



# Contract Service Provider Application Form

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## 1. YOUR COMPANY DETAILS

Please provide the following details about you and your company:

<b>Company Name</b>			
<b>Business or Registered Trading Name</b>			
<b>ABN</b>		<b>ACN</b>	
<b>Type of business (e.g. Company, Trust, Sole Trader, etc.)</b>			
<b>Date the business was incorporated or established</b>			
<b>Address of Primary Office</b>			
<b>Postal Adress (if different from above)</b>			
<b>Telephone number</b>			
<b>Mobile Telephone Number</b>			
<b>Facsimile number</b>			
<b>Email address for correspondence</b>			
<b>Email address for work requests (if different from above)</b>			
<b>Web Site</b>			
<b>Are you registered for G.S.T?</b>			
<b>Have you or any directors of your company been found guilty of any criminal offence?</b>			
<b>Have you or any directors of your company been subject to bankruptcy proceedings?</b>			
<b>Comments</b>			

## 2. REGISTRATION AND LICENSED TRADE DETAILS

Please provide the Registration Number/ Licensed Trade Number for each Trade that you will provide Contract Services:

<b>BUILDER / CARPENTERS</b>		
<b>Registered Building Practitioner Number/s</b>	Domestic:	
	Commercial:	
<b>PLUMBER / GASFITTER / ROOFING CONTRACTORS</b>		
<b>Registration Type/Number</b>	Water supply:	
	Gas fitting:	
	Sanitary:	
	Roofing (storm water):	
	Drainage:	
	Mechanical Services:	
	Fire Protection:	
	Irrigation:	
<b>ELECTRICIANS</b>		
<b>Registered Electrical Contractor (REC) Number</b>		
<b>Registration Type</b>		
<b>OTHER TRADE REGISTRATION/ PERMIT/ASSOCIATION DETAILS</b>		
Trade Registration/ Permit/Association Type	Trade Registration/ Permit/Association Number	

### 3. INSURANCE DETAILS

Please provide details (including the name of the insurer, amount covered and expiry date for the relevant policy for each state) of insurance policies held:

<b>WORKERS COMPENSATION</b>		
Insurer and policy number	\$ Amount covered	Expiry date
<b>PUBLIC and PRODUCT LIABILITY (\$10 million minimum)</b>		
Insurer and policy number	\$ Amount covered	Expiry date
<b>Any other insurances, as prescribed by Ministerial Orders or Registration/Licensing Requirements</b>		
Insurer and policy number	\$ Amount covered	Expiry date

### 4. CONTACT PERSON

You are required to nominate a dedicated contact person for your organisation. The role of the contact person will be to liaise with us in relation to enquiries, dispute or complaints that may arise during the course of the provision of Contract Services. Please provide the following information concerning your nominated contact person:

<b>Contact Name</b>	
<b>Position</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Mobile Phone Number</b>	
<b>Postal Address</b>	
<b>Email Address</b>	

## 5. MANAGEMENT SYSTEMS

Please provide details of any formal management systems you have in place.

<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEMS (OHSMS)</b>	
Does your organization have a formal, documented OHSMS?	
Have your Staff/Employees/Sub Contractors been formally inducted using this system?	
<b>ENVIRONMENTAL MANAGEMENT SYSTEMS</b>	
Does your organization have a formal, documented Environmental Management Plan?	
Have your Staff/Employees/Sub Contractors been formally inducted using this system?	
<b>EQUAL OPPORTUNITY</b>	
Does your organization have a formal Equal Opportunity Policy?	
Does your organization have a formal bullying / harassment complaint process?	
Are your staff/employees/subcontractors aware of your complaint process?	

## 6. YOUR CURRENT GEOGRAPHICAL COVERAGE

Please provide an outline of the geographical areas your organisation can currently service:

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## 7. VOLUNTARY ADDITIONAL INFORMATION

This section is voluntary.

Please provide any additional information about your business which you believe may support your submission. It is requested that your response be limited to this page only. The sorts of things you may wish to discuss are, but not limited to

- Your own trade network
- Further services you may wish to offer JP Flynn
- Future plans
- Your claims handling capabilities
- Other areas of your business that JP Flynn are not currently utilizing

## **8. THE SMALL PRINT**

- a) The material provided by the Contract Service Provider (you) in this document is for the purpose of assessing your ability to provide Contract Services to JP Flynn and does not constitute an agreement.
- b) If JP Flynn wishes to engage the Contract Service Provider, a Master Service Agreement will be offered to suitable Contract Service Providers.
- c) The Contract Service Provider must duly execute and agree to the provisions of the Master Service Agreement prior to performing works on behalf of JP Flynn.
- d) The Supplier must provide to JP Flynn, upon the execution of the Agreement, and as JP Flynn may request from time to time a copy of:
  - i. Certificates of currency for the Required Insurances.
  - ii. National Police Certificates for all directors and managers
  - iii. Any licenses or certifications required to carry out Services.
  - iv. Any other information or records that JP Flynn may reasonably request relating to the business of the Supplier and its ability to provide the Services under the Agreement.
- e) You must satisfy yourself that this Contract Service Provider Application Form is prepared with information that is true, complete and accurate and not misleading.
- f) Any Contract Service Provider Application Form found to contain material that is not true, complete and accurate or misleading will not be considered for evaluation.
- g) If you are offered a Master Services Agreement on the basis of your response, which is subsequently discovered to contain information that is not true, complete and accurate or misleading, JP Flynn will immediately revoke the offer of the Master Service Agreement.