

## SUBCONTRACTOR QUESTIONNAIRE

I confirm that I am happy for BBS Construction Ltd to hold my companies details supplied for their supply chain database under GDPR. This information will not be shared and I can withdraw from this database at any time by contacting BBS Construction directly.

**SERVICE** - Please, state what subcontractor trade you propose to provide:

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### ORGANISATION

Name of Organisation (including any trading name):	
Address:	
Postcode:	
Telephone:	Company Email:
Constructionline Reference Number:	

### ORGANISATION STRUCTURE

	Y/N		Y/N		Y/N
Public Limited Company		Private Ltd Company		Partnership	
Sole Trader – Including NI Number:					
Date of Organisation's formation:					
UTR No:					
VAT Registration No.:					
Company Registration No:					
Date of Registration:					
Registered Address (if different from that shown above):					
Please state the names and responsibilities of the Executive Directors/Partners of the organisation:					
1.					
2.					
3.					
4.					

## SUBCONTRACTOR QUESTIONNAIRE

### FINANCIAL

Has your organisation been involved in any court action in relation to trade with third parties or with employees over the last 3 years? **YES / NO**

If Yes, please provide details:
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Please detail below your last three years audited accounts:

YEAR	Turnover	Net Profit
<b>2018</b>		
<b>2017</b>		
<b>2016</b>		

Please provide details for the following:

<b>Value of Projects Undertaken</b>	
<b>Geographical Areas Covered</b>	

### INSURANCES

Please attach a copy of your current **Schedule of Insurance and To Whom It May Concern Letter** covering Employers (min £5m cover) and Public Liability Insurance (min £5m cover). If there is a design element in the work you intend to provide, please also include the current **Schedule of Insurance** for Professional Indemnity.

## SUBCONTRACTOR QUESTIONNAIRE

### HEALTH & SAFETY

Please provide details of the person(s) responsible for day to day operational health and safety policy.

Name:	
Title:	
Tel:	Base location:
Health & Safety Qualification:	

Please detail below any accidents in the last three/four years:

YEAR	No. of notifiable Accidents to Employees	No. of notifiable Accidents to the Public *	Comments
<b>2019</b>			
<b>2018</b>			
<b>2017</b>			
<b>2016</b>			

*\* Please supply copies of completed Accident Report*

Have you been served with any prohibition notices in the last three years? **YES / NO**

Please provide a copy of your signed & dated Health and Safety Policy Statement **YES / NO**

Are your operatives CSCS compliant **YES / NO**

Are your operatives fully qualified for their role, ie CITB, SMSTS, NVQ's **YES / NO**

Do you have an SSIP Accreditation (CHAS, Safecontractor, etc) **YES / NO**

### REFERENCES

Please provide the names and addresses of two **main contractors** you have supplied goods and/or services to, similar to the ones you propose to supply to BBS Construction Ltd:

<b>Reference 1</b>	
Organisation:	
Address:	Postcode:
Contact Name:	
Telephone:	
E-mail:	

## SUBCONTRACTOR QUESTIONNAIRE





<b>Reference 2</b>	
Organisation:	
Address:	Postcode:
Contact Name:	
Telephone:	
E-mail:	

**DECLARATION: I confirm the above contains accurate details of our company:**

Name:
Signature:
Position:
Date:
Telephone:

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**Please return the completed form and requested attachments to the below mentioned email address [enquiries@bbscon.co.uk](mailto:enquiries@bbscon.co.uk)**

-  Signed & Dated within one year – Health & Safety Policy Statement
-  SSIP Certificate
-  Schedule of Insurance and To Whom It May Concern Letter
-  Training Matrix or copies of qualifications for example CSCS, CITB, SMSTS, SSSTS , NVQs, JIB Cards

*If unsuccessful, subcontractors will have their questionnaire details erased after 12 months from initial application.*

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### FOR OFFICE USE ONLY

Insurance Received and Approved	Health & Safety SSIP Training Matrix Received and Approved	Financial Information Received and Approved
Signed and Dated	Signed and Dated	Signed and Dated