



# Sub-Contractor Pre-Qualification Questionnaire (PQQ)

## **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>Email:</b>		<b>Company Registered No:</b>	
<b>Contact Name:</b>		<b>Financial Year Start &amp; End:</b>	
<b>Website:</b>		<b>Annual Sales Turnover:</b>	
<b>Date Established:</b>		<b>Business Activities:</b>	

1.2

<b>Questionnaire Completed By:</b>	
<b>Position in Company:</b>	
<b>Address if different to above:</b>	
<b>Telephone No:</b>	
<b>Email Address:</b>	

### Declaration

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

<b>Name:</b>	
<b>Signature:</b>	
<b>Position:</b>	

## Section 2 - Financial and Insurance

2.1

<b>Bank Name and Address:</b>	
<b>Account Number:</b>	
<b>Sort Code:</b>	

2.2 For Subcontract packages > £10k please provide a copy of your last year's accounts.

<b>Provided (Y/N):</b>	
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2.3 Please give details of your Construction Industry Scheme Certificate (if appropriate) and provide a copy.

<b>Certificate/ UTR Number:</b>	
<b>Expiry Date:</b>	

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

Additional Comments:

2.5 Please complete the insurance table below.

Type of Policy	Employers Liability	Public Liability	Product Liability
<b>Minimum Limits Required:</b>	£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?	Y/N	Y/N	Y/N
Hot work Exclusion, Condition or Warranty **	N/A	Y/N	N/A
Policy Height Limit of Exclusion**	Y/N	Y/N	N/A
Policy Depth Limit or Exclusion**	Y/N	Y/N	N/A
Type of Work Exclusion or Limitation**	Y/N	Y/N	Y/N
Type of Policy	Contract Works		Professional Indemnity
<b>Minimum Limits Required:</b>	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?	Y/N	Y/N	
Type of Work Exclusion or Limitation**	Y/N	Y/N	
<b>IMPORTANT</b> – IF the answer to any of the above questions marked ** is <b>YES</b> please attach a copy of the applicable Exclusion, Limitation, Condition or Extension noted on your insurance schedule.			
<p><b>Business Description:</b> (Please provide the full business description as stated on each of your policies)</p>			

### 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)

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)

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

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

3.5 I.T. Capabilities – please confirm your I.T. capabilities;

	Confirm (Y/N)
Email Megabyte Limit:	
Receiving/ Reading & Amending CAD files:	Y/N
BIM files	Y/N
Printer/Plotter size (A3 required as a minimum)	Y/N

**Section 4 - Quality Control**

4.1 Is the Company registered and fully accredited to BS EN ISO 9001? Yes  No

If yes, please submit a copy/copy of the accreditation certificate. Copy enclosed

4.2 If No, do you have you a Quality Management System? Yes  No

If yes, please submit a copy of the policy and the index. Copy enclosed

4.3 Who has overall responsibility for managing the Quality systems? Please provide details of relevant experience & qualifications:

4.4 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 ISO 45001? Yes  No

If yes, please submit a copy of the accreditation certificate. Copy enclosed

5.2 Please provide details of the person responsible for Health & Safety in your organisation, including any safety qualifications held. Provide copies of certificates where applicable:

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, SMAS)? Yes  No

If yes, please submit a copy of the certificate and move to section 6.

Copy 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.

5.6 Please supply 3 examples of risk assessments and method statements for the services you provide

Copies enclosed

5.7 How do you communicate and inform staff/sub contractors about health and safety matters?

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

<b>Please provide the following information for the last three years:</b> (Please provide dates)	<b>Year 3</b>	<b>Year 2</b>	<b>Year 1</b>
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			

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

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.

5.11 What methods (if applicable) do you employ to ensure compliance with your duties under Construction (Design and Management) Regulations 2015. Who is trained and responsible for this?

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

**Section 6 – Environment**

6.1 Is the company registered and fully accredited to BS EN ISO 14001? Yes  No

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 – Security**

7.1 Are your employees security checked to a specific level/ standard? (e.g. - SC/ BPSS/ DBS/ BS7858)

Yes  No

If yes, please provide a brief explanation or submit a copy of a covering letter/ company policy:

**Section 8 – Equal Opportunities/Diversity, Corporate Social Responsibility, Anti-Slavery**

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

If yes please provide copies of each policy statement. Copies Enclosed

**Thank you for completing this PQQ.**

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