



225 Scott Street Suite 151
Fort Frances, ON P9A 1G8
Fire #968 Highway 11/71
shop(807)270-5625 fax (807)274-0617
admin@sunsetsystems.ca

Name of Contractor: 1113931 Ontario Inc. o/a Sunset Protection Systems

RPF: R.F.P. No. 18-OF-05 Fire Protection and Prevention Services

Name/Title of Authorized Representative of the Contractor (Sunset): Dan DeGagne – General Manager

Name/Title of Authorized Representative of the Employer (TOFF): _____

1. I/We herby undertake:

- a) To comply with all health and safety and environment legislation in the performance of this Agreement;
- b) To maintain a safe and healthy work environment during the performance of this Agreement;
- c) To adhere to the pricing agreed upon by both the TOFF and Sunset;
- d) To understand that no additional work will be conducted unless authorization has been given by TOFF; and
- e) TOFF to agree to pay Sunset within 30 days of receipt of invoice;

2. I/We hereby agree:

- a) That compliance with WSIB legislation is followed and acknowledges that I cannot bring in other staff or individuals to complete work who are not covered by Sunsets WSIB Certificate of Clearance and Liability Insurance Policy.
- b) That Sunset will keep in force an Insurance Liability Policy amount not less than \$2,000,000 inclusive per occurrence.
- c) To maintain a Town of Fort Frances Business License as required by By-Law 45-12

3. I/We understand that Contractor/TOFF deficiencies will be addressed in the following progressive steps:

- a) The problem will immediately be identified to/by the site technician;
- b) The Contractors head office/TOFF will immediately be contacted about the deficiency, orally and in writing (within 3 working days);
- c) If required by law to immediately report the problem to a provincial and or federal ministry, the TOFF/Sunset may report the problem to the appropriate Ministry(ies);
- d) If not required by law to immediately report the problem, and the problem remains unresolved, the TOFF/Sunset may report the problem to the appropriate Ministry(ies); and
- e) If deficiency is not understandably rectified TOFF/Sunset reserves the right to suspend contract and/or payment till the TOFF/Sunset or Authority having Jurisdiction is satisfied.

4. I/We understand that this agreement can be terminated by either party during the term of the agreement upon provision of ninety (90) days written notice.

5. I/We will adhere to the terms of this agreement and cooperate with the TOFF in its efforts to ensure compliance hereunder.

SIGNED, SEALED AND DELIVERED on the ____ day of _____, 20__.

Sunset Representative (Please Print)

TOFF Representative (please Print)

Signature

Signature