by the GN)	Effect on Stipulated Price (\$) (To be Completed by Tenderer and Submitted with Tender)	
	\$ Addition to Stipulated Sum Price	\$ Reduction to Stipulated Sum Price

LIST OF OPTIONS
PROPOSED BY THE TENDERER - APPENDIX F

(Information to be Completed by Tenderer and Submitted with Tender)

Project Number: 02-4604

In accordance with Clause 7 of the Instructions to Tenderers, the Tenderer may propose options or substitutions below. The cost of such options and substitutions are NOT included in the stipulated price.

If this form is not used, the Tenderer should draw a line through the form and initial.

Description of Options & Substitutions proposed by Tenderer	Effect on Stipulated Price (\$)	
	\$ Addition to Stipulated Sum Price	\$ Reduction to Stipulated Sum Price

PLANT AND EQUIPMENT LIST - APPENDIX G

(Information to be Completed by Tenderer and Submitted with Tender)

Project Number: 02-4604

The following list is the complete description of plant and equipment I/We propose to use in the execution of this contract. Such plant and equipment will be made available for inspection prior to the award of contract. The plant and equipment shall be moved to the project site upon direction from the Owner and shall not be removed from the site until completion of the contract without written approval from the Owner.

[illegible]

TRANSPORTATION OF MATERIALS - APPENDIX H

1. Transportation/shipping and handling of materials and all costs thereof are the responsibility of the Contractor unless otherwise noted. **Modes of transporting materials shall be decided by the Contractor unless by marine transport in which case Clause 2 shall apply.**
2. Whenever marine (water) transport is to be utilized, the terms of the Carrier of Choice policy of the Owner shall be complied with. This policy provides that shipments to the following areas, if made by marine transport, shall be from the following carriers:

2.1 For Eastern Arctic Region Communities[Including Repulse Bay and Kuugaruk (Pelly Bay)]

Fisheries And Oceans
Arctic Office
200 Kent St., 5th Floor
Station 5100W
Ottawa, Ontario K1A 0E6
ATTENTION: Coordinator, CCG Arctic Sealift
Phone: [613] 998-1585
Or Phone: 1-888-390-0111
Fax: [613] 991-9261

2.2 For Keewatin Region Communities[excluding Repulse Bay]

Northern Transportation Company Limited
P.O. Box 520
Hay River, NWT XOE ORO
Phone: [867] 874-5100
Terminal: Churchill, Manitoba

2.3 For Kitikmeot Region Communities [excluding Kuugaruk (Pelly Bay)]

Northern Transportation Company Limited
P.O. Box 520
Hay River, NWT XOE ORO
Phone: [867] 874-5100
Terminal: Hay River, NWT
Marine transport from Hay River is to these Nunavut Communities: Cambridge Bay,
Kugluktuk (Coppermine), Gjoa Haven, Taloyak

Space should be booked directly with the above carriers.

3. The GN has agreed to annual shipping rates and anticipated volumes for the eastern Arctic sealift with the Canadian Coast Guard. If anticipated volumes are not met damages may be incurred by the GN.

Therefore the Contractor shall be responsible for extra freight cost, administrative costs or any other costs, incurred by the GN which result directly or indirectly from the Contractor's failure to use available ship cargos as required by this Appendix. The Contractor shall also be responsible to refund to the GN any monies saved by the Contractor by not using the Canadian Coast Guard sealift.

4. The GN has negotiated discounts with NTCL for the year 2000 shipping season for dry cargo destined to Kitikmeot Region communities described in paragraph 2.3 of this Appendix. The following discounts are available:

4.1 Cargo received at the NTCL facility in Hay River two weeks prior to the published final acceptance dates for the destination will be afforded a 5% discount on shipping rates, and

4.2 Nunavut Housing Corporation (NHC) Discount rates for all material crated to NHC crating specifications and delivered in the same manner i.e. in a single lot. Copies of the NHC crating specifications are available from the NHC Contracts Division at (867) 979-4421.

The Tenderer should take all steps necessary to take advantage of these discounts.

CONTRACTOR'S CERTIFICATE OF INSURANCE - APPENDIX I - page 1 of 2

INSURED: _____

SCHEDULE OF MANDATORY INSURANCE			
Type of Insurance	Insurer, Policy Number	Policy Period	Limit of Liability/Amount
COMPREHENSIVE GENERAL LIABILITY INCLUDING NON- OWNED AUTOMOBILE LIABILITY		From: _____ To: _____	BODILY INJURY \$ _____ Each Person \$ _____ Each Accident \$ _____ Aggregate Products PROPERTY DAMAGE \$ _____ Each Accident \$ _____ Aggregate Products Or, BODILY INJURY & PROPERTY DAMAGE \$ _____ Inclusive \$ _____ Aggregate Products
AUTOMOBILE LIABILITY (OWNED/LEASED VEHICLES)		From: _____ To: _____	BODILY INJURY \$ _____ Each Person \$ _____ Each Accident PROPERTY DAMAGE \$ _____ Each Accident Or, BODILY INJURY & PROPERTY DAMAGE \$ _____ Inclusive
ADDITIONAL COVERAGES REQUIRED MARKED BY []			
[] UMBRELLA LIABILITY		From: _____ To: _____	\$ _____ Limits \$ _____ S.I.R.
[] CONTRACTOR'S EQUIPMENT		From: _____ To: _____	
[] OTHER			

This is to certify that policies as described above have been issued through the undersigned to the Insured named above and are in force at this time. If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, immediate written notice will be given by the undersigned to the Department.

(Be sure to complete and sign the reverse side/2nd page of this form.)

CONTRACTOR'S CERTIFICATE OF INSURANCE - APPENDIX I - page 2 of 2

PARTICULARS OF INSURANCE	
<p style="text-align: center;">GENERAL LIABILITY</p> <p><input type="checkbox"/> Premises Property and Operations</p> <p><input type="checkbox"/> Products and Completed Operations</p> <p><input type="checkbox"/> Blanket Contractual - All Written Agreements</p> <p><input type="checkbox"/> Occurrence Property Damage</p> <p><input type="checkbox"/> Broad Form Property Damage</p> <p><input type="checkbox"/> Contingent Employers Liability</p> <p><input type="checkbox"/> Personal Injury</p> <p><input type="checkbox"/> Employees as Additional Insureds</p> <p><input type="checkbox"/> Cross Liability - Severability Of Interests</p> <p><input type="checkbox"/> Blasting, Collapse, Underpinning</p> <p><input type="checkbox"/> Exclusions deleted as follows:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Owners' & Contractors' Protective Liability</p>	<p style="text-align: center;">AUTOMOBILE LIABILITY</p> <p><input type="checkbox"/> S.E.F. No. 4a Explosive Endorsement</p> <p><input type="checkbox"/> S.E.F. No. 21b Blanket Fleet Endorsement</p> <p><input type="checkbox"/></p>
	<p style="text-align: center;">AIRCRAFT LIABILITY</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
	<p style="text-align: center;">WATERCRAFT LIABILITY</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>REMARKS (STATE DEDUCTIBLES) IF ANY</p> 	

THIS IS TO CERTIFY THAT INSURANCE AS DESCRIBED AS ABOVE IS IN FORCE AT THIS TIME.

Name and Address of Insurance Agent, Broker or Insurance Company

Written notice of any changes or cancellation of this policy shall be sent to the Owner at the following address:

Date _____

By _____
(Authorized Representative)