

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