

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	YES/NO	Wales	YES/NO
UK – Midlands	YES/NO	Scotland	YES/NO
UK – Northern England	YES/NO	Other Locations	YES/NO

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 INFORMATION *Please provide a copy of your insurance policy*

statement

Insurance policy statement (copy enclosed) 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 policies relating to type/location of work ie height/depth, heat, hazardous premises, demolition etc

Will labour only sub-contractors (if employed by the insured) be regarded as employees for the purposes of the Insurance policies? YES/NO

Do the policies contain an 'Indemnity to Principles clause? YES/NO

Have the premiums been paid? YES/NO

Is there any other information relevant to the cover being provided in respect of the contract being undertaken?

CONTRACTORS ALL RISKS

Maximum any one Loss (to be adequate to cover maximum value of subcontract) £

Policy Excess £

Is the cover "all Risks"? YES/NO

Does the policy cover all work executed, materials and plant on contract site? YES/NO

Does the policy extend to cover materials whilst temporarily stored elsewhere in the UK and whilst in transit? YES/NO

Does the policy provide full reinstatement cover plus professional fees? YES/NO

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 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	

Customer Reference

Company	
Address	
Telephone	
Contact	

2.4 DEPENDANCIES (TOP 3 CUSTOMERS)

Customer 1		%age of total turnover	
Customer 2		%age of total turnover	
Customer 3		%age of total turnover	

2.5 CONSTRUCTION INDUSTRY SCHEME

Do you hold a CIS certificate?	YES/NO
Do you hold a CIS exemption certificate?	YES/NO
UTR reference	

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	

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?

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

4. QUALITY ASSURANCE/ HEALTH & SAFETY / ENVIRONMENTAL

4.1 SYSTEMS Delete as appropriate

Do you hold ISO 9001
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

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

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?

YES/NO
YES/NO

Please include dates and timescales

--

4.3 ENVIRONMENTAL

Do you hold ISO 14001	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Do you have Environmental objectives?	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Has the company been convicted for environmental offences in the last 5 years?	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Do you have Disaster Recovery Plans and Procedures in place for services provided to A J L	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
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	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
What is the next review date for your Health and safety policy	<table border="1"><tr><td> </td></tr></table>	
If you have less than five employees, please confirm you have in place a Health & Safety Statement of Intent	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Is the policy made available to all employees?	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please confirm your company has procedures in place for Health & Safety, which ensure the safety of your employees and other people whom could be affected by your activities.	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please confirm that risk assessments are carried out by your company on similar contacts	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Who has day to day responsibility for the management of Health & Safety	<table border="1"><tr><td> </td></tr></table>	
Please confirm that the above named person has the necessary qualifications and experience to fulfil this role	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Who will have responsibility for Health & Safety on site during your works	<table border="1"><tr><td> </td></tr></table>	
Please confirm that the above named person has the necessary qualifications and experience to fulfil this role	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please confirm that adequate training is provided to your company's employees and is regularly reviewed	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please confirm that you assess your own contractors, who may work on our projects/sites for you?	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
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	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please advise if there have been any experiences of the following in the past three years for the following		
Fatal Accidents	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Major Injuries	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
'Over Three Day' Accidents	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Dangerous Occurrences	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please confirm you have First Aid arrangements in place	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
Please confirm you have Health & Safety monitoring arrangements	<table border="1"><tr><td>YES/NO</td></tr></table>	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	

<i>Audited for AJL by; for office use only</i>	
Print Name	
Title	
Signature	
Date	