

1. General Information

Company / Partnership / Individual Name:

Address:

Telephone:

Email:

Website:

Main Contact Name:

Telephone:

Email:

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

Have you / the business been involved in or had any reportable accidents in the last three years? (if YES – please provide details)		
Have you / the business ever been prosecuted or served a formal notice by the HSE? (if YES – please provide details)		
Do you receive health and safety assistance / support?		
Are the following fit for purpose, insured, fully maintained and tested on a regular basis:		
Vehicles		
Electrical equipment		
Tools and equipment		
Appropriate PPE must be worn as required by the tasks being carried out. What PPE do you provide?		
Hard Hat		Ear Protection
Safety Boots		Respiratory Protection
Hi Vis Vest / Jacket		Safety Harness
Eye Protection		Gloves
Do you have a CRB assessment? (if YES – please attach a copy to the form)		
Do you have a Health & Safety Policy? (if YES – please attach a copy to the form)		
If NO – do you agree to adopt ours?		
Do you have your own Risk Assessments? (if YES – please attach a copy to the form)		
If NO – do you agree to adopt ours?		
Do you have your own Safe Working Method Statement? (if YES – please attach a copy to the form)		
If NO – do you agree to adopt ours?		

6. Health & Safety Management - Training

- SPA Passport / UKPIA is a mandatory requirement across all Petrol Station sites.
- CSCS is a mandatory requirement for all Sainsbury's sites.
- All site operatives should have attended Asbestos Awareness Training

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

7. 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:		

8. Declaration

- To the best of my knowledge and understanding the information supplied by me on this form is both true and accurate.
- I fully understand my responsibilities and my legal duties regarding Health & Safety, and will endeavour to abide by all site rules as communicated to me at induction by the Principal/Main Contractor.
- I will so far as reasonably practicable abide by your company's H&S Policy, Method Statements and Risk Assessments, unless I provide my own.
- If I provide my own H&S Policy, Method Statements and Risk Assessments, they will be suitable, appropriate and applicable to the tasks undertaken.

Name:

Signed:

Job Title:

Date:

Telephone:

Email:

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

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

Department	Signature	Date
Buying		
Finance		
Health & Safety		
Commercial		

Date Entered Onto Spreadsheet