



Vendor Registration and Certification Form

| | | |
|-------------------------------------|---|----------------|
| New Vendor <input type="checkbox"/> | Change Information <input type="checkbox"/> | Effective Date |
|-------------------------------------|---|----------------|

Please complete this form and return via email to vendors@morrisonhershfield.com

| Organizational | | | | | |
|-------------------------------------|----------------|------------------|--|----------------|------------------|
| Legal Name: | | | | | |
| (Name that payment will be made to) | | | | | |
| Operating Name: | | | | | |
| (if different from above) | | | | | |
| Company Address: | | | Remittance Address: (leave blank if address is the same) | | |
| | | | | | |
| Street No. | Street Name | Suite/Floor/Unit | Street No. | Street Name | Suite/Floor/Unit |
| | | | | | |
| City | Province/State | Postal Code/ZIP | City | Province/State | Postal Code/ZIP |
| | | | | | |
| Contact Name | Title | | Contact Name | Title | |
| | | | | | |
| Phone | Email | | Phone | Email | |

| | | |
|---|-----------|-----------------------|
| Tax Information: Please ensure legal name above is the registered name associated with the GST/HST/TIN number provided as recognized by CRA and IRS; Morrison Hershfield will confirm that this information is accurate. | | |
| Canadian company providing services inside Canada | GST/HST#: | |
| Non-resident (e.g. US) Company providing services in Canada | GST/HST#: | Attach REG 105 waiver |
| Non-resident (e.g. Canadian) providing services in the US | TIN# : | Attach W8-BEN form |
| Services rendered by US company and performed in the US | TIN#: | Attach W9 Form |

| | | | | |
|---------------------------|----------------|--------------------|--------------------|--------|
| Type of Business | NAICS Primary: | NAICS Secondary 1: | NAICS Secondary 2: | DUNS#: |
| Services Provided | | | | |
| Geographical Areas Served | | | | |

| Certification | | | |
|---------------|-------------------------------|-----------------------------------|---|
| Vendor | Does <input type="checkbox"/> | Does Not <input type="checkbox"/> | Have sufficient liability insurance coverage - minimum \$2M ¹ |
| Vendor | Does <input type="checkbox"/> | Does Not <input type="checkbox"/> | Have evidence of current WCB clearance certificates and experience ratings ² |
| Vendor | Does <input type="checkbox"/> | Does Not <input type="checkbox"/> | Have a clean Health and Safety track record for the last three years ³ |
| Vendor | Does <input type="checkbox"/> | Does Not <input type="checkbox"/> | Have a current registration to ISO 9001 or equivalent third party QMS certification ⁴ |
| Vendor | Does <input type="checkbox"/> | Does Not <input type="checkbox"/> | Have a written Code of Conduct or Business Ethics ⁵ |
| Vendor | Does <input type="checkbox"/> | Does Not <input type="checkbox"/> | Have a financial conflict of interest with Morrison Hershfield and its companies, if so explain ⁶ |
| CDN Vendor | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Is Vendor compliant with the Code of Conduct for Procurement? |
| US Vendor | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Is Vendor or any of its principals, currently or previously debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency FAR 52.209-5, FAR 52.212-3 |

Please attach the following documents to support the items numbered above:

1. Certificates of Insurance ☐
2. WCB certificate of coverage and experience ratings ☐
3. Current and relevant Health and Safety training certificates and HSE Policy ☐
4. ISO 9001 certification or equivalent ☐
5. Copy of your Business Code of Conduct ☐
6. If a conflict does exist, please provide a brief explanation and attach ☐

The undersigned certifies that the information provided is true and accurate and will notify Morrison Hershfield if any information changes.

| | |
|--------------|-----------|
| | |
| Printed Name | Signature |
| | |
| Title | Date |

Please return this form and supporting documents via email to vendors@morrisonhershfield.com.
Notify us promptly of any changes. Changes can be done by resubmitting this form.



Frequently Asked Questions:

Q: When is a New Vendor Form Required?

A: Morrison Hershfield requires a New Vendor form to be completed in the following situations:

1. Morrison Hershfield engages a vendor for the first time in the provision of consulting engineering services to our clients
2. The last transaction with any Morrison Hershfield entity is more than 36 months in the past

Q.: What needs to be completed by a New Vendor?

A: All fields in the New Vendor form are to be completed. These fields include:

1. Legal Name of Vendor (this is the name that will appear on the payment)
2. Remit To Address, only use this section if your company address is different from where payment is to be received
3. Remittance Contact Name, this is the person in your accounting department to whom the remittance information is sent
4. Remittance email address, provide an email address for the person who will receive any notification(s) of payment and EFT reports when payments have been issued
5. Tax Information, if the vendor is exempt from tax registration, please provide support as identified in this section
6. Type of Business, provide your NAICS code, codes can be found here <https://www.naics.com/search/>
 - a) DUNS#, (Data Universal Number System) used to evaluate your company's financial capacity as an MH business partner
 - b) Services provided, list all services and specialties your company can provide to Morrison Hershfield
 - c) Geographical Area served, list all cities, provinces/states where your company can provide services
7. Certification, all vendors are required to provide proof of certification as listed in this section. New Vendor Forms received without the supporting documents will be returned as incomplete

Q: Do I need to submit anything else along with the New Vendor Form?

A: Along with the supporting documents listed in the Tax Information and Certification section, an EFT registration form is required if you are enrolling for EFT direct deposit.

Q: How long does it take to become a registered vendor and assigned a vendor ID?

A: Morrison Hershfield is committed to reviewing and returning your approved registration form as quickly as possible. To prevent any delays processing your submission please ensure that the form is complete and all supporting documents are included, the review of your submission will not begin until all relevant information has been received.

Q: Can I begin work if I am not a registered vendor?

A: Work can only begin once a Service Order has been issued. A Service Order cannot be issued until a vendor ID has been assigned.



Certificates of Insurance

Please provide certificates of insurance for the following minimum coverages and limits:

Workers' Compensation and Employer's Liability

Vendor shall maintain all forms and types of insurance required by applicable laws with respect to employees, including workers' compensation insurance in accordance with statutory requirements. Where employees of the Vendor are not covered by workers' compensation insurance, Vendor shall provide evidence of employers' liability insurance with limits of not less than \$2,000,000 for each accident.

Vehicle Insurance

Comprehensive automobile and vehicle liability insurance covering claims for injuries and/or death to persons and/or damage to property arising from use of motor vehicles and/or damage to property arising from use of motor vehicles including on-site and off-site operations and owned, non-owned or hired vehicles, with \$2,000,000 combined single limits.

Comprehensive General Liability

Comprehensive General Liability insurance covering claims for injuries and/or death to persons and/or damage to property arising out of any act or omission of the Vendor to property arising out of any act or omission of the Vendor or any of its employees, agents, or subcontractors/subconsultants with \$2,000,000 each occurrence. Morrison Hershfield and its companies to be added as an Additional Insured.

Professional Liability

For subconsultants, Professional Liability insurance of \$2,000,000 per claim. Such insurance shall be maintained with the same limits for a period of 2 years for project completion or termination.