



5525 66th Ave, Taber, AB T1G 0A9
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CONTRACTOR APPLICATION

Name: _____

Phone: _____

Address: _____

City/Postal Code: _____

BUSINESS TYPE: (Please provide in detail the services provided by your company)

WORKERS' COMPENSATION BOARD COVERAGE

WCB Number:	Province of Coverage:
Experience Rating:	

INSURANCE- (Please provide detailed information regarding coverage, as well as include proof of insurance)

Name of Insurance Company:
Name of Insurance Agent:
Policy Number:
Amount of Insurance:
Expiry Date:

REFERENCES

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:

Date: _____ Signature: _____

Please attach any related documents to the application. Such as policies, rate sheets, equipment lists, etc.