



*"Service Excellence"*

# Sub-Contractor Pre-Qualification Questionnaire

## **ACES Pre-Qualification Questionnaire (PQQ)**

To become an ACES Approved Supplier requires the completion and approval of this Pre-Qualification Questionnaire (PQQ)

All questionnaires received shall be treated with the utmost confidence and the information shall only be used for ACES supplier evaluation purposes.

Completion of the questionnaire does not guarantee acceptance to the ACES Approved Supplier database, nor does it constitute an invitation or agreement to receive quotes or tenders.

Please return your completed questionnaire and scanned documentation and attachments to:  
[helen@aces-online.co.uk](mailto:helen@aces-online.co.uk)

**Section 1 – General**

1.1

<b>Company Name:</b>	<b>Previous Name (if applicable)</b>
<b>Address:</b>	<b>Remittance Address (if different)</b>
<b>Telephone:</b>	<b>VAT No:</b>
<b>Fax:</b>	<b>Registered No:</b>
<b>Email:</b>	
<b>Contact:</b>	<b>Financial Year to/end</b>
<b>Website:</b>	<b>Annual Sales Turnover:</b>
<b>Date Established:</b>	<b>Business Activities:</b>

1.2 a) Questionnaire Completed By

b) Position in Company \_\_\_\_\_

c) Address if different to (f) \_\_\_\_\_

d) Tel/Fax Number \_\_\_\_\_

e) Email Address \_\_\_\_\_

**Declaration**

The information given in this document is an accurate position of the company.

Name:-

Signature:-

Position: -

**Section 2 - Financial and Insurance**

2.1 Name and address of company bank along with bank account number and sort code.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.2 For Subcontract packages > £10k please provide a copy of your last year's accounts  
\_\_\_\_\_ (confirm a/c check completed)

2.3 Please give details of your Construction Industry Scheme Certificate (if appropriate) and provide a copy  
a) Certificate/UTR Number \_\_\_\_\_  
b) Expiry Date \_\_\_\_\_

2.4 ACES standard Terms and Conditions of Purchase payments terms are 60 days Nett monthly, please indicate your acceptance to these terms:

Yes  No

2.5 Please complete the insurance table below.

Type of Policy	Employers' Liability	Public Liability	Product Liability
Minimum Limits Required:	£10,000,000 Each Occurrence	£5,000,000 Each Occurrence	£5,000,000 In The Aggregate
Limit of Indemnity on Your Policy:	£	£	£
Name of Insurer:			
Policy Number:			
Renewal Date:			
Does the policy contain an "Indemnity to Principal" clause	Yes / No	Yes / No	Yes / No
Hot Work Exclusion, Condition or Warranty **	N/A	Yes / No	N/A
Policy Height Limit or Exclusion **	Yes / No	Yes / No	N/A
Policy Depth Limit or Exclusion **	Yes / No	Yes / No	N/A
Type of Work Exclusion or Limitation **	Yes / No	Yes / No	Yes / No
Type of Policy	Contract Works	Professional Indemnity	
Minimum Limits Required:	Full Reinstatement Value of Works	£2,000,000 In The Aggregate	
Sums Insured & Limits of Indemnity on Your Policy:			
Name of Insurer:			
Policy Number:			
Renewal Date:			
Does the policy contain an "Indemnity to Principal" clause	Yes / No	Yes / No	
Type of Work Exclusion or Limitation **	Yes / No	Yes / No	
<b>BUSINESS DESCRIPTION</b>			
Please provide the full business description as stated on each of your policies:			

**IMPORTANT** – IF the answer to any of the above questions marked \*\* is YES please attach a copy of the applicable Exclusion, Limitation, Condition or Extension noted on your insurance schedule.

### Section 3 – Technical and Organisation

3.1 Indicate the services offered by your company and provide evidence of appropriate technical competence, qualifications, and experience to provide these services. (use continuation pages as required)

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3.2 Does your company use sub-contractors/sub-consultants, or personnel hired from Staff Agencies? If so, please submit details of how you ensure they are competent, insured and appropriately trained and supervised (use continuation pages as required)

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3.3 Provide details of the experience, qualifications, and training arrangements for your technical staff and tradesmen. Please enclose a copy of your training matrix: and a sample of training certificates

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(use continuation pages as required)

3.4 Please provide details of membership of professional bodies and associations, etc

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(use continuation pages as required)

3.5 I.T. Capabilities – please confirm your I.T. capabilities for example

e-mailbox limits

receiving – reading amending CAD files

BIM files

Printer/Plotter size (A3 required as a minimum)

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(use continuation pages as required)

## Section 4 - Quality Control

- 4.1 Is the Company registered and fully accredited to BS EN ISO9001:2015? Yes  No
- If yes, please submit copies of all accreditation certificate. Details enclosed
- 4.4 If No do you have you a Quality Management System? Yes  No
- If yes, please submit a copy of the policy and the index. Details enclosed
- 4.5 Who has overall responsibility for managing the Quality systems and please provide details of relevant experience & qualifications?
- 4.6 If you are approved to work for ACES you may be required to provide regular reports and complete forms. Please confirm your acceptance of this requirement. Yes  No

## Section 5 – Health & Safety

- 5.1 Is your company externally accredited to BS EN ISO45001:2018 Yes  No
- If yes please submit a copy of the certificate. Details enclosed
- 5.2 Please provide details of the person responsible for Health & Safety in your organisation, including any safety qualifications held. Details enclosed
- 5.3 Please provide a copy of your organisation's health & safety (Summary) policy statement. Copy enclosed
- 5.4 Are you an SSiP scheme member (Chas, Constructionline, HVCA, etc)?
- If Yes enclose certificate and move to section 6 Certificate enclosed
- If No please continue answering this section
- 5.5 Provide details of the health and safety training provided to your employees, and a copy of your current training plan. Details provided
- 5.6 Please supply 3 examples of risk assessments and method statements for the services you provide Details provided
- 5.7 How do you communicate and inform staff/sub contractors about health and safety matters? Details provided

5.8 Provide details of your accident/incident records & details of any HSE actions for the past 3 years.

Please provide the following information for the last three years: (Please provide dates)	Year 3	Year 2	Year 1
No. of fatalities			
No. of notifiable major injuries (RIDDOR)			
No. of non-notifiable injuries			
No. of reportable near misses			
No. of HSE Convictions			
No. of HSE Improvement Notices			
No. of HSE Prohibition Notices			

59 How does your organisation keep up to date with developments in Health and Safety and how is this information communicated to staff? Details provided

5.10 Provide details of arrangements for obtaining specialist technical or health and safety advice, inc Name and contact details of your safety management consultants. Details provided

511 What methods (if applicable) do you employ to ensure compliance with your duties under Construction (Design and Management) Regulations 2007. Who is trained and responsible for this? Details provided

5.10 If your work involves the disturbance of any building fabric please provide details of asbestos containing materials (ACM) training your employees have attended. Details enclosed

### Section 6 – Environment

6.1 Is the company registered and fully accredited to ISO 14001:2015?  
If yes, please enclose a copy of your certificate. Copy enclosed

6.2 If no, do you have an Environmental Management System  
Yes  No

6.3 Who is responsible for Environmental Management (name and position)?

\_\_\_\_\_

6.4 Do you carry out regular environmental reviews? Yes  No

6.5 Please provide details of the procedures that you have for controlling environmental risks.

### Section 7 – Equal Opportunities/Diversity, Corporate Social Responsibility, Ant-slavery Policies

7.1 Do you have Policies covering the above matters? Yes  No

If yes please provide copies of each policy statement.

**Note Depending on the nature of the Services being provided we may request further information.**