



Dear Prospective Contractor,

Thank you for expressing your interest in becoming one of our approved contractors. We at the Cayman Islands National Recovery Fund (CINRF) have long enjoyed a harmonious working relationship with a number of contractors and look forward to assessing your ability to join this partnership.

Please find on the accompanying form the minimum requirements for becoming a qualified contractor with the CINRF.

In addition to the minimum requirements, please note that we will be contacting relevant local agencies to ensure that your company is compliant with local regulations relating to Pension and Employee Health Benefits.

Please also fill out the form accompanying this cover letter signifying your understanding of the prequalification process.

For companies that are not qualified by the CINRF at this time, your information will be kept on file for future consideration if in the event; some contractors are unable to fulfill their future obligations.

Respectfully,

A handwritten signature in black ink, appearing to read "Mark Laskin", written over a horizontal line.

Dr. Mark Laskin,  
Director,  
Cayman Islands National Recovery Fund



## **Application for becoming a Qualified Contractor**

Name

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Address (Mailing)

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Address: (Physical)

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Telephone Number:

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(While land lines are not required, the use of cellular phones must result in a reliable means of communication, otherwise it may affect your ability to get future opportunities.)

Email: (Required)

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(An account that is active and adequately monitored is required).

### **Provide Copies of the following:**

- Trade and Business License
- Bank Reference (Minimum Line of Credit \$15,000CI Dollars)

### **Certifications**

I certifying I am currently in compliance with all local regulations regarding Employee Pension and Health Insurance Benefits and I am aware that a false declaration of this fact or any other on this application will invalidate this application and automatically render your company ineligible. You may contact the relevant authorities to verify the information provided in this application form.

Provide I am successful in the tender of project for the Cayman Islands National Recovery Fund, I will be able to provide up to (CI) \$1 million dollars in liability coverage for single and potentially multiple projects.

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Signature of Contact

Date



**Company History**

Number of Years the Company has been in operation: \_\_\_\_\_

List of projects similar to those of the Cayman Islands National Recovery Fund.

Project #	Project	Description	Client Name and Contact Information
1			
2			
3			
4			
5			
6			
7			
8			

Employee Staff Size: \_\_\_\_\_

List of Supervisory Personnel

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**Other Relevant Information: (Please provide any additional information you would like us to consider in the pre-qualification process)**

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Print Name of Contact

Title

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Signature of Contact

Date