

SUBCONSULTANT/SUPPLIERS ATTESTATION
DECLARATION OF COMPLIANCE – TO SPECIFIED COVID-19 VACCINATION POLICIES

As a Subconsultant/Suppliers providing services to Associated Engineering Ltd. (“Associated”) supporting Associated provision of services to our Clients, the Subconsultant/Supplier acknowledges and agrees that it and its employees and agents and those of its subcontractors (collectively “Representatives”) performing services at an Associated and/or Client Property (collectively “Properties”) will comply with Associated as well as Associated Client Mandatory Vaccination Policies prior to entering any Client Properties.

I _____, being authorized to sign this Subconsultant/Supplier Attestation on behalf of _____, (the “Subconsultant/Supplier” – Legal Name) hereby declares on behalf of the Subconsultant/Supplier, that as of _____, all Subconsultant/Supplier and /or Representatives deployed to work at any Client Properties will have proof of:

1. Full vaccination against COVID-19¹; and if required
2. Negative COVID-19 test result which must be administered within ____ hours of attending any Client Properties.

I understand that effective _____, the Subconsultant/Supplier and/or Representatives who are not compliant with the aforementioned are not permitted to enter any Associated and/or Client Properties without the expressed written consent of Associated and/or Client.

I understand there may be additional site-specific Client COVID-19 related policies that must be adhered to that will be communicated to the Subconsultant/Supplier and/or Representatives on an as-needed basis by Associated and/or Client.

I understand and agree that compliance with the Mandatory Vaccination Policies does not replace the obligations of the Subconsultant/Supplier and/or Representatives to comply with other public health requirements, which may include frequent hand washing, masking, physical distancing and other infection prevention and control measures.

I understand that irrespective of vaccination status, the Subconsultant/Supplier and/or Representatives remains responsible and continue to complete the daily COVID-19 Pre-Screening Questionnaire prior to attending any Properties in compliance with the communication sent to the Subconsultant/Supplier and/or Representatives.

I understand that the Subconsultant/Supplier and/or Representatives must advise all parties entering any Properties either indoor or outdoor, of the Mandatory Vaccination Policies, Daily Pre-Screening Requirements, and the Associated and Client right to request proof of full vaccination or negative COVID-19 test prior to attending the Properties.

I understand and agree that submitting a non-compliant Subconsultant/Supplier Attestation by failing to ensure compliance with the above noted requirements will constitute default under Associated Agreement with the Subconsultant/Supplier and/or Representatives which may result in remedies as provided for under the Agreement.

Service Provider Legal Name:			
Signature:		Printed Name:	
Title:		Date:	

¹ “Fully vaccinated” means having received the full series of a COVID-19 vaccine or a combination of COVID-19 vaccines approved by the Provincial or Federal Government. For the purposes of this document, two doses of a two dose vaccine series, with the final dose of the COVID-19 vaccine being received at least 14 days prior to going to any Client Properties.

**SECONDED STAFF ATTESTATION
DECLARATION OF COMPLIANCE – TO SPECIFIED COVID-19 VACCINATION POLICIES**

As a Secoded Staff providing services to the Associated Group of Companies (“Associated”) supporting Associated’s provision of services to our Clients, the Secoded Staff acknowledges and agrees that whilst performing services at an Associated and/or Client Property (collectively “Properties”) will comply with Associated as well as Associated’s Clients’ Mandatory Vaccination Policies prior to entering any Properties.

I _____ being authorized to sign this Secoded Staff Attestation on behalf of _____, (the “Secoded Staff and/or Representative” – Legal Name) hereby declares on behalf of the Secoded Staff, that as of _____, all Secoded Staff deployed to work at any Associated and/or Client Properties will have proof of:

1. Full vaccination against COVID-19¹; and if required.
2. Negative COVID-19 test result which must be administered within ___ hours of attending a site.

I understand that effective _____, the Secoded Staff who are not compliant with the aforementioned vaccine requirements, are not permitted to enter any Associated and/or Client Properties without the expressed written consent of Associated and/or Client.

I understand there may be additional site-specific Client COVID-19 related policies that must be adhered to that will be communicated to Secoded Staff and/or Representative on an as-needed basis by Associated and/or Client.

I understand and agree that compliance with the Mandatory Vaccination Policies does not replace the obligations of Secoded Staff to comply with other public health requirements, which may include frequent hand washing, masking, physical distancing and other infection prevention and control measures.

I understand that irrespective of vaccination status, Secoded Staff must complete the daily COVID-19 Pre-Screening Questionnaire prior to attending any Properties in compliance with the communication sent to Secoded Staff and/ or Representative.

I understand that Secoded Staff and/or Representative must advise who will enter any Properties either indoor or outdoor, of the Mandatory Vaccination Policies, Daily Pre-Screening Requirements, and the Associated and/or Client right to request proof of full vaccination or negative COVID-19 test prior to attending the Properties.

I understand and agree that submitting a non-compliant Secoded Staff Attestation by failing to ensure compliance with the above noted requirements will constitute default under Associated Agreement with Secoded Staff which may result in remedies as provided for under the Agreement.

Service Provider Legal Name:			
Signature:		Printed Name:	
Title:		Date:	

¹ “Fully vaccinated” means having received the full series of a COVID-19 vaccine or a combination of COVID-19 vaccines approved by the Provincial or Federal Government. For the purposes of this document, two doses of a two dose vaccine series, with the final dose of the COVID-19 vaccine being received at least 14 days prior to going to any Client Properties.