

CONTRACTOR RE-APPROVAL FORM



Jersey Electricity plc reviews its approved contractors on an annual basis. This review takes place when your insurance policies expire and we need to obtain new copies of policy certificates.

Would you therefore please provide photocopies of your insurance certificates as requested and also complete the questionnaire.

Failure to complete this Re-Approval Form and return copies of the necessary insurance certificates will result in your Company losing its approved status. This will mean Jersey Electricity plc will be unable to place orders with your Company.

The information contained in your submission will be treated as confidential and will not be disclosed to any third parties.

The completed form should be returned by email, fax or post to:

Mr. Kevin Bonass
Jersey Electricity plc
The Powerhouse,
PO Box 45,
Queens Road,
St. Helier,
Jersey
JE4 8NY

Tel No	01534 505219
Email	kbonass@jec.co.uk

INSURANCE CERTIFICATES

Please provide copies of your Employer's Liability and Public Liability Insurance Certificates.

HEALTH AND SAFETY

1	Please give a summary of any accidents that have occurred in the last 12 months.		
		Number	
	Fatal accidents		
	Major injuries (more than three days absence)		
	Less than three-day accidents		
	Incidents and near misses		
	Number of employees		
2	<p>Has your Company or any individual of your Company been prosecuted for any breach of environmental, health and safety legislation, Statutory Nuisance Law or been served a prohibition or improvement notice or had a license revoked within the previous 12 months ?</p> <p>If Yes, give details and actions that were taken to prevent a recurrence.</p>	Yes	No

COMMERCIAL INFORMATION

<p>Has your Company changed ownership in the last 12 months? If Yes, please give details.</p>	Yes	No
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APPLICATION DETAILS

Please confirm that copies of the following documents have been submitted with this form.

Documents	Attached	
Current Public Liability Insurance Certificate	Yes	No
Current Employer's Liability Insurance Certificate	Yes	No

I certify that the information given in this form and in any supporting documents is correct and complete.

Application completed by	
Position	
Date	
Tel No	
Email	

RECOMMENDATIONS (For Jersey Electricity Internal Purposes Only)

Based on the information provided within this questionnaire and at the subsequent meeting, we recommend that we do/we do not approve this Contractor to carry out work on behalf of the Jersey Electricity plc.

Name	Accepted or Rejected	Signed	Department	Date
			Procurement	
			User Department	
			Health and Safety (if required)	

If the recommendation is not to approve the Supplier, please list reasons:

Any further comments:

Details entered on Navision:

Entered on Navision by:	
Date:	