

Borough Council of  
King's Lynn &  
West Norfolk



**Pre-Qualification Questionnaire**  
**for**  
**Contractors**

## Guidance Notes for Completion

If information supplied on this form is found to be incomplete or inaccurate it could result in disqualification by the Council.

Please answer the questions specifically for your company, **not** for the group if you are part of a group of companies. If a question is not applicable to your organisation mark it "N/A". Leaving questions blank may lead to disqualification.

If you have worked for this Council previously, do not assume that we already have information about your organisation. We will evaluate responses submitted solely on the content of the form and any attachments. If you leave information out it may damage your chances of success.

The questionnaire and any supporting documents must be returned in hard copy form to the address on the final page. Electronic submission is not acceptable.

***Before returning the questionnaire please ensure that you have signed the Declaration on the last page.***

1. **General Information**

1.1 Name of the firm making the application.

\_\_\_\_\_

1.2 Person applying on behalf of the firm.

Name: \_\_\_\_\_ Position \_\_\_\_\_

1.3 Main address for correspondence

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Website address \_\_\_\_\_

1.4 Registered Office (if different from above.)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

1.5 Is your firm a sole trader, partnership, private limited company, public limited company, or other (please specify)?

\_\_\_\_\_

1.6 If your firm is a limited company, please state the firm's date of registration and registration number under the Companies Act 1985.

\_\_\_\_\_  
***Please enclose a copy of the Certificate of Incorporation of the Company under the Companies Act 1985 and any certificate of change of name.***

1.7 If your company is VAT registered please state the VAT Number

\_\_\_\_\_

1.8 List the full names of every Director, Partner, Associate and Company Secretary

---

---

---

---

1.9 Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?

- a) conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA (as amended);
- b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended);
- c) the offence of bribery;
- d) fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978;

YES [ ] NO [ ]

***If the answer to 1.9 is yes, please contact us for advice***

1.10 If the company is a member of a group of companies, give the name(s) of the immediate parent company and of the ultimate holding company.

---

---

1.11 Would the group or the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?

YES [ ] NO [ ]

1.12 If the business is not a registered company when was it founded?

---

2. **Technical Resources and References**

2.1 Has your firm ever suffered a deduction of liquidated damages, or had any payment withheld, default provisions invoked or contract terminated for non-performance or alleged non-performance in respect of any contract within the last three years?

YES [ ] NO [ ]

2.2 If the answer to 2.1 is yes, please provide details

---

---

2.3 Please state the number and category of staff in your company engaged in the specific type of work for which you are applying.

<b>Category of Staff</b>	<b>No.</b>
Management	
Admin./Clerical	
Operative Supervisor	
Operative (Trained & Experienced)	
Others	
Total	

2.4 Please provide details overleaf of three similar contracts carried out in the last three years. You should ensure that the referees that you provide agree to confidentially provide the Borough Council of King's Lynn & West Norfolk a written reference.

b) Please confirm your authorisation that a request for references may be made to the organisations you mention here.

YES [ ] NO [ ]

Question 2.7

Ref.	Name, address, email and telephone number of employing organisation and contact	Contract Name	Contract value p.a.	Contract start date and term	Nature of work and relevance to this application
1.					
2.					
3.					

2.8 Has your company ever carried out work for the Borough Council of King's Lynn and West Norfolk?

YES [ ] NO [ ]

2.9 If yes, please provide details of contracts carried out in the last five years, including up to three of the most recent contracts and provide the following information (on a separate sheet if necessary)

- Department/service area
- Supervising officer
- Contract title
- Contract value
- Nature of work
- Date contract began and ended

2.10 Do you intend to utilise the services of other Contractors in order to fulfil the contract?

YES [ ] NO [ ]

2.11 If yes, for what part of the contract?

---

---

---

2.12 If a contract is awarded, where will the contract be managed from?

---

---

---

2.13 If the management office will not be in the Borough Council's area, how will the work on site be controlled/managed?

---

---

---

3. **Financial information**

3.1 Who is the person in the firm responsible for financial matters.

\_\_\_\_\_

3.2 Please enclose copies of audited accounts and annual reports for the last two years, to include:-

- Profit and Loss Account
- Balance Sheet
- Auditor's Report

ENCLOSED? YES [ ] NO [ ]

***For a new firm please supply any published accounts and latest management accounts to date together with a business forecast for the next two years.***

**Insurance**

Please give details of insurance held and attach copy certificates: -

3.3 Employer's Liability Insurance held.

Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_

Extent of Cover \_\_\_\_\_

Expiry Date \_\_\_\_\_

3.4 Public Liability Insurance held.

Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_

Extent of Cover \_\_\_\_\_

Expiry Date \_\_\_\_\_

3.5 The Borough Council currently requires Contractors to have a minimum of **£5 million for Employers Liability and Public Liability insurance cover**. If your current level is below this figure – are you willing to increase it to the required value, at no additional cost to the Council over and above the value of any tender bid?

YES [ ] NO [ ]



#### 4. Health and Safety

**Please Note** – The most common reason for disqualification from the procurement process is failure to complete this section satisfactorily, particularly 4.3. A Policy Statement alone does not answer parts b) and c) of the question.

- 4.1 Please provide the name and address of the director, partner or other person responsible for the implementation of the firm's Health and Safety Policy.

Name \_\_\_\_\_

Position \_\_\_\_\_ Tel. No. \_\_\_\_\_

- 4.2 State how competent health and safety assistance is provided in compliance with **the Management of Health and Safety Regulations 1999** – Regulation 7.

Internal appointment [  ] External appointment [  ]

Name \_\_\_\_\_

Position \_\_\_\_\_ Tel. No. \_\_\_\_\_

H & S qualifications \_\_\_\_\_

- 4.3 Where the firm employs five or more persons a written Health and Safety Policy Statement, as required by Section 2(3) of the Health and Safety at Work Act 1974 must be submitted for assessment. The policy must consist of:

- a) Section 1 – a signed and dated policy statement
- b) Section 2 – organisation responsibilities
- c) Section 3 – The arrangements for putting the policy into practice. (The arrangements must demonstrate how risk assessments will be carried out.)

ENCLOSED?

YES [  ] NO [  ]

- 4.4 Where the firm employs less than five employees, evidence of how they comply with health and safety legislation must be provided. Such evidence must as a minimum demonstrate how they comply in particular with the requirements of the Management of Health and Safety Regulations 1999.

ENCLOSED?

YES [  ] NO [  ]

4.5 Please include a brief statement on Health & Safety training standards and supervision:

---

---

4.6 The firm must provide details of any prosecutions, Prohibition Notices, Improvement Notices, formal Cautions or other Enforcement Notices served on them under Health and Safety legislation in the last five years. *(If none, state "NONE". A blank form will be deemed unacceptable).*

2012 \_\_\_\_\_

2011 \_\_\_\_\_

2010 \_\_\_\_\_

2009 \_\_\_\_\_

2008 \_\_\_\_\_

2007 \_\_\_\_\_

**5. Quality Assurance**

5.1 If applicable, is your firm quality assured under BS ISO 9000 series or an equivalent standard for quality management systems?

YES [ ] NO [ ]

5.2 If the answer to 5.1 is yes, please state date of registration, registration number, certification body and the part or parts of the company which is/are registered. If the answer is no, please give details of any other quality control procedures that you operate.

---

---

---

5.3 Please list membership of any relevant professional or trade bodies

---

---

---

6. **Questionnaire declaration**

When you have completed the questionnaire, please read and sign the section below.

I/We certify that the information supplied is accurate to the best of my/our knowledge and that I/we accept the conditions and undertakings requested in the questionnaire. I/We understand that false information could result in the firm's disqualification.

I/We also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower the Council to cancel any contract with the firm and will result in my/our exclusion from the tender list.

Signed \_\_\_\_\_

For and on behalf of \_\_\_\_\_

Date \_\_\_\_\_

Please note the term "firm" refers to sole proprietor, partnership, incorporated company, co-operative, or other trading organisation as appropriate. The undertaking should be signed by the applicant, a partner or authorised representative in her/his own name and on behalf of the firm.

Please ensure that you have answered ALL questions appropriate to your application, enclosed ALL relevant documentation including supplementary sheets and signed the above undertaking.

Please return this questionnaire by ..... to: -

.....  
Borough Council of King's Lynn & West Norfolk  
Kings Court  
Chapel Street  
KING'S LYNN  
PE30 1EX