

DB Building Contracts Ltd

TEL: 028 276 57615 www.dbbuildingcontracts.co.uk FAX: 028 276 57770

New Employee Packs

Please find enclosed essential documents which must be fully completed and returned to our office as soon as possible.

Enclosed Forms are:

Employee Information and Bank Details Form

All employee details must be stated on this form. The account information given will be the one in which all payments will be made to.

Insurance Questionnaire

This form must be sent to your insurance company to be filled out. If a copy of your insurance certificate could be sent back with this package this would be a great help until we receive the completed questionnaire back from your insurance company.

Sub-Contractors Questionnaire

This form must be completed fully by the main sub-contractor.

Employment Health Questionnaire

These forms must be completed fully by both sub-contractor and all employees. (1 form per employee will be provided)

Sub-Contractor CSR Record

All employees must have CSR Cards on site. We need to know their CSR card numbers and also keep a copy of their cards in our office for insurance purposes.

**PLEASE RETURN ALL THE ABOVE FORMS AS SOON AS POSSIBLE
TO AVOID DELAYS IN PAYMENTS.**

9 Presbytery Lane, Dunloy, Ballymena, Co Antrim, BT44 9DZ

VAT Reg # 809 7729 86

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Empolyment Health Questionnaire

Important: Please complete all sections fully, sign the declaration section as indicated.
Please return completed questionnaire to Site Foreman.

For Completion by the Employer

Company _____
Company Address _____
Job Role _____
Site/Location _____

For Completion by the Employee/Subcontractor – Your Personal Details

Name _____
Address _____
Date of Birth _____

Medical History

Do you consider yourself to be in good health? Yes No

Do you suffer from or have you ever suffered from one or more of the following?

Please give details below if you tick 'yes', indicating appropriate dates/duration of illness, treatment & referral to specialist.

CONDITION	YES	NO	WORK RELATED Y/N
Heart problems (e.g. angina, heart attack, etc)			
High Blood Pressure			
Chest Disease (e.g. asthma, bronchitis, tuberculosis, etc)			
Diabetes			
Neurological Disorders (e.g. Stroke, migraines, etc)			
Mental Disorders (e.g. anxiety, depression, stress etc)			
Back Problems			
Muscle, tendon or joint problems of the arms or legs			
Skin Problems (e.g. eczema, psoriasis, dermatitis etc)			
Sleep Disorders (e.g. persistent insomnia, sleep apnoea etc)			
Any serious accident/injury			
Deafness/Ear disorder			
Dyslexia			
Eye Diseases			
Vertigo			
Hernia/Rupture			
Exposed to infectious Diseases			
Blood Disorders			
Any medical conditions causing sudden loss of consciousness, or any incapacity or loss of concentration and/or vision			
Any medical condition, operation or treatment not already mentioned			

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SUB-CONTRACTORS CSR RECORD

Sub-contractor Name: _____

CSR Card Number: _____

Employee Details

Employee Name: _____

CSR Card Number: _____

Employee Name: _____

CSR Card Number: _____

Employee Name: _____

CSR Card Number: _____

Employee Name: _____

CSR Card Number: _____

Employee Name: _____

CSR Card Number: _____

Employee Name: _____

CSR Card Number: _____

Please provide additional employees on separate page.

Copies of all the above CSR Cards have been enclosed with the above information.

Signed: _____ Date: _____

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INSURANCE QUESTIONNAIRE FOR SUB CONTRACTORS

TO BE COMPLETED BY INSURANCE COMPANY/REGISTERED INSURANCE BROKER

COMPLETED FORM TO BE RETURNED TO:

**D B BUILDING CONTRACTS LTD,
DB CONTRACTS & JOHN DOBBIN JOINERY
9 Presbytery Lane
Dunloy
Co. ANTRIM
BT44 9DZ**

SUB CONTRACTOR

INSURANCE BROKER

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TEL NO: _____

TEL NO: _____

PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE TO US AS SOON AS POSSIBLE.

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE.

FAILING TO COMPLY WITH INSURANCE REQUIREMENTS MAY RESULT IN A CONTRACTOR NOT BEING PERMITTED TO WORK. COMPLETION OF THIS QUESTIONNAIRE WILL BE REQUIRED ANNUALLY.

EMPLOYERS LIABILITY INSURANCE

Insurer:

Policy No:

Period of Insurance:

Description of Business as shown on the Policy:

Limit of Indemnity:

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(Min £10,000,000)

DOES YOUR POLICY COVER: -

- | | | |
|---|--|--------|
| 1 | Accidents occurring anywhere in Ireland | YES/NO |
| 2 | Liability to Labour Masters, Gang Labour only.
Sub-Contractors, Self-Employed persons and
Liability assumed under Plant Hiring
Agreements | YES/NO |

Please give details of Excesses and Restrictive Endorsements on Policy: -

PUBLIC LIABILITY INSURANCE

Insured: _____
Insurers: _____
Policy No: _____
Period of _____
Insurance: _____

Description of Business as shown on the Policy:

Indemnity: Any One Accident _____
(Min £2,000,000) Any One Period: _____

DOES YOUR POLICY COVER: -

- | | | | |
|----|---|----|--------|
| 1. | Accidents occurring anywhere in Ireland | 1. | YES/NO |
| 2. | Indemnity to Principals | 2. | YES/NO |

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- | | |
|---|-----------|
| 3. Liability in respect of Negligence of Sub-Contractors or their employees | 3. YES/NO |
| 4. Liability in respect of Negligence of Labour Masters, Gang Labour, Labour only Sub-Contractors, Self Employed Persons and Plant Operators where hired in | 4. YES/NO |
| 5. Non-Road Traffic Act Liability for all Mechanically powered vehicles | 5. YES/NO |
| 6. Is there inspection of all Plant requiring Statutory Examination to comply with Statute Law. | 6. YES/NO |

Please give details of excesses and all restrictive endorsements/warranties on Policy (e.g. burning, welding away from own premises, height and depth limits).

EXCESS PUBLIC LIABILITY

Insurer: _____

Policy Number: _____ **Renewal Date:** _____

Limit of Indemnity: _____

CONTRACTORS 'ALL RISKS'

Insurer: _____

Policy Number: _____ **Renewal Date:** _____

Limit Any One Contract: _____

Does cover apply during Maintenance Period YES/NO

Does the policy provide for the employers interest YES/NO

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Do any special conditions/exclusions apply

YES/NO

If Yes, please give details or enclose copies

Signed: _____
Insurance Broker/Insurer

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