**Invitation to Tender**

**for Fire Systems, Fire Extinguisher, and Emergency Lighting Maintenance. Friars Mill and Leicester Food Park sites**

**Installation and monitoring of Red Care GSMs at Leicester Food Park only**

# STANDARD DETAILS QUESTIONNAIRE

Please complete the following standard details questionnaire. If the question does not apply, please write **N/A**; if you don’t know the answer please write **N/K**.

Completing and returning this documentation does not in any way guarantee any work.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1: BASIC DETAILS OF YOUR ORGANISATION** | | | | |
| 1.1 | Name of the organisation: | | |  |
| 1.2 | Contact name: | | |  |
| 1.3 | Job Title: | | |  |
| 1.5 | Company address and post code: | | |  |
| 1.6 | Telephone number: | | |  |
| 1.7 | E-Mail address: | | |  |
| 1.9 | Website address: | | |  |
| 1.10 | Company Registration number (if applicable): | | |  |
| 1.10 | Charities or Housing Association or other Registration number (if applicable): | | |  |
| 1.11 | Date of Incorporation or Registration: | | |  |
| 1.12 | Registered address if different from the above | | |  |
| 1.13 | VAT Registration number: | | |  |
| 1.14 | Is your organisation: | i) A public limited company? | | Yes / No |
| ii) A limited company? | | Yes / No |
| iii) a partnership | | Yes / No |
| iv) a sole trader | | Yes / No |
| v) other (please specify) | | Yes / No |
| 1.15 | Name of (ultimate) parent company (if this applies): | | |  |
| 1.16 | Companies House Registration number of parent company (if applicable): | | |  |
| 1.17 | How many staff does your organisation employ? (If you are a sole trader, please say so) | | |  |
| **Section 2: FINANCIAL INFORMATION** | | | | | |
| 2.1 | Please provide details of your turnover and net profit for the last two financial years: | | | | |
|  | Year:  Year: | Turnover:  Turnover: | Net profit:  Net profit: | | |
| 2.2 | Can you provide copies of your audited annual accounts for the last two years | | Yes/No | | |
| 2.3 | Has your organisation met the terms of its banking facilities/loan agreements (if any) | | Yes/No | | |
| 2.4 | If ‘No’ what were the reasons, and what has been done to put things right? | | | | |
| 2.5 | Has your organisation met all its obligations to pay its creditors and staff during the past year? | | Yes/No | | |
| 2.6 | If ‘No’ please explain why not. | | | | |
| **Section 3: REFERENCES** | | | | |
| Please provide details of two recent contracts that are relevant to this tender. | | | | |
|  | | **Reference 1** | | **Reference 2** |
| 3.1 | Name of customer: |  | |  |
| 3.2 | Contact name and phone number: |  | |  |
| 3.3 | Contract dates: |  | |  |
| 3.4 | Contract value: |  | |  |
| 3.5 | Website address |  | |  |
| 3.6 | Brief details about the service you provided: |  | |  |
| 3.7 | Have you had any contracts terminated for poor performance in the last three years, or any contracts where damages have been claimed by the contractor? | | | Yes / No |
| 3.8 | If ‘Yes’, please give details: | | | |
| **Section 4: INSURANCE** | | | | |
| Please provide details of your current insurance cover: | | | | Value |
| 5.1 | Employer’s Liability: | | | £ |
| 5.2 | Public Liability: | | | £ |
| 5.3 | Professional Indemnity: | | | £ |
| 5.4 | Other (please provide details): | | | £ |
| **Section 5: POLICIES** | | | | |
| 5.1 | Does your organisation have a written health and safety at work policy? | | | Yes / No |
| 5.2 | Does your organisation have a health and safety at work system? | | | Yes / No |
| 5.3 | Does your organisation have a written equal opportunities policy covering Age, Gender Reassignment, Married/Civil Partnership, Pregnancy/Maternity, Disability, Race, Religion or Belief, Sex and Sexual Orientation, to avoid discrimination? | | | Yes / No |
| 5.4 | If ‘No’, to either of the above please explain why: | | | |
| 5.5 | Does your organisation hold a recognised quality management certification for example BS/EN/ISO 9000 or equivalent?  Please list which you hold | | | Yes / No |
| 5.6 | If not, do you/your organisation have a quality management system? | | | Yes / No |
| 5.7 | Does your organisation have an environmental management system? | | | Yes/No |
| 5.8 | Does your organisation have an Environmental Policy? | | | Yes/No |
| 5.9 | Does your organisation have a Prevent and Safeguarding Policy? | | | Yes/No |
| 5.10 | If ‘No’, to the above quality systems please explain why: | | | |
| **Section 6: PROFESSIONAL AND BUSINESS STANDING** | | | | |
| Do any of the following apply to you/your organisation, or to any director(s) / partners / proprietor(s)? | | | | |
| 6.1 | Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | | | Yes / No |
| 6.2 | Has been convicted of a criminal offence related to business or professional conduct | | | Yes / No |
| 6.3 | Has committed an act of grave misconduct, in the course, of business | | | Yes / No |
| 6.4 | Has not fulfilled obligations related to payment of social security contributions | | | Yes / No |
| 6.5 | Has not fulfilled obligations related to payment of taxes | | | Yes / No |
| 6.6 | Is guilty of serious misrepresentation in supplying information | | | Yes / No |
| 6.7 | Is not in possession of relevant licences or membership of an appropriate organisation where required by law | | | Yes / No |
| 6.8 | If the answer to any of these is ‘Yes’ please give brief details below, including what has been done to put things right. | | | |
| **Section 7: DECLARATIONS OF INTEREST** | | | | |
| 7.1 | Please identify if any of your staff personnel has been employed by the Chamber and/or related to any member of staff employed by the Chamber? If so, please provide further details? | | | |
| **Section 8: SIGNED DECLARATION** | | | | |
| I declare that to the best of my knowledge the answers submitted in this document (and any supporting information) are correct. I understand that the information will be used in the evaluation process to assess my suitability to provide the services described.  (Electronic signatures or typed names are acceptable. In the event that your organisation is successful you will be required to resign this form with an original signature) | | | | |
| **FORM COMPLETED BY:** | | | | |
| 8.1 | Name: |  | | |
| 8.2 | Position: |  | | |
| 8.3 | Date: |  | | |
| 8.4 | Tel number: |  | | |
| 8.5 | Signature: |  | | |