Contractor Expression of Interest – 2019 Drought Communities Extension Program

Trading Name:			
ABN:		ACN:	
Bank Details	Name of Bank:	BSB:	Account No:
Registered Business Address:			
Principal Address: (if different to above)			
Telephone No:		Facsimile No:	
Contact Person:		Phone:	Mobile:
Email address:			

Legal Status of Organisation (please circle)	Company	Sole Trader	Partnership	Other (State)

Rates

Rate (Including GST)			
Hourly Rate Wet Hire	$	$	$
Weekly Rate Wet Hire (Hr)	$	$	$
Hourly Rate Dry Hire	$	$	$
Weekly Rate Dry Hire (Hr)	$	$	$
Additional Information Labour/ Operator (Hr)	$	$	$

Referees - provide the name of two referees that the company have hired plant to.

Name of Company – Referee:
Contact Person:
Contact Telephone No:
Name of Company – Referee:
Contact Person:
Contact Telephone No:

List details of Work Experience

Company / Role	List Experience / types of jobs done i.e Welding, fencing, machinery operations	Dates / Years of Experience

Insurance Schedule / Details for Contractors

The Tenderer shall provide details of the following insurances.
**Note: Agreement Insurance details shall be provided by the successful tenderer.*

Insurance Type	Limit Requested	Limit Provided	Expiry Date
Workers' Compensation	Unlimited		
Public Liability	$20 Million		
Motor Vehicle Insurance	Comprehensive		

Public Liability Details
(Please write yes or no in the box provided)

Question	YES/NO
1. Is the name of the Insured the same as the Tenderer?	
2. Please provide the name of the insurer_____	
3. Is the Insurer licensed in accordance with the provisions of the Insurance Act, 1973 (as amended)?	
4. Is the Policy No on the Policy the same as stated on the Insurance Schedule?	
5. Is the description of business shown on policy the same as the work performed in the Tender?	
6. Does the Policy cover the work undertaken on this Agreement?	
7. Are there any limits of indemnity under the Insurance policy? If so State the limits	
8. Are there any territorial limits shown on the Policy? If so please state limits.	
9. Is indemnity provided in respect of all sub-Contractors and other persons borrowed or hired?	
10. Is indemnity provided in respect of liabilities arising out of the undermentioned risks? a. Fire and explosion b. Vibration c. Damage to underground cables & services d. Non-Act liabilities for all unregistered vehicles, equipment and Plant	
11. Are there any policy deductibles, limitations and exclusions noted on the Policy, e.g., in respect of fire and explosion, limit of indemnity in any period of insurance?	
12. Will you undertake to advise the Principal of Bourke Shire Council should any of the information shown on this questionnaire alter; if any of the policies are cancelled mid-term, or not renewed with the insurers' names during the currency of the Agreement; or if the insurers license issued by the Insurance Commissioner is not renewed, or is revoked, or is in any way limited?	

Work Health and Safety Details
(Please write yes or no in the box provided)

Question	YES/NO
1. Has your company ever been prosecuted or fined under WHS legislation or related legislation in the last three years? If yes, give details.	
2. Has your Company recorded any accidents at the work place in the past three years? If yes provide details.	
3. Has your company had any workers compensation claims in the past three years? If yes provide details.	
4. Does your Company have a WHS policy (including general statement of intent, organisation for WHS and working arrangements)? Tenderers may be requested to supply a copy during the tender evaluation.	
5. If your company does NOT have a WHS Policy are you prepared to adopt Bourke Shire Councils WHS policy and procedures to undertake works for Bourke Shire Council?	
6. Are WHS responsibilities for all levels of staff documented by your company?	
7. Does your company provide required work equipment and personal protective equipment for the Project? Details shall be included in the Safety Management Plan.	
8. Does your Company provide WHS training to all managers and staff, and Sub-contractors where used? Details shall be included in the Safety Management Plan.	
9. Does your company ensure that Plant, equipment, and vehicles are kept in safe working condition, e.g. by documented regular inspections, preventive maintenance routines etc? Details shall be included in the Safety Management Plan.	
10. Does your company undertake regular worksite WHS inspections?	

Workers' Compensation Details
(Only required for contractors with employees)

1. Name of Contractor:
2. Name of Insurer (s):
3. Is the Insurer licensed in accordance with the provisions of the Insurance Act 1973 (as amended)?
4. Please state the Policy No:
5. Please state the Renewal Date:
6. Date current policy was effected:
7. Please state the description of business as shown on the Policy?
8. Does the policy cover all the work undertaken on the Agreement?
9. Will you undertake to advise the Principal should any of the information shown on this questionnaire alter; if any of the policies are cancelled mid-term, or not renewed with the insurers named during the currency of the Agreement; or if the insurers license issued by the Insurance Commissioner is not renewed, or is revoked, or is in any way limited?

Declaration

I_____
(Print Name)

_____
(Position with the Company)

Declare that the above information is true and correct.

Signed:_____

Date _____