

# Membership Application Form

V 2.1 : Sept 2014



## Contractors Insurance Guarantee Services Limited.



Contractors Insurance Guarantee Services Limited.  
Whitehall Chambers, 43 New Row, Coleraine, Co Londonderry. BT52 1AE.  
Tel: 02870325980 Fax: 02870343641 EMAIL: [cigs@wallace-group.co.uk](mailto:cigs@wallace-group.co.uk)

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# GENERAL COMPANY INFORMATION

Please answer all questions in Full. Give special attention to highlighted areas

## 1 CONTRACTORS DETAILS

Name/s	
Trading As	Tel
Address	Fax
	Mobile
	Email
Postcode	
Date Business Commenced	Type of Business Limited Company / Partnership / Sole Trader

## 2 IF A LIMITED COMPANY

When was company registered?	Registered office address (if different from above)
Company Registration Number	

## 3 PARTICULARS OF PROPRIETOR PARTNERS OR DIRECTORS

Name	Address	Age	Share %

## 4 BRIEF STATEMENT OF PREVIOUS EXPERIENCE

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## 5 ACCOUNTING DETAILS

Accountant	
Address	Tel:
	Fax:
	Contact:

Two years trading accounts are required. If up to date Trading Accounts are NOT available we require your accountant to complete the attached Financial questionnaire. Registration cannot be considered without it.  
\*Financial Questionnaire attached\*

**6 PROPERTY**

(Please give the up to date value of any property you own and any outstanding borrowings against it).

Property	Value £	Loans/Mortgages £

**7 BANKERS DETAILS**

Bank

Address

Tel:

Fax:

Contact:

As part of initial registration a reference is required from your Bankers \*Bank Reference Attached\*

**8 LIABILITY INSURANCE**

Insurance Broker

Address

Tel:

Fax:

Contact:

Please give the attached form to your insurance representative to obtain confirmation of your Employers and Public Liability Insurance. Please note your insurance policy business description must include "Building Contractor". \*Insurance Confirmation Form attached\*

**9 REFERENCES**

It is a condition of Registration that two references are obtained from individuals who can confirm your ability as a building contractor, at least one of these must be from an Architect, Quantity Survey or a Construction Professional who is familiar with your work. Please note that registration cannot be considered without these.

(1)

(2)

Name

Relationship

Address

Postcode

Tel / Fax

**10 PROJECTS COMPLETED (Give 4 examples of projects recently completed).**

<b>(A)</b>	Name		Contract Value	£	
	Address		Period (Years / Mths)		
			Type of Work		
			NIHE Grant Aided	YES / NO	
			Any Complaints/Disputes	YES / NO	

<b>(B)</b>	Name		Contract Value	£	
	Address		Period (Years / Mths)		
			Type of Work		
			NIHE Grant Aided	YES / NO	
			Any Complaints/Disputes	YES / NO	

<b>(C)</b>	Name		Contract Value	£	
	Address		Period (Years / Mths)		
			Type of Work		
			NIHE Grant Aided	YES / NO	
			Any Complaints/Disputes	YES / NO	

<b>(D)</b>	Name		Contract Value	£	
	Address		Period (Years / Mths)		
			Type of Work		
			NIHE Grant Aided	YES / NO	
			Any Complaints/Disputes	YES / NO	

<b>11</b>	Has any prosecution been made against you under statute relating to Health & Safety at work.	YES		NO	
		<small>If yes give full details in question 25</small>			

<b>12</b>	Do you currently have a written Health & Safety statement (policy/rulebook) which is issued to all your workforce?	YES		NO	

<b>13</b>	Is your company currently on the government "Construction Line" register?	YES		NO	
		Ref Num:			

<b>14</b>	Do you display Construction Health & Safety Hazard signage to warn members of the public and your labour force?	YES		NO	

15	Does your workforce have (CSR) construction skills register cards relevant to their trade?	YES	NO	

16	Is your company "Safe-T-Cert" registered?	YES	NO	
		If yes give full details in question 25		

17	Is your firm on any other select list of Contractors or member of any Trade Association?	YES	NO	
	<b>Organisation</b>	<b>Period</b>		

18	Give your Last Three years Turnover and Labour Numbers			
		<b>Last Year</b>	<b>Previous 2nd Year</b>	<b>Previous 3rd Year</b>
	TURNOVER			
	LABOUR			

19	What Trades do you :	Directly Carry Out	Type:	Percent: %
	Sub Contract Out (Labour & material)		Type:	Percent: %

20	Have you ever had a claim against you under your Public or Employers Liability Insurance in the last five years?	YES	NO	
		If yes give full details in question 25		
	<b>Detail</b>	<b>Period</b>		

21	Have any judgements been made against you or have you ever been bankrupt, in receivership or in liquidation?	YES	NO	
		If yes give full details in question 25		

22	Have you ever failed to complete a contract to a client's satisfaction?	YES	NO	
		If yes give full details in question 25		

23	Are you involved in any unresolved contractual disputes with customers or suppliers?	YES	NO	
		If yes give full details in question 25		

24	Has any principal, partners/directors ever been prosecuted for a criminal offence?	YES	NO	
		If yes give full details in question 25		

Attach any additional material which you consider may influence your application

Summary Documentation Required		Checklist
1	Fully Completed & Signed Application Form	<input type="checkbox"/>
2	Bank Reference Form	<input type="checkbox"/>
3	Audited Accounts and/or Financial Questionnaire Form	<input type="checkbox"/>
4	Liability Insurance Confirmation Form	<input type="checkbox"/>
5	Two References	<input type="checkbox"/>

Summary Charges Required			
6	Application Fee(1st Year Only)	£ 100.00	<input type="checkbox"/>
7	Annual Registration Fee	£ 250.00	<input type="checkbox"/>
	Total	£ 350.00	<input type="checkbox"/>

Registration includes a free entry in our internet site : [www.Searchni.com](http://www.Searchni.com)  
 Please note all payments are VAT exempt and payable to C.I.G.S. Limited.  
 Please also refer to the application form declaration below.

#### DECLARATION

I/We declare that the information given herein is true and understand that any false information given will make this application void. I/We agree to comply with the rules and regulations of the scheme. I/We understand that the scheme at any time can request additional information if required. I/We further agree to pay £100 (1<sup>st</sup> year only) application fee and annually agree to pay the current £250 registration fee which are non-refundable. I/We confirm that I/We have read and understood this declaration. The scheme reserves the right to decline an application if the criteria provided is not acceptable for registration purposes.

Signed		Date	
Name		Position	

# FINANCIAL QUESTIONNAIRE

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## TO BE COMPLETED BY YOUR ACCOUNTANT

Contractors Insurance Guarantee Services (NI) Ltd, is a recognised Warranty Scheme by the Northern Ireland Housing Executive. As part of each Contractors application/review we require a copy of the latest Company Accounts. These should not be more than eighteen months/two years out of date. If Audited Accounts are not available please complete this **temporary** Financial Questionnaire and return to us along with the LAST available Company Accounts, to Whitehall Chambers, 43 New Row, Coleraine, BT52 1AE.

Tel: 028 70325980 or Fax: 028 70343641. Email: cigs@wallace-group.co.uk

<b>CONTRACTOR</b>	
<b>ADDRESS</b>	

LIABILITIES	£	ASSETS	£
Borrowed on Property:		All Property Owned:	
Encumbrance on Plant or Stock:		Plant:	
Liability to Bank:		Materials in Stock:	
Sundry Creditors:		Cash in Hand:	
Paid Up Capital (If Ltd Company)		Cash in Bank:	
Other Liabilities & Nature thereof:		Sundry Debtors:	
		Contracts Completed:	
		b) Contracts in course of Completion:	
		Other sources:	
		Work in Progress:	
		Under contract but not certified:	
		Other Sources:	
		Other Assets & Nature thereof:	
<b>TOTAL LIABILITIES</b>	£	<b>TOTAL ASSETS</b>	£

I/We confirm that the above statement represents an accurate financial position of the above contractor.

<b>ACCOUNTANTS SIGNATURE</b>		<b>DATE</b>	
		<b>TEL</b>	
<b>ADDRESS</b>		<b>FAX</b>	
	<b>* USE COMPANY STAMP*</b>		

## TO BE COMPLETED BY THE CONTRACTOR

My/Our Accountants are .....

Address ..... Tel: .....

I/We authorise our Accountants to release accounting information on our behalf as required under our Registration with Contractors Insurance Guarantee Services (NI) Ltd.

<b>CONTRACTORS SIGNATURE</b>		<b>DATE</b>	
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RETURN THIS FORM TO

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# BANK FORM

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## TO BE COMPLETED BY CONTRACTORS BANK

Account Numbers/ or Name/s

WHAT IS THE PRESENT BALANCE ON THE FOLLOWING ACCOUNT(S)?

(a) Current	£
(b) Deposit	£
(c) Term Loans	£
(d) Un-discharged Bonds	£

WHAT ARE THE AUTHORISED LIMITS AND SECURITY HELD IN RESPECT OF:

a) Overdraft	£	
b) Term	£	
c) Performance Bonds	£	

Has the Bank granted all facilities applied for in the last three years? YES/NO Review Date?

WHAT ARE THE MAXIMUM & MINIMUM MONTHLY BALANCES ON THE ACCOUNT IN THE LAST & CURRENT YEAR TO DATE? IF THE CONTRACTOR OPERATES MORE THAN ONE ACCOUNT PLEASE GIVE SEPARATELY INDICATING DEBITS & CREDITS CLEARLY.

	YEAR _____		YEAR _____	
	MAXIMUM	MINIMUM	MAXIMUM	MINIMUM
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

Signed for Bank \_\_\_\_\_ Position \_\_\_\_\_ Use Bank Stamp

## TO BE COMPLETED BY CONTRACTOR

I/We (Contractor) \_\_\_\_\_  
Of \_\_\_\_\_  
Instruct  
Our Bank at \_\_\_\_\_

To complete this form, in full, and return it to Contractors Insurance Guarantee Services (NI) Limited, Whitehall Chambers, 43 New Row, Coleraine, Co Londonderry, BT52 1AE. Tel: 02870325980  
Fax: 02870343641. Email: [cigs@wallace-group.co.uk](mailto:cigs@wallace-group.co.uk)

Contractors Authorising Signature \_\_\_\_\_ Date \_\_\_\_\_



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# CONTRACTORS INSURANCE GUARANTEE SERVICES LIMITED



Is an officially recognised Warranty Scheme to Register Contractors for the Northern Ireland Housing Executive who wish to undertake Grant Work. Registration requires confirmation that the following Building Contractor has Employers Liability for £10 million Indemnity and Public/Products Liability for £1 million Indemnity Insurance. Please complete and return this form to : **C.I.G.S Ltd. Whitehall Chambers, 43 New Row, Coleraine BT52 1AE. Tel: 028 70325980**  
**Fax: 028 70343641**

## INSURANCE CONFIRMATION

**IMPORTANT: A BROKERS NAME ENTERED AS THE INSURER IS NOT ACCEPTABLE.  
IF THE INSURER IS LLOYDS THE PRIMARY SYNDICATE NAME MUST BE PROVIDED**

### TO BE COMPLETED BY THE INSURANCE REPRESENTATIVE Complete all sections in full

<b>Contractor</b>	
<b>Address</b>	
<b>Business Description/Trade</b> (Must include term "Building Contractor")	

### EMPLOYERS LIABILITY Complete all sections in full

Insurance Company/Syndicate Name	
Branch Address (Or Lloyds Broker Name/Address as applicable)	
Policy Number	
Indemnity	£
Renewal Date	

### PUBLIC & PRODUCTS LIABILITY Complete all sections in full

	Primary	Excess Layer (if applicable)
Insurance Company/Syndicate Name		
Branch Address (Or Lloyds Broker Name/Address as applicable)		
Policy Number		
(Minimum £1 Million) Indemnity	£	£
Renewal Date		
All Claims Excess	£	£

**Contractors Registration is as a Main Contractor controlling all sub contractors on site..... Confirm that....**

I confirm that the above contractors name/address/trade is that stated on the policy	<b>YES / NO</b>
I confirm cover includes all Direct Employees and/or with Trainees with no restriction	<b>YES / NO</b>
I confirm cover includes all Labour Only Self Employed Sub-Contractors with no restriction	<b>YES / NO</b>
I confirm the policy includes contingency cover for (Bona Fide) Self Employed Sub-Contractors	<b>YES / NO</b>
<b>Policy Type:</b> (Complete as applicable)	<b>(PER CAPITA) Policy Numbers restricted to:</b> <b>Principals( ) Labourer/s( )</b>
<b>(DECLARATION)</b> Based on wages / turnover	

**All the above should be YES. List or attach any restrictions/endorsements/inner limits, which apply.**

### INSURANCE BROKERS/AGENT/COMPANY DECLARATION

I/We hereby declare that the above Contractor has the above insurance's in force. Should cover be cancelled for any reason, before expiry, I/we will try to notify Contractors Insurance Guarantee Services (NI) Ltd. I/We also understand that a copy of the policy documents maybe requested for inspection.

<b>Signed</b>		<b>Date</b>	
<b>On behalf of:</b>			<i>Use Company / Broker Stamp Here</i>



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