



Section 1

Company details

Company name:	
Company address:	
	Postcode:
Telephone:	Facsimile:
Email:	Primary contact:
VAT number:	Company Reg. number:

Business type: Limited Company Sole 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.

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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

Public Liability Insurance

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





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:	Expiry date:

Which classes can you **NOT** carry?:

Do all your vehicles carrying dangerous goods comply with ADR legislation? Yes No

Do all your drivers who undertake dangerous goods movements hold training certificates? Yes No

In addition, have these drivers received security training in relation to ADR Chapter 1.10? 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 RHA 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





I T A L L O G I S T I C S L I M I T E D

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

Name of Insurer:

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:	





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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