

Please complete this form before you carry out work for Hull Storage & Interiors Ltd, and return it to sales@hsil.co.uk with copies of your insurance certificates.

1. Your business

Full legal name**Trading name, if different****Company number****VAT number****Year established****Number of installers****Address****Main contact, telephone and email**

2. Insurance

Employers' liability insurer**Cover (£)****Expiry date****Public liability insurer****Cover (£)****Expiry date**

3. Experience and training

Type of work you carry out☐ SEIRS installer cards ☐ CSCS cards ☐ IPAF or PASMA ☐ First aid at work☐ Asbestos awareness**Accreditations held, such as CHAS or SafeContractor**

4. Health and safety

Written health and safety policy? Yes / No

Risk assessments and method statements provided? Yes / No

Enforcement notice or prosecution in the last five years? Yes / No

Reportable accident in the last three years? Yes / No

If yes to either of the last two, please give details

5. Declaration

We confirm that:

- ☐ the information on this form is correct
- ☐ everyone we bring to site has the right to work in the UK and is paid at least the legal minimum wage
- ☐ we will work safely, to the risk assessment and method statement for each job, and follow the customer's site rules
- ☐ we will not pass the work to anyone else without your written agreement
- ☐ we have read the Hull Storage & Interiors Ltd Supplier and Subcontractor Policy and will meet the standards in it

Signed

Date

Name

Position

For office use

Approved by

Date

Insurance seen

Review date