

Sub Contractor Approval Application Form



SECTION 1 - COMPANY DETAILS

Registered Company Name: (Sole Trader, Firm Name, Company Name)			
Trading Name (if applicable)			
Trading Address			
Registered Office Address (If different from above)			
Regional Office Address (Please list)			
Contact Name - 1:		Position:	
Contact Name - 2:		Position:	
Parent Company Name & Address (If applicable)			
Associate/ Subsidiary Companies			
Telephone Number		FAX	
Contact Email Address			
Company Registration No. (Company Only)		Date of Incorporation	
VAT No. (Please Provide a copy of your Certificate)			

SECTION 2 - FINANCIAL INFORMATION			
Maximum Contract Value:			
Minimum Contract Value:			
Are you able to provide a bank reference if required:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Name & Address of Bankers:			

SECTION 3 - FURTHER COMPANY INFORMATION

A - PREVIOUS EXPERIENCE

Have you worked with Run Services Ltd previously? If yes Please give details:
Please provide 2 recent examples of successful contracts you have had with clients other than Run Services:

Contact Name:			
Client:	Value:		
Commencement Date:	Completion Date		
Role/ Scope of Works:			
Contact Name for Reference:	Position:		
Contact Details:			

Contact Name:			
Client:	Value:		
Commencement Date:	Completion Date		
Role/ Scope of Works:			
Contact Name for Reference:	Position:		
Contact Details:			

B - LABOUR FORCE & ABILITIES

Labour Force:	No. Directly Employed		No. Of Apprentices / Trainees:	
	No. Of Subcontractors		% Of Direct Workforce Employed Locally	

C - ABILITY PLEASE TICK

Design & Build/ Construct		New Build		Refurbishment	
Materials Supply ONLY		Material Supply ONLY		Labour ONLY	
Maintenance		Maintenance		Labour/Plant/Materials	
Professional Services		Operated Plant		Haulage	
OTHER:					

SECTION 4 - GEOGRAPHICAL COVERAGE

North West		Wales		Home Counties		East Anglia	
North East		South		Greater London		Scotland	
Midlands		South West		Inner London		Channel Isles	
All of UK							

SECTION 5 - SCOPE OF WORKS - PLEASE INDICATE

Please tick the types of work for which you wish to be considered and are insured for, and ensure that the answers to all questions relate to the type of work listed below:

BUILDING TRADES			
Acoustic		Demolition - General	Groundwork's - Sewer Works
Asbestos Removal		Demolition - Strip Out	Groundwork's - Highway Works
Asbestos Surveys		Drainage - CCTV Surveys	Groundwork's - Site Remediation
Brickwork- Labour only		Drainage - Cleaning	Industrial Doors
Brickwork- Supply & Fix		Draining - Symphonic	Insulation - Roof
Brickwork - Glass Walling		Environment Management	Insulation - Cavity Wall
Brickwork- Reconditioned Stone		Fencing - Timber	Labour - Agency
Brickwork- Natural Stone		Fencing - Metal	Landscaping - Soft
Brickwork- Cleaning		Fencing - Safety Barriers	Landscaping - Hard
Builders Work (holes etc)		Fire Protection - Fire Stopping	Landscaping - Block Paving
Building Services- Electrics Only		Fire - Sprayed Intumescent	Lifts - Passenger & Goods
Building services - Mechanical Only		Fire - Board	Lift - Escalators
Building services- Mechanical & electrical		Fire - Sprinkler Systems	Lift - Dock Levellers
Building Services - Plumbing		Fire - Extinguishers	Lift- Disabled levellers
Building services - Lighting Protection		Flooring - Carpet & Vinyl	Lift- Disabled hoists
Building Services - Security		Flooring - Marble/stone	Metalwork- Metal decking
Building Services - Street Lighting		Flooring - Raised Access	Metalwork- supply & Fix
Building Services- Telecoms/Data/IT		Flooring - Terrazzo	Metalwork- Architectural
Building Services- Specialist		Flooring - Timber	Metalwork- Louvers etc
Buildings- Complete		Flooring - Industrial Resin & Epoxy	Painting- General
Building - Refurbishment		Framework - Temporary	Painting- Industrial
Building - Builders Clean		Framework - Permanent	Partitions- Dry lining
Carpentry - Labour Only		Furniture & Equipment - fixed	Partitions- System
Carpentry - Supply & Fix		Furniture & Equipment - Loose	Piling - Board
Catering Equipment		Furniture & Equipment - Playground	Piling- Diaphragm/ secant

Ceramic Tiling - Walls		Furniture & Equipment - Street Furniture	Piling- Ground improvement	
Ceramic Tiling - Floors		Furniture & Equipment - Blinds, Carpet tracking etc	Piling- Precast driven	
Cladding - Built up		Glazing- General	Piling- Steel driven	
Cladding - Composite		Glazing - Patent/system/roof lights	Piling- Steel sheet	
Cladding - Rain screen		Glazing - Structural	Piling- Underpinning	
Cladding- Timber		Glazing - Planar	Piling- Vibro	
Cladding - Total Envelope		Glazing- Solar & Privacy Sec Film	Piling- CFA	
Concrete - Repairs		Glazing- Curtain Walling	Plastering - Rendering	
Concrete - Drilling/Cutting		Groundwork's- full Package	Plastering- Fibrous	
Concrete- In-situ frames		Groundwork's- dewatering	Plastering- GRG/GRC	
Concrete - Labour only		Groundwork's- bulk excavation/ cart away	Plastering- Floor screeds	
Concrete Pre-cast		Groundwork's- External	Prefabricated units- Timber framed buildings	
Concrete - Floors		Groundwork's Site investigation	Prefabricated units- steel framed buildings	
Concrete- Labour		Groundwork's - General	Prefabricated units- Bathroom pods	
Preliminary Items- Site accommodation		Roofing - Mastic asphalt	Sports Surface- Artificial	
Preliminary Items- Site security		Roofing - Membrane	Sports Surface- Natural	
Preliminary Items- Site cleaning		Roofing - Metal sheet	Structural Steel Work	
Preliminary Items- Final cleaning		Roofing - Tiles/Slate	Timber Frame	
Rebar- Labour only		Roofing - Lead work	Tree Servicing	
Rebar- Supply & fix		Roofing - Rainwater disposal	Waterproofing	
Roads- Construction		Safe Systems- Netting	White Lining	
Roads- Surfacing		Safe Systems- Fall arrest	Windows/ Door - Aluminium	
Roads- Line marking		Scaffolding	Windows/ Door - steel	
Roofing - Decking		Signage	Windows/ Door -Timber	
Roofing - Flat		Suspended Ceiling	Windows/ Door - UPVC	

SECTION 6 - INSURANCE DETAILS

Please provide summary details of your insurance cover below, and attach a summary letter of cover from your broker (and copies of your certificates where applicable)

	Limit of Cover / Indemnity	Expiry Date	Copy Attached
Employers Liability			<input type="checkbox"/>
Public/ Product Liability			<input type="checkbox"/>
Contract Works/ All Risk Insurance			<input type="checkbox"/>
Professional Indemnity			<input type="checkbox"/>

If any of the above policies are subject to any exclusions or restrictions (e.g. height limits, depth limits, certain work areas such as railways etc.) Please give details.

SECTION 7 - CIS INFORMATION

Type of Subcontractor (Sole Trader, Partnership, Company)	
Unique Taxpayers Reference (UTR) (Sole Trader, Partnership, Company UTR)	
National Insurance Number	
Partnerships (Individual UTR required or partnership NI number)	

SECTION 8 - TRADE ASSOCIATIONS, MEMBERSHIPS, CSCS, CPCS ETC. AND REGISTRATIONS

Are you a member of, or registered to any recognised associations, (e.g. CSCS, CPCS, Gas Safe, ECA, NBC etc)? Please list along with registration numbers or copies of certificates:

SECTION 9 - COMMERCIAL

A - RETENTION

Run Services will require you to adopt payment terms that are in line with their main conditions of contract, with the addition of 7 days duration from receipt of Application to the final date of payment. This will normally result in you being paid approximately 31 days after submission of your application. Furthermore, Run Services Ltd will normally look to withhold a retention percentage in line with the main contract, which will be released in two halves. The first half at substantial/practical completion of your works, the second half at the end of the maintenance/ defects correction period.

Please tick to confirm your acceptance or comment below:

B - SUBCONTRACTING

No work may be subcontracted without Run Services Ltd prior written permission.

Please tick to confirm your acceptance of this condition:

C - OTHER CONDITIONS

CONFIDENTIALITY: No Run Services documents, letters, drawing, faxes or other information which may be provided to you will be disclosed to third party without Run Services prior written consent.

RIGHT TO SEARCH: Run Services wishes to reserve the right to carryout random searches on your representatives and vehicles when they leave or enter properties in order to reduce the risk of stealing and abuse of Run Services equipment.

Please tick to confirm your acceptance of this condition:

SECTION 10 - HEALTH & SAFETY

HEALTH AND SAFETY POLICY

Who is the person directly responsible in your organisation for Health & Safety?

Name:.....Position:.....

Experience/ Qualifications:.....

Contact Address:.....

Contact Tel No:.....

Does your company have a current Safety Policy statement, signed and dated? (Note- you must have a policy if you have 5 or more employees)
If yes please attach.

Yes

No

N/A

SECTION 11 - CONFIRMATION OF DOCUMENTATION PROVIDED

DOCUMENTATION	PROVIDED WITH THIS QUESTIONNAIRE	NOT APPLICABLE
A - COMPANY DETAILS		
VAT Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Audited Financial Reports	<input type="checkbox"/>	<input type="checkbox"/>
Copies of Insurance Certificates	<input type="checkbox"/>	<input type="checkbox"/>
Details of CIS	<input type="checkbox"/>	<input type="checkbox"/>
B - HEALTH & SAFETY MANAGEMENT		
Copies of Safety Policy Statement/ Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
Copy of OHSAS 181001 Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Environmental Policy statement	<input type="checkbox"/>	<input type="checkbox"/>
Copy of BS, EN, ISO, 14001 Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Copy of waste carriers license	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Notices/ Prosecutions	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Notices/ Prosecutions	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 12 - OTHER RELEVANT INFORMATION

Please use the space below to detail any other relevant information that will assist us in assessing your capabilities to perform a quality job, in a safe manner, whilst respecting the environment:

SECTION 13 - SUPPLIER/ SUB CONTRACTOR DECLARATION

I certify that the details given in this questionnaire are correct and accurate:

Signed:.....

Date:.....

Full Name:.....

Title/ Position:.....

On Behalf of:.....

SECTION 14 - FOR RUN SERVICES LIMITED OFFICE USE ONLY

I certify that the Health & Safety details given in this questionnaire have been checked, data based and are accurate to the best of my knowledge:

Signed:.....

Date:

Full Name:

Title/ Position:.....

On behalf of: **Run Services Limited**.....

I certify that the general details given in this questionnaire have been checked, data based and are accurate to the best of my knowledge:

Signed:.....

Date:.....

Full Name:.....

Title/ Position:.....

On behalf of: **Run Services Limited**.....

In order to have your application processed it is to be printed out and completed. Once completed it is to be posted to the Run Services head office at,



Run Services

76 Liverpool Street
Salford
Greater Manchester
M5 4LS

Run Services Ltd

Liverpool Airport Business Centre
Goodlass Road
Speke
Liverpool
L24 9HJ