

## 1. General Information

**Company / Partnership / Individual Name:**

Address:

Telephone:

Email:

Website:

Main Contact Name:

Telephone:

Email:

Outline scope of company works (e.g. Shop fitting, groundwork, cleaning etc):

## 2. Financial Information

Bank Name:

Account Name:

Accounts Dept Contact Name:

Account Number:

Sort Code:

Accounts Dept Email:

**Status:** Private Company Partnership Sole Proprietor

Company Registration Number (if applicable):

VAT Registration Number (if applicable):

## 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:

Are the following fit for purpose, insured, fully maintained and tested on a regular basis:

Vehicles	Yes	No
Electrical equipment	Yes	No
Tools and equipment	Yes	No

Are you aware and do you comply with employer duties concerning the provision and use of PPE at work?

Yes                      No

Williams Southern adopt a mandatory 5 point PPE ruling on all of our constructions sites:

- Hard hat
- Hi Visibility Vest/Jacket
- Safety Gloves
- Safety Glasses
- Steel toe capped footwear

All other PPE must be available as per your specific risk assessment.

**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. Trade References

Name:

Address:

Contract Name:	Telephone:	Email:
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Details of recent works carried out:

Name:

Address:

Contract Name:	Telephone:	Email:
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Details of recent works carried out:

## 7. 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.
- If appointed to manage a construction site we will comply with the Williams Southern H&S Management system, reports and processes.

Name: Signed: Job Title:

Date: Telephone: Email:

**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 - RIDDOR	Health & Safety	
5.2 Health & Safety Management - Training	Health & Safety	
6. Trade References	Buying	
7. Declaration	N/A	

Department	Signature	Date
Buying		
Commercial		
Finance		
Health & Safety		

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

**Date Entered Onto Spreadsheet**