



VAUGHANDALE

CONSTRUCTION LTD

SUBCONTRACTORS QUESTIONNAIRE

CONTACT INFORMATION

NAME OF COMPANY:

ADDRESS (for correspondence)

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

HEAD OFFICE ADDRESS:
(if different from above)

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

NAME & TITLE OF PRINCIPLE CONTACT:

MOBILE NUMBER:

DIRECT LINE NUMBER:

STATUS: *(please delete as applicable)* PLC LTD PTNR SOLE

COMPANY REGISTRATION NUMBER:

DATE FIRM ESTABLISHED: *(partnership/sole trader)*

VAT REGISTERED NUMBER:

NAMES OF DIRECTORS/PARTNERS

***PLEASE PROVIDE A COMPANY LETTERHEAD**

NEW CONSTRUCTION INDUSTRY TAX SCHEME

As you are aware a new construction industry scheme has been implemented. In order for us to verify your tax status We require your unique tax reference and the following information:

UNIQUE TAX REFERENCE NUMBER (UTR):

SOLE TRADER:

YOUR NAME:

NI NUMBER:

PARTNERSHIP OF INDIVIDUALS

COMPANY NAME:

YOUR NAME:

NI NUMBER:

PARTNERS NAME:

PARTNERS NI NUMBER:

PARTNERSHIP OF COMPANIES

PARTNERSHIP NAME:

PARTNERSHIP COMPANIES:

REGISTRATION NUMBER:

COMPANY:

COMPANY NAME:

REGISTRATION NUMBER:

HEALTH & SAFETY

To comply with legislation you are required to provide the following information:

***PLEASE PROVIDE A COPY OF THE POLICY, DULY SIGNED AND DATED.**

DO YOU COMPLY WITH CDM REGULATIONS:

DO YOU COMPLETE COSHH, RISK, FIRE & ENVIRONMENTAL ASSESSMENTS:

WHO IS RESPONSIBLE FOR FIRST AID PROVISIONS ON SITE:

LIST ANY ENFORCEMENT/PROHIBITION
NOTICES YOU HAVE RECEIVED
IN THE LAST 2 YEARS:

DO YOU PROVIDE HEALTH & SAFETY TRAINING:

DO YOU EMPLOY A SAFETY OFFICER:

IF YES, ARE THEY INTERNAL OR EXTERNAL:

PLEASE GIVE DETAILS:

***PLEASE ATTACH ADDITIONAL SHEETS WHERE NECESSARY**

INSURANCE DETAILS - EMPLOYERS LIABILITY INSURANCE:

NAME OF BROKER: *(if applicable)*

NAME OF INSURER:

ADDRESS OF INSURER:

POLICY NUMBER:

EXTENT OF COVER:

EXPIRY DATE:

***PLEASE PROVIDE A COPY OF YOUR CURRENT CERTIFICATE**

DOES COVER INCLUDE:

1-Indemnity to principles:

2-Indemnity to labour only subcontractors:

DOES COVER EXCLUDE LIABILITY ARISING OUT OF ANY OF THE FOLLOWING:

1-Working at height: *(if so state max permissible height)*

2-Working below ground level: *(if so state max depth)*

3-Use of power driven woodworking machines:

4-Use of explosives

***PLEASE STATE ANY OTHER EXCLUSIONS ON THE POLICY AND PROVIDE DETAILS**

INSURANCE DETAILS – PUBLIC LIABILITY INSURANCE:

NAME OF BROKER: *(if applicable)*

NAME OF INSURER:

ADDRESS OF INSURER:

POLICY NUMBER:

EXTENT OF COVER: *(minimum £2,000,000 required)*

EXPIRY DATE:

***PLEASE PROVIDE A COPY OF YOUR CURRENT CERTIFICATE**

DOES COVER INCLUDE:

1-Indemnity to principles:

2-Acts/Omissions of subcontractors:

3-Pressure plant and lifting equipment:

4-Defective design specifications or advice:

5-Liability assumed under contract

6-Application of heat:

***PLEASE STATE THE AMOUNT OF ANY INNER INDEMNITY LIMIT AND THE RISK/ACTIVITY TO WHICH IT APPLIES.**

INSURANCE DETAILS – PROFESSIONAL INDEMNITY INSURANCE:

NAME OF BROKER: *(if applicable)*

NAME OF INSURER:

ADDRESS OF INSURER:

POLICY NUMBER:

EXTENT OF COVER:

EXPIRY DATE:

***PLEASE PROVIDE A COPY OF YOUR CURRENT CERTIFICATE**

DOES COVER INCLUDE:

1-Indemnity in respect of negligence of sub-contractors?

2-Is cover arranged upon aggregate limit of indemnity?

3-If yes, is any reinstatement available following a claim?

INSURANCE DETAILS – CONTRACT WORKS:

NAME OF BROKER: *(if applicable)*

NAME OF INSURER:

ADDRESS OF INSURER:

POLICY NUMBER:

EXTENT OF COVER:

EXPIRY DATE:

***PLEASE PROVIDE A COPY OF YOUR CURRENT CERTIFICATE**

DOES COVER INCLUDE:

1-A contract price escalator? *(if so what percentage?)*

2-Off site storage and transit to contract site *(policy excess?)*

3-Does cover include damage consequent upon defective design/specification?

4-Automatic reinstatement following a loss?

5-Professional fees?

6-Debris removal?

7-Local authorities requirements?

SIGNED:..... POSITION:.....
DATE:.....
BROKERS STAMP: *(if applicable)*

BANK DETAILS (PAYMENT BY ELECTRONIC TRANSFER)

BANK NAME:

ACCOUNT NAME:

SORT CODE: ACCOUNT NUMBER:

ACCOUNTS EMAIL FOR R ADVICE: