



Prime Contractor Designation

(required at time of award)

Subject: Prime Contractor Designation

Contract / Permit #: _____

Project / Site Location: _____

_____ (the "Contractor") represents, acknowledges and agrees that:
(Company Name)

1. in accordance with section 24 of the *Workers Compensation Act*, R.S.B.C. 2019, c. 1 (the "*Workers Compensation Act*"), the Contractor shall be the "Prime Contractor" and is qualified to act as the "Prime Contractor" in respect of the Project;
2. the Contractor accepts the duties and responsibilities for coordination of health and safety in accordance with the *Workers Compensation Act* and further agrees that it will do everything necessary to establish and maintain a system or process that will insure compliance with the *Workers Compensation Act* and the Regulations thereto;
3. the Contractor shall fulfill all the obligations of an "Owner" under section 25 of the *Workers Compensation Act* in respect of the Project site; and
4. that the City of Coquitlam has fulfilled its obligations as an "Owner" under section 25 of the *Workers Compensation Act*, in respect of the Project site.

Prime Contractor Name: _____

Prime Contractor Address: _____

Prime Contractor Signature **Date**

Print Name

Please return a signed copy of this memo to the City of Coquitlam, 3000 Guildford Way, Coquitlam, BC, V3B 7N2.

If you have any questions, please contact the City of Coquitlam Health & Safety Manager at 604-927-3068.