

1. GENERAL COMPANY INFORMATION		
1.1 Company Details		
Company Name (in full) including Limited, if applicable		
Other Trading Name(s) if applicable		
Address		
Postcode		
Telephone Number		
Fax Number		
General Email Address		
Company Registration Number	Date of Registration	
Registered Address (if different from above)		
Postcode		
1.2 Main Contact		
Name	Fax Number	
Telephone Number	Mobile Number	

## 2. WORK INFORMATION

2.1 Please describe the core activities of your business, including names of any services for which you are an 'approved supplier'

Minimum Contract Value £	Maximum Contract Value £

2.2 Please tick / indicate your geographic work areas		
South East	South West	
Midlands	North East	
North West	Other	

3. REFERENCES			
Please list a previous Company you have provided work for that you consider best represent your Company's Capabilities			
Name of Company			
Value	Referee Name		
	Referee Company		
	Tel No		
Duration of Contract			
Nature of work undertaken			

# 4. MANAGEMENT PROCEDURES

Following completion of this section of the questionnaire, you may be asked to participate in an audit. This is designed to further inform us about your Management procedures.

Do you operate a management system?

Does it meet the requirements of the ISO 9001 (or accreditation)?

If you have been successfully assessed by an accredited third party certification body please give the following details:

Name of certification body	
Date of Initial Assessment	
Certificate number and expiry date (if any)	
Scope of certification and works locations covered	

# 5. HEALTH AND SAFETY

Following completion of this section of the questionnaire, you will be asked to participate in an audit. This is designed to further inform us about your Companies' Health and Safety policies and procedures

Health & Safety Policy and Procedure	YES/NO	Copy attached
Risk Assessments	YES/NO	Copy attached
Driving Licences	YES/NO	Copy attached
Driver CQC card	YES/NO	Copy attached
Driver periodic training	YES/NO	Copy attached

5. BANK DETAILS	
VAT Registered Number (If applicable)	
Bank Details	
Account Holders Bank Account Name	
Bank Address	
Postcode	
Account Number	
Sort Code	

6. INSURANCES				
	Insurer	Policy Number	Cover Value	Expiry Date
Public Liability				
All Risks				
Employers Liability				
Products Liability				

#### 7. SERVICE LEVEL AGREEMENT

By completing and signing this document you hereby agree to and will fulfil the requirements as detailed below:

- 1. Abide by the rules and regulations of your Operators Licence as determined by the Traffic Commissioner and comply to all regulations and guidance as detailed by the DVSA.
- 2. Provide a vehicle, trailer and driver that is fit for purpose, serviced regularly, legally able to carry the goods, that they are tested, and approved for the carriage of the goods sub-contracted to you.
- 3. Have adequate back-to-back insurance cover in place for the Goods, the Vehicle and the Public at all times whilst carrying goods sub-contracted you.
- 4. Ensure any work sub-contracted to you, by Logistic Planning Services Ltd (LPS), is not subcontracted onto any other haulier without written consent from LPS.
- 5. When containers are collected the day previous, they are held in a secure depot and not left unattended.
- 6. You will provide any tracking information and/or tachograph, data upon a request from LPS, which will be used as supporting evidence to dispute any allegation for a possible claim.

- 7. Return all empty containers to the port of origin within 24 hours of the delivery, failure to do so will incur a late restitution charge.
  - 7.1. It is the sub-contractors responsibility to ensure that any late restitutions are notified to the LPS office immediately.
  - 7.2. LPS may amend the restitution point for an empty container; this will be advised to you before the return journey starts.
- 8. All PODs are returned to the LPS office as soon as possible. Failure to provide PODs may result in payments being delayed.
- 9. LPS accepts no responsibility for the work being given to you, and all liability for the container, goods and driver conduct passes to the sub-contractor upon acceptance of the job.
- 10. Acceptance of a job may take the form of collecting the delivery notes from the office, receiving a text instruction and/or collecting the container from the Port.
- 11. Trading between LPS and yourselves will be carried out under the RHA Conditions of Carriage 2009 as a minimum however higher coverage per ton may be required to enable completion of all our work.

### 8. ADDITIONAL INFORMATION

# The information supplied in this Sub Contractors Questionnaire is accurate to the best of my knowledge.

Print Name	Dated
Position in Company	
Signed	

## 8. OFFICE USE ONLY

Checklist to be completed by office, please use the tick box that you have evidenced and have copies of the	
following documents and that they are in date:	

Health & Safety Policy and Procedure Risk Assessments (list):

Driving Licences Driver CQC card Driver periodic training

Insurance Policies (list):

Print Name:	Dated:	
Position in Company:		
Signed:		