

Contractor.



Approved contractors Application Form

For Companies who wish to be considered for inclusion on Sage Repair Network Ltds approved contractor list

Section 1 – General – Main trade

Trade / Profession	Direct	Sub Contracted	Out of hours
Asbestos Sampling			
Asbestos Removal			
Drying - Traditional			
Drying - Advanced			
Other Drying ie leak detection			
General Repair and Maintenance			
Roofing			
Electrical			
Plumbing			
Drainage Repairs			
Subsidence Repairs			
Air Conditioning			
Commercial Capabilities			
Industrial Capabilities			
Other – please state, ie uPVC repairs			

Section 2 – Company information

2.1

Full name of Firm / Company	
Main address for correspondence	
Post code	
Fax number	
Website address	
Telephone number	
Email address	

2.2

Are you a Sole Trader, Partnership, Private Limited Company, Public Limited Company or other (please specify)?	
Date commenced trading	
Date of registration (if Limited Company)	

2.3

Does your Company have an interest or control over any other company, firm or organisation within the construction and design industry, or is your firm part of any other organisation such as a holding company? (Please enter yes or no in the box below)

If **yes**, please include full details on a separate sheet and include with this application.

Have any of the Directors, Partners or Associates been involved in any firm which has been liquidated or gone into receivership? (If so please give details).

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Section 3 – Registered bodies & registrations

3.1

Please enter details of any relevant registered bodies that your Company holds current membership of in the table below: Please provide copies of all relevant certificates with this application.

Registered bodies	Registration no	Date of registration
NICEIC		
GAS SAFE		
CHAS		
OFTEC		
ISO		
FENSA		
BDMA		
Other – please specify		

Registration numbers

3.2 VAT registration no	
3.3 CIS – The income tax (sub-contractors in the construction industry) (Amendment) Regulations 1998 No. 2622 registration no	
3.4 Company registration number	
3.5 Constructionline registration number (if applicable)	

3.6

Quality systems

Please give details of any quality systems operated by your Company. Registration of system and quality manuals details of third party certification and nominated quality manager etc.

Trades/type of work

3.7

Contractors Experience

Have you had experience of working within JCT Standard Form of Contract?

(Please enter yes or no in the box below)

Section 4 – Work Classification

4.1

Out of hours works

Please indicate if you are able to respond to requests for emergency repairs on an out of hour's basis and supply telephone number and contact. (If yes please fill out the table below)

Tel No:	Contact:
Tel No:	Contact:
Tel No:	Contact:

4.5

Works undertaken

Please list all trades / types of work you are willing to undertake for Sage Repair Network – Please indicate if this is under a domestic or commercial basis.

Section 5 – Financial information

5.1

Acceptance of your application is conditional upon you submitting your most recent set of unabbreviated accounts with this application form.

5.2

Please state yes in the **minimum to maximum** value range for projects you wish to be considered.

Group 1

Projects estimated to cost up to and including £5,000

Group 2

Projects estimated to cost over £5,000 but up to £20,000

Group 3

Projects estimated to cost over £20,000 but up to £60,000

Group 4

Projects estimated to cost over £60,000 and including £100,000

Group 5

Projects estimated to cost over £100,000

5.3

Please confirm level of company turnover for the last **two** financial years:-

Year:

Turnover £

Year:

Turnover £

Failure to provide your latest set of unabbreviated accounts will result in your application form being withdrawn until such are provided.

Section 6 – Insurances

6.1

You are required to hold a current permanent Public Liability Insurance Policy to a minimum cover of **£5,000,000.00 (Five Million Pounds)** Employers Liability Insurance Policy to a

minimum cover of **£10,000,000.00 (Ten Million Pounds)** and Contract Works/All Risks Insurance Policy to a minimum level of **£250,000 (Two Hundred and Fifty Thousand Pounds)** in respect of any one occurrence.

Please give details below of your Insurance policies and provide proof of cover.

Public Liability Employers Liability and All Risks

Name and address of your insurer	
Postcode	
Tel No	
Policy Number	
Date Policy Expires	
Name and address of your insurer	
Postcode	
Tel No	
Policy Number	
Date Policy Expires	
Name and address of your insurer	
Postcode	
Tel No	
Policy Number	
Date Policy Expires	

Levels of cover (Please enter yes or no in the correct box)

Public Liability £5 million or over

Employer Liability £10 million or over

Contract Works/All Works £250,000 or over

Are there any special conditions or exclusions on the policies?

Please indicate any claim(s) in the last 3 years:

Claim details

Failure to provide proof / details of cover will result in your application form being withdrawn until such proof is provided.

Section 7 – References

7.1

References regarding general proficiency. Two references are required and these should be from business contacts, and / or Public Authorities that you have undertaken work for and who can vouch for your proficiency / quality. Please give three such names and addresses to which references may be sought. These should, **if possible**, consist of 1 larger type contract and 1 smaller type contract reference and be for the last work you carried out for them. When supplying Referees please make sure you supply us with full name of contact person, their full address and telephone number. Please print these details clearly so no error with addresses occurs on our part. Please also ensure that when putting forward a referee they are aware we will be contacting them.

Contact name and position in company	
Address	
Post code	
Email address	

Contact name	
Address	
Post code	
Email address	

Section 8 – Coverage

8.1

Please identify the postal districts you wish to apply for, only whole postcodes will be considered and the offer of a postcode is for all works within that region, regardless of value, refusal of works in remote districts will warrant removal from that postcode altogether.

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Section 9 – Declaration

- I confirm that the answers given on this form are true and accurate.
- I enclose all the Supporting Documentation requested.
- I understand that I may be asked to provide further information / evidence where required in support of the answers given

Signature:

Name in block capitals:

Designation: (Please Print)

For and on behalf of:

Date:

Contact Tel No:

Email address:

Please quote unique ref: Use your company Name for this

Please note

All sections of the application form **MUST** be completed and all requests for supporting documentation must be submitted

Failure To do this will exclude your Application from being processed

Please ensure you have enclosed:

Please enter yes

Health and Safety Questionnaire & Documentation

Proof of Public Liability Insurance

Proof of Employers Liability Insurance

Proof of All Risks Insurance

Accounts (Unabbreviated)

For Internal Use Only -

	Initials	Date
Application Received		
Supporting Documents Received		
Application Form checked		
References Requested		
Database Updated		

Section 9 – Additional information

9.1

Please add any remarks / additional information, not covered elsewhere; which you think may be applicable and helpful and support your application: