

# SUPPLIER QUESTIONNAIRE

### 1. COMPANY DETAILS

#### **1.1 CONTACT INFORMATION**

Company Name Address	
Town County/ Post Code Contact Name Telephone No Fax No Email Website Company Registration Number VAT number e.g. GB 123 4567 89 Address of Registered Office	

#### 1.2 COMPANY STRUCTURE

Total Number of Staff

#### **1.3 GROUP STRUCTURE**

Ultimate Holding Company Parent Company Associated Companies Subsidiary Companies

1.4 GEOGRAPHICAL COVER Please indicate which areas you are capable of supplying

UK – South England UK – Midlands UK – Northern England

YES/NO
YES/NO
YES/NO

Wales Scotland Other Locations



#### 1.5 GOODS AND SERVICES PROVIDED Details of goods or services you currently supply to AJL

1.6 GOODS AND SERVICES AVAILABLE Other goods or services provided which may be of interest

### 2. FINANCIAL INFORMATION

### 2.1 3 YEAR FINANCIAL PERFORMANCE

Year Ending:			
Turnover/Sales (£)			
Profit after Interest and Tax			
2.2 INSURANCE AND INDEMNITY INF	ORMATION Please p	provide a copy of your insuran	ce policy
	statem		
Insurance policy statement (copy enclo	sed) YES/NO		
Contractors All Risks POLICY NO:		RENEWAL DATE:	
Public/Products Liability POLICY NO:		RENEWAL DATE:	
Employers Liability (limit of Indemnity		_	
£10,000,000 Minimum) POLICY NO.		RENEWAL DATE:	
What are the Territorial Limits?			
Details of any restrictions on the policie	S		
relating to type/location of work ie			
height/depth, heat, hazardous premises	З,		
demolition etc			
Will labour only sub-contractors (if emp	loyed		
by the insured) be regarded as employe	YES/NO		
for the purposes of the Insurance polici			
Do the policies contain an 'Indemnity to	YES/NO		
Principles clause?			
Have the premiums been paid?	YES/NO		
Is there any other information relevant the			
cover being provided in respect of the			
contract being undertaken?			
CONTRACTORS ALL RISKS			
Maximum any one Loss (to be adequat	e to	£	
cover maximum value of subcontract)			
Policy Excess		£	
Is the cover "all Risks"?		YES/NO	
Does the policy cover all work executed	1,	YES/NO	
materials and plant on contract site?			
Does the policy extend to cover materia	als		
whilst temporarily stored elsewhere in t		YES/NO	
and whilst in transit?			

Does the policy provide full reinstatement cover plus professional fees?

YES/NO

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### PUBLIC/PRODUCTS LIABILITY

Limit of Indemnity £ Policy excess £ Does the policy include products liability? Does the policy include contractual liability? Does the policy cover loss or damage to property in the care, custody or control of the insured for the purpose of carrying out the contract? Does the policy include liability arising out of

Does the policy include liability arising out of defective workmanship, materials or design other than a fee?

£ £			
£	 		

2.3 INDEPENDENT REFERENCES *References will be used only when deemed appropriate:* 

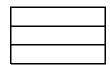
Trade Reference	
Company	
Address	
Telephone Contact	
Contact	

Customer Reference
Company
Address
Telephone
Contact

### 2.4 DEPENDANCIES (TOP 3 CUSTOMERS)

Customer 1 Customer 2 Customer 3

	%age of total turnover
	%age of total turnover
	%age of total turnover



2.5 CONSTRUCTION INDUSTRY SCHEME

Do you hold a CIS certificate? Do you hold a CIS exemption certificate? UTR reference

YES/NO
YES/NO

2.6 PAYMENT DETAILS

AJL standard payment terms are 30 days net monthly Additional discount offered for

payment within 30 days

Any further incentives or discounts

available

Payment Methods accepted Cheque or BACS

<u></u>		

Payment made out to: Address: (if different to Company address)

Bank Name Address

A/C Name Sort Code / Account Number

## 3. COMMERCIAL DETAILS

3.1 SUPPLIER ASSESSMENT

Does your Company subcontract any part of its core business activities? If Yes, please confirm area and % of your total business this represents: Do you assess new suppliers/sub-contractors?

Do you monitor suppliers regarding quality, cost and delivery? YES / NO Does your company maintain a register of approved sub contractors

Does your company have formal procedure(s) in place for the management of subcontractors?

# 4. QUALITY ASSURANCE/ HEALTH & SAFETY / ENVIRONMENTAL

4.1 SYSTEMS Delete as appropriate

Do you hold ISO 9001 YES/NO	
A Documented Management system for	
A Corporate Policy on	
Procedures on	
A System Approved or Registered for	
Been Audited in the last 12 Months for	

### 4.2 CERTIFICATION

Is the company a member of or affiliated to any Trade or Professional organisation?

Name of Organisation	Registration number	YES/NO

Please confirm that only calibrated instrumentation and equipment will only be used on site.

#### Do all your employees engaged on the site have a CSCS skills card? Do you plan on seeking any / any other accreditation / working towards?

Please include dates and timescales

YES/NO
%
YES/NO
YES/NO
YES/NO
YES/NO

Quality	Safety	Environment
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YES/NO	YES/NO	YES/NO
YES/NO	YES/NO	YES/NO

YES/NO YES/NO

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# 4.3 ENVIRONMENTAL

Do you hold ISO 14001 Do you have Environmental objectives? Has the company been convicted for environmental offences in the last 5 years? Do you have Disaster Recovery Plans and Procedures in place for services p A J L	YES/NO YES/NO YES/NO rovided to YES/NO
4.4 HEALTH & SAFETY Please provide a copy of your Health & Safety Policy	
Please confirm that you have a Health & Safety policy in place What is the next review date for your Health and safety policy If you have less than five employees, please confirm you have in place a Health & Safety Statement of Intent Is the policy made available to all employees? Please confirm your company has procedures in place for Health & Safety, which ensure the safety ofyour employees and other people whom could	YES/NO YES/NO YES/NO YES/NO
be affected by your activities. Please confirm that risk assessments are carried out by your company on similar contacts Who has day to day responsibility for the management of Health & Safety Please confirm that the above named person has the necessary	YES/NO YES/NO
qualifications and experience to fulfil this role Who will have responsibility for Health & Safety on site during your works Please confirm that the above named person has the necessary qualifications and experience to fulfil this role Please confirm that adequate training is provided to your company's	YES/NO YES/NO
employees and is regularly reviewed Please confirm that you assess your own contractors, who may work on our projects/sites for you?	YES/NO
Has your company or individuals employed by your company been prosecuted for any breach of Health & Safety or Environmental legislation within the last five years Please advise if there have been any experiences of the following in the past three years for the following	YES/NO
Fatal Accidents Major Injuries 'Over Three Day' Accidents Dangerous Occurrences Please confirm you have First Aid arrangements in place Please confirm you have Health & Safety monitoring arrangements	YES/NO YES/NO YES/NO YES/NO YES/NO

#### 5. CONTACTS (Managers Responsible For)

QUALITY Name Title Address (if different)	
Telephone email	
ENVIRONMENTAL Name Title Address (if different)	
Telephone email	

#### 6. DECLARATION STATEMENT

We hereby certify that the foregoing statements are correct, and we agree to notify you of any significant changes affecting the answers given.

We agree to representatives of A J Loveland Ltd visiting our premises to assess and verify the above statements at a mutually convenient time and date.

Print Name

Title

Signature

Date

Audited for AJL by; for office use only		
Print Name		
Title		
Signature		
Date		