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Section 1

Company details

Company name:				
Company address:				
		Postcode:		
Telephone:		Facsimile:		
Email:		Primary contac	t:	
VAT number:		Company Reg.	number:	
Business type:	Limited Company	ole Trader	Partnership	Plc
	Foreign (Please state)			

If **Sole Trader**, please provide home address in 1 below.

If **Partnership**, please provide full names and addresses of all partners.

1.	
2.	
3.	

Please state any industry body memberships:		
Please advise if you hold any accreditation such as ISO9001:		
Do you have an Environmental policy?	Yes	No
Do you have an anti-bribery and corruption policy?	Yes	No
Do you have a formal Health and Safety Policy?	Yes	No

Do you have a formal Health and Safety Policy?

Public Liability Insurance

Name of Insurer:	
Policy number:	Expiry date:
Please state maximum liability in any one claim:	
Please state any exclusions:	

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Please state which of the following you provide: Road freight Sea freight Air freight		
Section 2 (Road freight only)		
Do you operate your own vehicles?	Yes	No
If yes please confirm your Operators License number:		
Do you carry Dangerous Goods?	Yes	No
If yes to the above please provide us with the following;		
Name of Dangerous Goods Advisor:		
Certificate number: E	Expiry date:	
Which classes can you NOT carry?:		
Do all your vehicles carrying dangerous goods comply with ADF	R legislation? Yes	No
Do all your drivers who undertake dangerous goods movement hold training certificates?	s Yes	No
In addition, have these drivers received security training in relate ADR Chapter 1.10?	ition Yes	No

You must ensure that any driver collecting dangerous goods on our behalf should carry means of identification, including their photograph, throughout the duration of the carriage in compliance with ADR Chapter 1.10.1.4. This is in addition to all safety equipment referred to in ADR Chapter 8.1.

Good in Transit/Freight Liability insurance

Name of Insurer:		
Level of insurance: CMR BIFA RH	A Other (Please State)	
Policy number:	Expiry date:	
Please state maximum liability in any one claim:		
Please state any exclusions:		

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If you operate your own vehicles please fill in the below.

Vehicle Safety		
Name of CPC holder:		
Certificate number:		
Recruitment Checks		
Do you make recruitment checks to validate the identity of drivers?	Yes	No
Do you obtain identification of drivers, such as driver's license and passport?	Yes	No
Do you make periodical reviews of such documentation?	Yes	No
Do you subcontract?	Yes	No
If you sub-contract please fill in the below.		
Do you ensure that your subcontractors hold parallel Goods in transit cover to your own?	Yes	No
Do you ensure that your subcontractors hold adequate Public Liability insurance?	Yes	No
Do you ensure that your subcontractors comply with all provisions of ADR where applicable?	Yes	No
Do you ensure that your subcontractors make, and periodically review Recruitment checks to validate their identity and suitability for their role?	Yes	No
Do you ensure that your subcontractors give due consideration to Health & Safety?	Yes	No
Do you ensure that your subcontractors hold a CPC license?	Yes	No
Do you ensure that your subcontractors maintain their vehicles?	Yes	No
Do you enquire as to your subcontractor's opinions towards environmental issues?	Yes	No
Do you monitor your subcontractors' performance and de-list unsatisfactory subcontractors?	Yes	No

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Supplier Assessment



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Name of Insurer:

Section 3 (Sea freight only)

Do you facilitate for the sea movement of hazardous cargo in accordance with IMDG?	Yes	No
When facilitating sea movement in accordance of IMDG have all persons involved received training commensurate with their duties?	Yes	No

Good in Transit/Freight Liability insurance

Level of insurance: BIFA Other (Please State)		
Policy number:	Expiry date:	
Please state maximum liability in any one claim:		
Please state any exclusions:		

Section 4 (Air freight only)

Do you facilitate for the air movement of hazardous cargo in accordance with IATA?	Yes	No
When facilitating air movement in accordance of IATA have all persons involved received training commensurate with their duties?	Yes	No

Good in Transit/Freight Liability insurance

Name of Insurer:	
Level of insurance: IATA CAA	Other (Please State)
Policy number:	Expiry date:
Please state maximum liability in any one claim:	
Please state any exclusions:	

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Section 5 (All)

On behalf of (Company name):		
Name of person completing this form:		
Position/Status of person completing this form:		
Signature:	Date:	

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