

**EXPRESSION OF INTEREST (EOI)**

**DORCHESTER TOWN COUNCIL**

**PROVISION OF INSURANCE SERVICES**

**TO**

**DORCHESTER TOWN COUNCIL**

# Notes for Suppliers

The purpose of this expression of interest exercise is to assist Dorchester Town Council in deciding which suppliers to short-list to invite to tender for the provision of insurance services to the Town Council.

The contract will be let by Dorchester Town Council, 19 North Square, Dorchester DT1 1JF.

This form should be returned to:-

Nigel Hayes

Responsible Financial Officer

Dorchester Town Council

19 North Square

Dorchester

Dorset

DT1 1JF

Or email it to – Nigel Hayes [nigelhayes@dorchester-tc.gov.uk](mailto:nigelhayes@dorchester-tc.gov.uk)

Forms should be returned by **12.00 hrs on 31 July 2024**. Any late returns will be discounted.

Nigel Hayes

T: 01305 819033

E: [nigelhayes@dochester-tc.gov.uk](mailto:nigelhayes@dochester-tc.gov.uk)

# Introduction

Dorchester Town Council are seeking suitably qualified insurance companies to provide insurance services to the Council.

Expressions of Interest from insurance brokers will be considered as well as from direct insurance companies.

# Scope of Service

Ten Buildings plus other structures:

Building cover £19m

Contents cover £2,181k (including separately listed special items)

Employers liability £10m

Public/Products liability £15m

Fidelity £2m

Vehicles, 6 LCV and 8 agricultural vehicles with a total valuation of £180k

# Timetable

Closing date for submitting EOI: 12.00 hrs on 31 July 2024

# ABOUT YOUR ORGANISATION

# 1. BASIC DETAILS OF YOUR ORGANISATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.1 | Name of the organisation | |  | | |
| 1.2 | Contact name for enquiries about this EOI | |  | | |
| 1.3 | Job Title | |  | | |
| 1.4 | Company Address  Post Code | |  | | |
| 1.5 | Telephone number | |  | | |
| 1.6 | E-mail address (if available) | |  | | |
| 1.7 | Website address (if any) | |  | | |
| 1.8 | Company Registration number (if this applies) | |  | | |
| 1.9 | Registered address if different from the above  Post Code | |  | | |
| 1.10 | Are you registered for VAT? If so, please provide Registration number | |  | | |
| 1.11 | Is your organisation: | i) a public limited company? | |  |
| ii) a limited company? | |  |
| iii) a partnership | |  |
| iv) other (please specify) | |  |
| 1.12a | Are you acting as the lead organisation for a consortium? | | | *Yes / No* |
| 1.12b | If members of your consortium or sub-contractors are likely to deliver a significant (over 50%) proportion of the contract, give their company name(s) and address(es). Please provide this information in a separate annexure | | |  |
| 1.13a | Name of (ultimate) parent company (if this applies): |  | | |
| 1.13b | Companies House Registration number of parent company (if this applies): |  | | |

# 2. HEATH & SAFETY

|  |  |  |
| --- | --- | --- |
| 3.1 | During the last five years, has your organisation been subject to formal enforcement (e.g. Prosecution, Prohibition Notice or Improvement Notice) for contravention of the Health and Safety at Work etc Act 1974, or equivalent legislation arising from your conduct of activities similar to those covered by this contract? | *Yes / No* |

# 43 EQUALITY AND DIVERSITY

|  |  |  |
| --- | --- | --- |
| 4.1 | Is it your policy as an employer to comply with all statutory anti- discrimination legislation, and to treat all people fairly and equally so that no one group of people is treated less favourably than others? | *Yes / No* |
| 4.2 | In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body? | *Yes / No* |
| 4.3 | In the last three years has your organisation been the subject of a formal investigation by the Equality and Human Rights Commission or an equivalent body on grounds of alleged unlawful discrimination? | *Yes / No* |
| 4.4 | Do you actively promote good practice in terms of eliminating discrimination in all forms: | |
| 4.4a | Instructions to your employees concerned with recruitment, training, and promotion? | *Yes / No* |
| 4.4b | Making guidance or policy documents concerning how the organisation embeds equality and diversity available to employees, recognised trade unions or other representative groups of employees? | *Yes / No* |
| 4.4c | Appropriate recruitment advertisements or other literature? | *Yes / No* |
| 4.5 | If we asked, could you provide relevant examples of the instructions, documents, recruitment advertisements or other literature? | *Yes / No* |
| 4.6 | Is your organisation accredited as a Living Wage Employer.  Dorchester Town Council encourage all suppliers to be accredited as a Living Wage Employer. The Living Wage is an hourly rate set independently and updated annually. For more information please visit [www.livingwage.org.uk](http://www.livingwage.org.uk). The Authority would encourage suppliers to apply for Living Wage accreditation, however, this is not mandatory, and data requested is for information purposes only. | *Yes / No* |

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# 5. FINANCIAL

|  |  |  |
| --- | --- | --- |
| 5.1 | What was your turnover in each of the last two financial years?  2018-19  2019-20 | £  £ |

# 6. EXPERIENCE AND REFERENCES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please provide details of up to three contracts for insurance services, preferably to a town or parish Council, in the last three years that are relevant to the Authority’s requirement.  (The customer contact should be prepared to speak to the purchasing organisation if we wish to contact them). | | | | |
|  |  | *Contract 1* | *Contract 2* | *Contract 3* |
| 5.1 | Customer Organisation (name):  Website  (if available) |  |  |  |
| 5.2 | Customer contact name, phone number and email |  |  |  |
| 5.3 | Date contract awarded: |  |  |  |
| 5.4 | Date contract completed: |  |  |  |
| 5.5 | Brief description of contract (max 100 words) |  |  |  |
| 5.6 | Value: |  |  |  |
| If you cannot provide at least one reference, please briefly explain why (100 words maximum). | | | | |

# 7. PROFESSIONAL AND BUSINESS STANDING

|  |  |  |
| --- | --- | --- |
| Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)? | | |
| 7.1 | Bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | *Yes / No* |
| 7.2 | A conviction (or convictions) for a criminal offence related to business or professional conduct | *Yes / No* |
| 7.3 | Legal or administrative finding of commission of an act of grave misconduct in the course of business | *Yes / No* |
| 7.4 | Failure to fulfil obligations related to payment of social security contributions | *Yes / No* |
| 7.5 | Failure to fulfil obligations related to the payment of taxes | *Yes / No* |
| 7.6 | Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | *Yes / No* |
| 7.7 | Failure to obtain and maintain relevant licences or membership of an appropriate trading or professional organisation where required by law | *Yes / No* |
| 7.8 | If the answer to any of these is **“Yes”** please give brief details below, including what has been done to put things right. (not scored) | |

8. **TECHNICAL CAPACITY**

|  |  |
| --- | --- |
| 8.1 | Please provide details of the team that you would propose to work with the Town Council: |
| 8.2 | Please provide a list of any professional bodies your organisation belongs to: |

# 9. UNDERTAKING

|  |  |  |
| --- | --- | --- |
| 9.1 | I declare that to the best of my knowledge the answers submitted in this EOI are correct.  I understand that the information will be used in the process to assess my organisation’s suitability to be invited to tender for the Authority’s requirement.  I understand that the Contracting Authority may reject this EOI if there is a failure to answer all relevant questions fully, or if I provide false/misleading information. | |
| FORM COMPLETED BY: | | |
| 9.2 | Name: |  |
| 9.3 | Position (Job Title): |  |
| 9.4 | Date: |  |
| 9.5 | Telephone number: |  |
| 9.6 | Signature: (for electronic submissions, please type name or provide an e-signature and ensure compliance with any further instructions issued by an Authority regarding the use of an e-signature) |  |