



SUB-CONTRACTOR APPLICATION FORM

CP TRANSPORTATION SERVICES LTD: SUB-CONTRACTOR INFORMATION

Business Name:	
Address:	
Contact names & position	
Telephone: Mobile:	
Email:	
O'Licence number: (please attach copy)	
Number of vehicles operated:	
Your yard address:	
Security features at yard:	
Insurance broker details (contact, address, tel, email)	Do you consent to us contacting your broker occasionally to check policies are still in place? Yes/No
VAT Number:	
Would you like to accept self-billing?	Yes/No (if yes please complete self bill agreement attached)
BANK DETAILS	
Bank Name:	
Name on Account:	
Sort code:	
Account number:	

Please complete and return to admin@cptransport.com

CP TRANSPORTATION SERVICES LTD: SUB-CONTRACTOR INFORMATION

(If you prefer and if you have supplied your insurance broker details above, we shall contact them directly for this information)

To: _____ Email: _____ Date: _____

RE: Your client _____ has shown an interest in becoming a sub-contractor of CP Transport.

The above mentioned Company has given your details as their insurance broker. In order to approve them on our system, we need to ensure they hold the correct insurance policies. Please complete the following and return to ourselves as soon as possible by email to admin@cptransport.com

GOODS IN TRANSIT INSURANCE

Insurers name:	_____
Policy number:	_____
Renewal date:	_____

Conditions of carriage:

- CMR by statute or by contract Yes No RHA 1998 x £1,300 per tonne Yes No
- RHA 1998 x £6,000 per tonne traffic Yes No RHA 1998 x £8,500 per tonne, traffic Yes No

Containers:

- £35,000 per item of equipment Yes No

Trailers:

- £35,000 per item of equipment Yes No

Limits:

- Any one vehicle £350,000 or £ _____ Any one loss £1,000,000 or £ _____

Common Law:

- £250,000 Errors & Omissions £100,000

Territorial Limits - British Isles

Deterioration of stock – Cover is to apply in respect of temperature controlled traffic

No excluded goods, other than living creatures, bullion, cash, bank notes, stock certificates, bills of exchange, promissory notes, treasury notes, stamps, bond securities, watches, precious tones, nuclear fuel/waste and jewellery.

Please complete and return to admin@cptransport.com

TRAILERS			
Insurers Name:			
Policy Number:		Renewal Date:	
Limit any one trailer:		Excess:	
Territorial Limits:		Does cover include unattended detached trailers?	Yes/No
PUBLIC LIABILITY			
Insurers Name:			
Policy Number:		Renewal Date:	
Limit of indemnity:		Excess:	
Territorial Limits:		Does cover include indemnity to principals clause?	
Exclusions:			
EMPLOYERS LIABILITY			
Insurers Name:			
Policy Number:		Renewal Date:	
Limit of Indemnity:		Excess:	
Territorial Limits:			
Exclusions:			

I hereby confirm that my Goods in Transit Insurance Policy provides, as a minimum, cover in accordance with the above policy summary and that the necessary Employers Liability, Public Liability, and Commercial and Motor insurance cover is currently in force and will be maintained at all times when undertaking sub contractor work for CP Transportation Services Ltd. If for any reason this lapses, I agree to inform CP Transportation Services Ltd immediately.

SIGNATURE _____

Print Name _____

Position _____

Date _____

Once completed please return this form to CP Transportation Services Limited:

admin@cptransport.com

Telephone – 01394 674321

Please complete and return to admin@cptransport.com

SELF BILLING AGREEMENT

Between CP Transportation Services Ltd (the customer) – VAT number: 860 4845 14

And _____ (the supplier) – VAT number:

The self-biller (the customer) agrees to issue self-billed invoices for all supplies made to them by the self-billee (the supplier) until further notice.

The self-biller agrees to complete self-billed invoices showing the supplier's name, address and VAT registration number, as well as all other details that make up a full VAT invoice.

The self-biller agrees to make a new self-billing agreement in the event that their VAT registration number changes.

The self-biller agrees to inform the supplier if the issue of self-billed invoices will be outsourced to a third party.

The self-billee (the supplier) agrees to accept invoices raised by the self-biller on my behalf until further notice.

The self-billee agrees not to raise sales invoices for the transactions covered by this agreement.

The self-billee agrees to notify the customer immediately if they change their VAT registration number, stop being VAT registered or sell their business (or part of their business).

Customers signature _____ (signed by Adam Searle)

For and on behalf of CP Transportation Services Ltd Date _____

Suppliers signature _____

Signed by _____

For and on behalf of _____ Date _____