



# Bridgwater Town Council

## Application for Inclusion on Bridgwater Town Council Local Contractor List

Please return to:

**Geoff Sawyer (Projects Officer)**  
**Bridgwater Town Council**  
**Town Hall**  
**High Street**  
**Bridgwater**  
**Somerset**  
**TA6 3AS**

Email: [procurement@bridgwater-tc.gov.uk](mailto:procurement@bridgwater-tc.gov.uk)

### **Section A:** **Name of Applicant**

<b>Name of Applicant:</b> <i>(please insert)</i>	
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This document must be completed in its entirety

## **Section B: Applicant Organisation Details**

The questions in this section are designed to ensure that the Contracting Authority know exactly with whom they may be entering into a contract

<b>B1</b>	<b>Details of Applicant</b>	
<b>1.1</b>	<b>Details of contracting organisation</b>	
	State if sole trader, partnership, private limited company, public limited company or if other, please specify	
	Registered name	
	Registered office	
	Registration number	
<b>1.2</b>	<b>VAT Registration</b>	
	VAT Registration number	
<b>1.3</b>	<b>Contact details of individual completing this application with whom we may correspond</b>	
	Name	
	Firm	
	Position in firm	
	Telephone number	
	E-mail address	
	Address for correspondence	

<b>B2</b>	<b>Company Background</b>	
<b>2.1</b>	<b>Ownership structure</b> Please provide a one-page chart illustrating the ownership structure of the Potential Provider including relations to any parent or other group or holding companies	
		Attached? Yes/No
<b>2.2</b>	<b>Full legal name and address of Parent Company if applicable</b>	
	Registered name	
	Registered office	
	Registration number	
<b>2.3</b>	<b>Full legal name and address of (ultimate) Parent Company if applicable</b>	
	Registered name	
	Registered office	
	Registration number	
<b>2.4</b>	<b>Parent Company Guarantee</b>	
	If the applicant is a subsidiary, please confirm that Group or the Ultimate Holding Company would be prepared to guarantee the firm's contract performance as its subsidiary	Yes/No
<b>B3</b>	<b>Formal Accreditation</b>	
<b>3.1</b>	Please enclosed details of any accreditations and/or Association standards your company holds	
		Attached? Yes/No

**Section C:**  
**Financial & Insurance Information**

<b>C1</b>	<b>Insurance Details</b>	
<b>1.1</b>	<b>Public Liability Insurance</b>	
	Please confirm that you hold a minimum of £10,000,000 Public Liability Insurance on a per occurrence/event basis	Yes/No
	Insurance Company	
	Date policy taken out	
	Expiry date of the policy	
	Policy number/reference	
	Conditions/Exceptions that apply to the policy	
	Copy of Public Liability Insurance certificate enclosed	Yes/No
<b>1.2</b>	<b>Employer's Liability Insurance</b>	
	Please confirm that you hold a minimum of £10,000,000 Employer's Liability Insurance on a per occurrence/event basis	Yes/No
	Name of Insurance Company	
	Date policy taken out	
	Expiry date of the policy	
	Policy number/reference	
	Conditions/Exceptions that apply to the policy	
	Copy of Employer's Liability Insurance certificate and schedule enclosed	Yes/No

<b>C2</b>	<b>Financial Details</b>				
<b>2.1</b>	<b>Accounts</b>				
	Please provide details of Annual Turnover and Profit or (Loss) in the last 3 years.				
	Accounting Year ending	Turnover	Gross Profit (Loss)	Net Surplus (Deficit)	Net Assets
	2018/19				
	2019/20				
	2020/21				

**Section D:**  
**Claims & Contract Terminations/Deductions**

<b>D1</b>	<b>Outstanding Claims / County Court Judgements</b>	
<b>1.1</b>	Do you have any outstanding claims, litigations or judgements against your organisation?	Yes/No
<b>1.2</b>	If YES please provide further details	
	Response:	
<b>D2</b>	<b>Contract Terminations/Deductions</b>	
<b>2.1</b>	Please give details of all similar contracts in the last 3 years which have been terminated early giving the name of the client company/authority, the date of termination and the reasons for termination	
<b>2.2</b>	Response:	

## **Section E: Health & Safety and Equal Opportunities**

<b>E1</b>	<b>Health &amp; Safety at Work</b>	
<b>1.1</b>	Does your organisation have a formal health and safety policy or statement?	Yes/No
	Copy of H&S policy/statement enclosed (this will be evaluated)	Yes/No
<b>1.2</b>	Do you currently hold any external SSIP's or Health and Safety accreditations such as CHAS (Contractors Health and Safety Assessment Scheme), Constructionline, SafeContractor, SMAS, Acclaim, Scaffolding Association, or EU equivalent?	Yes/No
<b>1.3</b>	If YES to 1.2 please supply the following details as well as a copy of any certificates	
	Accrediting Organisation:	
	Reference No:	
	Date accreditation expires or is to be renewed:	
	Copy enclosed	Yes/No
<b>1.4</b>	Has your company been served with an enforcement notice or been prosecuted in the past 3 years for breaches of health and safety legislation?	Yes/No
<b>1.5</b>	If YES to 1.4 please give details of the prosecution or notice (and what measures you have taken to ensure the issue(s) will not re-occur)	
	Response:	
<b>1.6</b>	Do you routinely carry out Risk Assessments?	Yes/No
<b>1.7</b>	If YES to 1.6 please state what will be assessed for this project (at certain times, the Contracting Authority may request copies of risk assessments, safe working procedure, or safety method statements)	
	Response:	

<b>1.8</b>	Does your company monitor:			
	(a) Accidents	Yes/No		
	(b) Ill health caused by work	Yes/No		
	(c) Health & Safety Performance	Yes/No		
<b>1.9</b>	Please state how many accidents have been reported to your Enforcing Authority under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) (or EU equivalent) in the last 3 years for employees, sub-contractors (SC) and members of the public (MOP)			
		E	SC	MOP
	Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020			
	Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021			
	Number of accidents reported under RIDDOR from 1 April 2021 to 31 March 2022			
	Total number of accidents reported under RIDDOR in 3 years			
	Please indicate your Accident Incident Rate (AIR) for the following periods:			
	AIR = $\frac{\text{Number of Employee Accidents multiplied by 1000}}{\text{Divided by the Number of Employees}}$			
	1 April 2019 to 31 March 2020			
	1 April 2020 to 31 March 2021			
1 April 2021 to 31 March 2022				
<b>1.10</b>	Do you use key sub-contractors to undertake work on contracts of this nature?	Yes/No		
<b>1.11</b>	If YES to 1.10 please give details of who your key sub-contractors are and what work areas they deliver and how do you ensure they are competent			
	Response:			



## **Section F:** **Climate Change**

In March 2019 the council declared a climate emergency and is aiming to be carbon neutral by 2030. The council is keen to understand how its contractors will help deliver this objective

<b>F1</b>	<b>Carbon Efficiency</b> (max 500 words)
<b>1.1</b>	What is your company's approach to being more carbon efficient and how does this impact on you running your business?
	Response:

## **Section G:** **Field of Work**

Please tick below the field your specialism fits into or please add your specialism to the list if it is not included

Arboriculture		Asbestos Removal	
Grounds Maintenance		Fuel/Oils	
Supply of Machinery		Power	
Hire of Machinery		Solar Panels	
Servicing of Machinery		Major refurbishment work to Grade II listed buildings	
Supply of Vehicles		Project Management	
Hire of Vehicles			
Servicing of Equipment			
Electrical Contracting			
Plumbing & Gas Fitting			
Decorating			
Building			
Carpentry			
Professional Services			
Marketing & PR			
Website/Social Media			
Catering			
Street Lighting			
Sport & Play			
Insurance			
Stationery Supplies			
Highway/Footpath Works			
Planning			
Clothing Supplies			
PPE Supplies			
Printing			
CCTV			
Radio/Telephony			
Engineering			
Surveying - Docks/Marine environment			
Surveying - Grade II listed buildings;			
Glazing			
Vehicle Accident Damage Repair			
Drainage + Jetting			
IT Equipment			

## **Section H:** **Contract Specific Questions**

<b>G1</b>	<b>Contract Experience</b> Max 500 words for each section
<b>1.1</b>	Please provide evidence to support your experience in working with a similar public body to the Town Council
	Response:
<b>1.2</b>	Please provide detail of how you would client any arrangements with the Town Council
	Response:
<b>1.3</b>	Please provide details of how you would address customer service and public engagement
	Response:
<b>1.4</b>	Please describe your organisation's typical arrangements for effective management of Health & Safety
	Response:

## **Section I:** **Contact Information Retention**

Please provide details of contact information to be held on file to be used should requests for work be given

Name	
Position	
Email Address	
Telephone	
Address	

I agree by signing below that the Council may process my personal details for providing correspondence, information and public announcements

### **Declaration**

I understand that the responses I have given are to be used as a basis for the development of a local framework list for Bridgwater Town Council verify that all the information provided is true and accurate.

Signed	Name
Designation	Date
Organisation	

**Please move to Page 13**

**Appendix A**

**TABLE 1 - REFERENCE CONTACTS OF CONTRACTS**

<b>Contract Details</b>	<b>Contract</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Name of client, authority/company, &amp; contact details</b>					
<b>Scope of works &amp; services</b>					
<b>Contract value (£)</b>					
<b>Contract length (weeks)</b>					