

1. General Information

Company / Partnership / Individual Name:

Address:

Telephone:

Email:

Website:

Main Contact Name:

Telephone:

Email:

Outline scope of company works:

2. Financial Information

Bank Name:

Account Name:

Accounts Dept Contact Name:

Account Number:

Sort Code:

Accounts Dept Email:

Status: Public Company Private Company Partnership Sole Proprietor

Company Registration Number (if applicable):

VAT Registration Number (if applicable):

Turnover for Past 3 years:

Year	Turnover

Number of Personnel:

Directly Employed	Subcontractors / Agency Personnel

What areas of the UK do you cover?

3. CIS Details

UTR No (10 digits):

Name Registered with HMRC:

National Insurance Number (If Sole Proprietor or Partnership):

4. Insurance Details

State if cover limits in any one site / claim or in aggregate:

Employer's Liability

Insurers:

Policy Number:

Renewal date:

Limit of Indemnity:

Deductibles:

Policy Restrictions:

Public/Product Liability / Third Party

Insurers:	Policy Number:
Renewal date:	Limit of Indemnity:
Deductibles:	Policy Restrictions (e.g. Height / depth limits, hot works):

Contractors All Risks – Subcontract Works and Plant

Insurers:	Policy Number:
Renewal date:	Limit of Indemnity:
Deductibles:	Policy Restrictions (e.g. Height / depth limits, hot works):

Professional Indemnity

Insurers:	Policy Number:
Renewal date:	Limit of Indemnity:
Deductibles:	Policy Restrictions:

5. Health & Safety Management

Answer YES or NO to ALL questions

Are you certified to OH SAS 18001 or a SSIP registered scheme (e.g. CHAS / Safe Contractor)? Yes No

If YES – please attach a copy of your certificate

If NO – please answer the questions below

Do you have a written Health & Safety Policy? Yes No
(if YES - please provide a copy)

Please explain how Risk Assessments and Method Statements are produced and used for your work:
(Please provide a sample of a Risk and Method Statement related to your works)

Please describe how you have access to competent H&S advice (example internal or external advisor):

Please explain how you monitor your Health & Safety performance (e.g. inspections, audits, committees):

Please explain how you communicate matters relating to H&S within your company:

Who is the person responsible for H&S in your company?

Name:

Position:

Email Address:

Telephone No:

5.1 Health & Safety Management - Enforcement/RIDDOR

Has your company ever been prosecuted or served a formal notice by the HSE? Yes No
(If YES – please provide details, including lessons learnt and corrective actions. Continue on a separate sheet if necessary)

Has your company been involved in or had any reportable accidents in the last three years? Yes No
(If YES – please provide details, including lessons learnt and corrective actions. Continue on a separate sheet if necessary)

5.2. Health & Safety Management - Training

- SPA Passport / UKPIA is a mandatory requirement across all our Petrol Filling Station sites.
- CSCS is a mandatory requirement on all other of our construction sites.
- All site operatives should have attended Asbestos Awareness Training if they're likely to disturb asbestos within their normal duties.

Please attach copies of these cards/ certificates for all employees and other personnel that hold them. Please also provide a copy of your company's training matrix showing all training qualifications held for all employees and other personnel and their expiry dates.

Please contact us if you have any questions relating to the above.

6. Quality Management

Answer YES or NO to ALL questions

Are you certified to ISO 9001? Yes No

If YES – please attach a copy of your certificate

If NO – please answer the questions below

Are you registered as a member of any trade / professional associations? Yes No

(if Yes - please detail)

Please detail how you assess and control your subcontractors / suppliers: (provide evidence where applicable)

7. Environmental Management

Answer YES or NO to ALL questions

Are you certified to ISO 14001? Yes No

If YES – please attach a copy of your certificate

If NO – please answer the questions below

Who is the person responsible for Environmental management in your company

Name:

Position:

Email Address:

Telephone No:

Please describe how you have access to competent environmental advice (e.g. internal or external advisor):

Please explain how you manage waste and comply with waste carrier licensing / waste hierarchy requirements:

Has your company had any Environmental Prosecutions / Enforcement action in the last 3 years: (If YES – please provide details, including lessons learnt and corrective actions. Continue on a separate sheet if necessary)

8. Design

Answer YES or NO - Only to be complete if there is normally a design element within your scope of work / service

Are you aware of your responsibilities under Regulation 13 of the CDM Regulations? Yes No

9. Litigation

Please provide details of any litigation involving you or your business in the past 2 years:

10. Relationships with your Customers, Subcontractors and Suppliers

Please provide details of your 3 biggest Customers in the previous 12 months:

Customer Name	Your Turnover with them	Number of Contracts carried out for them:	How long have you been working for them

Please provide details of any preferred or partnering arrangements with other parties:

Do you intend to subcontract out any of the work you would carry out for us? Please provide details of any elements that would be subcontracted out and the details of who would do these works:

11. Trade References

Name:

Address:

Contract Name:

Telephone:

Email:

Details of recent works carried out:

Name:

Address:

Contract Name:

Telephone:

Email:

Details of recent works carried out:

12. Declaration

- To the best of my knowledge and understanding the information supplied on this form is both true and accurate.
- If any significant information provided changes (such as loss of accreditation, enforcement action, RIDDOR, litigation) we will notify Williams Southern Ltd immediately, as this might affect our approval status.
- We will comply with the Williams Southern H&S Management system, reports and processes.

Name:

Signed:

Job Title:

Date:

Telephone:

Email:

PLEASE RETURN TO MEGAN.LANG@WILLIAMSBUILD.COM OR FOR THE ATTENTION OF
MEGAN LANG, SOUTHERN HOUSE, EAGLE CLOSE, LANGAGE BUSINESS PARK,PLYMPTON,DEVON,PL7 5HZ

For Internal Use Only – Internal Approval

Section Number	Department To Check	Date Checked
1. General Information	Finance	
2. Financial Information	Finance	
3. CIS Details	Finance	
4. Insurance Details	Finance	
5. Health & Safety Management	Health & Safety	
5.1. Health & Safety Management – Enforcement / RIDDOR	Health & Safety	
5.2. Health & Safety Management - Training	Health & Safety	
6. Quality	Health & Safety	
7. Environmental Management	Health & Safety	
8. Design	Commercial	
9. Litigation	Finance	
10. Relationships with your Customers, Subcontractors and Suppliers	Commercial	
11. Trade References	Buying	
12. Declaration	N/A	

Department	Signature	Date
Buying		
Finance		
Commercial		
Health & Safety <i>Comments if applicable:</i>		

Review Date 3 years from sign off above unless otherwise specified here

Date Entered Onto Spreadsheet