

# **Great Ness and Little Ness Parish Council**

## **Tenderer Questionnaire**

***Provision of Traffic Calming, White Lining, Road Marking, Signage and Pedestrian Crossing.***

**A hard copy must be returned as part of the tender offer to:**

**Clark to the Parish of Great Ness and Little Ness Parish Council  
The Old Police House  
Nesscliffe  
Shrewsbury  
Shropshire  
SY4 1DB.  
Email: [greatnesslittlenesspc.tenders@gmail.com](mailto:greatnesslittlenesspc.tenders@gmail.com)**

**Section A:**

<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>1.4</b>	<b>Consortium</b>	
	Is the Potential Provider an incorporated consortium or joint venture?	
	If you answer Yes please provide details of partnership agreements you intend to work with.	
	Details enclosed?	

<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?	
	<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.	

## **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	
<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.	
	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	

## **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?	
<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.	
	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?	
	Please enclose a copy (this will be evaluated)	
<b>1.2</b>	Do you currently hold any of the following, 1. external health and safety accreditations, such as CHAS (Contractors Health and Safety Assessment Scheme), or EU equivalent	
<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:	
	Please enclose a copy	Copy enclosed
<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?	
<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?	
<b>1.7</b>	If YES to 1.6 please state what has been assessed. (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			
	(b) Ill health caused by work			
	(c) Health & Safety Performance			
<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 2016 to 31 March 2017			
	Number of accidents reported under RIDDOR from 1 April 2017 to 31 March 2018			
	Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019			
	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 2016 to 31 March 2017			
	1 April 2017 to 31 March 2018			
1 April 2018 to 31 March 2019				
<b>1.10</b>	Do you use key sub contractors to undertake work on contracts of this nature?			
<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**

### **Contract Specific Questions**

<b>F1</b>	<b>Contract Experience</b> Max 500 words for each of section
<b>1.1</b>	<b>Requirement: Provision of Traffic Calming, White Lining, Road Marking, Signage and Pedestrian Crossing</b>  <b>Please provide</b> an overview of your business' approach to providing a high quality scheme including: <ul style="list-style-type: none"> <li>○ Understanding and appreciation of the local area</li> <li>○ Ability to meet the expectations of both the client and the public at large</li> </ul>
	Response:
	Response:

<b>F1</b>	<b>Contract Experience</b> Max 500 words for each of section

<b>1.1</b>	<b>Please provide details of how you intend to address any concerns from residents regarding the project.</b>
	Response:

1.2	<p><b>Please provide timescale details for the delivery of this project (ideally including a Programme/Schedule of Works).</b></p>
	<p>Response:</p>
1.3	<p><b>After sales</b></p> <p>Please provide details of your after sales service including the level of guarantees/warranties on labour.</p>

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<b>F2</b>	<b>Management Systems</b> Max 1000 words for this section
<b>2.1</b>	<p><b>Requirement:</b></p> <p><b>Please describe your organisation's typical arrangements</b> for effective management of Health &amp; Safety in construction contracts including:</p> <ul style="list-style-type: none"> <li>○ Management leadership and commitment</li> <li>○ Hazard identification, assessment and control</li> <li>○ Site inspection</li> <li>○ Worker competency and training.</li> <li>○ Worker engagement and involvement.</li> <li>○ Incident reporting and Investigation</li> <li>○ Setting performance targets and monitoring performance</li> </ul> <hr/> <p>Response:</p>
<b>2.2</b>	<p><b>Requirement: Routine Health &amp; Safety</b></p> <p>Please provide the following</p> <ul style="list-style-type: none"> <li>• Method Statements</li> <li>• General Risk Assessments</li> <li>• Health and Safety Policy</li> <li>• Certificate of Public Liability insurance</li> </ul>

G1	<b>Public Reputation &amp; Added Value</b> Max 1000 words for this section
1.1	<b>Requirement: Understanding of the importance of representing the Parish Council to the public</b>  <b>Please provide examples of</b> <ul style="list-style-type: none"> <li>○ Steps the Applicant has taken to uphold the good reputation of the Applicant and previous/existing clients in the eyes of the public</li> <li>○ How personnel are trained in customer contact</li> <li>○ Branding: avoiding issues being laid at the Client's door</li> <li>○ Localism: providing services that are responsive to community needs</li> <li>○ How complaints are dealt with</li> <li>○ How specific public interaction problems that have arisen have been dealt with</li> </ul>
	Response:
1.2	<b>Requirement: Approach to Working in a busy public area.</b> Please provide details on your organisation's approach to working in public open spaces.
	Response:

H1	Contract Consideration and Notes
1.1	<p>Contractor may be required to liaise with Shrewsbury Homes and their appointed contractor in relation to Section 278 Agreement works for the extension of the 30mph speed limit at the northern end of the village (this will be time dependent).</p> <p>All Civil Engineering works should be complete by the 1<sup>st</sup> March 2021 and prior to potential closures on the A5 bypass by Highways England. Any further extension will be by negotiation with Great Ness and Little Ness Parish Council/Woodsyde Developments. Any potential delays shall be notified at the earliest opportunity.</p> <p>Liaison will be made with Shrewsbury Homes in respect of the extension of the 30mph speed limit to Wilcott Lane where clarity will be given in respect of the Traffic Regulation Order. (All queries to be relayed through Woodsyde Developments Ltd.)</p> <p>Comments:</p>

### **Documents included checklist**

<b>Required Document</b>	<b>Tick</b>
Completed Questionnaire	
Method Statements	
Risk Assessments	
Health and Safety policy	
Certificate of Public Liability Insurance	
References	
Quotation Form	

### **Declaration**

I understand that the responses I have given are to be used as a basis for selection of organisations in this tender process and verify that all the information provided is true and accurate.

Signed ..... Name

Designation Date

Organisation

Address

Tel no email

Fax no Website



## Appendix A

**TABLE 1**  
**REFERENCE CONTRACTS**

Contract Details	Contract				
	1	2	3	4	5
Name of client authority/company and contact details					
Scope of works and services					
Contract value (£)					
Contract length (weeks)					