# TECHNICAL RETURN

### FOR

**TAVISTOCK GUILDHALL GATEWAY PROJECT**

 **Contract No:**

|  |  |
| --- | --- |
| **NAME OF TENDERER:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TENDER OPENED BY:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SIGNED:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DATE:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Contractor to tick each item enclosed**

|  |  |
| --- | --- |
|  | **✓** |
| Abstract of Particulars |  |
| Relevant experience & Contract Examples |  |
| Insurance Statement |  |
| Form TAV/P/M |  |
| Form TAV/SC |  |
| Programme of Works or Summary thereof |  |
| Outline Method Statement |  |
| Details of Company Quality Control resources |  |
| Outline Construction Phase Health & Safety Plan including Risk Assessment and Method Statement addressing those risks |  |
| Evidence of Insurance cover |  |

**RELEVANT EXPERIENCE AND CONTRACT EXAMPLES**

**Please provide details of up to 3 contracts that are relevant to the requirements of the Tavistock Guildhall Gateway Project Works:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contact (1)** | **Contract (2)** | **Contract (3)** |
| **Name of customer organisation** |  |  |  |
| **Point of contact (incl. telephone no. & email)** |  |  |  |
| **Contract start/completion date** |  |  |  |
| **Estimated contract value (£)** |  |  |  |
| **Brief description of contract (max. 500 words)** |  |  |  |

**INSURANCE STATEMENT**

**This is a statement of the insurance, which I/we carry.**

**EMPLOYERS' LIABILITY INSURANCE (Workman's Compensation Assurance)**

(Required for all Contractors and Consultants)

|  |  |  |  |
| --- | --- | --- | --- |
| Insurer: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Policy No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Limit of Indemnity:(any one claim) | £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Renewal Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

This Policy includes Indemnity to Tavistock Town Council.

There are no warranties or exclusions concerning Method of Work, Maximum Height of Operations, or Maximum Depth of Excavation or similar. The work falls within the business description shown in the Policy. This cover will be maintained until completion of this contract/commission.

Certification of the above from the insurer is enclosed with this Tender.

**PUBLIC LIABILITY INSURANCE (Required for all Contractors and Consultants)**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurer: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Policy No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Limit of Indemnity:(any one claim) | £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Renewal Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

This policy includes Indemnity to Tavistock Town Council., all Liability assumed under contract, and all Liability arising from Fire, Explosion, Subsidence, Collapse or Vibration. It includes products liability. There are no warranties or exclusions concerning Method of Work, Maximum Height of Operations or Maximum Depth of Excavation or similar. The work falls within the business description shown in the Policy. The cover will be maintained until completion of this contract/commission.

The cover is sufficient for any possible loss resulting.

Certification of the above from the insurer is enclosed with this Tender.

**CONTRACTORS' "ALL RISKS" INSURANCE (required for all Contractors, not required for Consultants)**

|  |  |
| --- | --- |
| Insurer: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Policy No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sum Insured: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Renewal Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This policy includes indemnity to Tavistock Town Council. The Policy provides for "All Risks" of loss or damage to the works or protection in accordance with Contract Conditions. There are no warranties or exclusions concerning Method of Work, Maximum Height of Operations, or Maximum Depth of Excavation or similar. The work to be undertaken falls within the business description of the Policy. The cover will be maintained until completion of this Contract.

The cover exceeds the full contract value to completion.

Certification of the above from the insurer is enclosed with this Tender.

#### CERTIFICATION

All of the above is certified correct and I/we accept that liability remains with the Contractor/ Consultant should it not be covered by insurance. I confirm that all payments due to date have been paid.

|  |  |
| --- | --- |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For and behalf of: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Form TAV/P/M**

##  LIST OF MATERIALS & PRODUCTS DEEMED BY THE TENDERER

 **TO BE "EQUIVALENT" TO THOSE SPECIFIED**

List below all materials & products, which are deemed, by the tenderer, to be "EQUIVALENT" to those specified and on which the tender is based.

**Where none put "Nil".**

|  |  |  |
| --- | --- | --- |
|  **Project Spec** **Clause No.** |  **Material etc** **Specified** | **Material etc deemed by the tenderer to be equivalent** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | in capacity of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | on behalf of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### Form TAV/SC

####  PROPOSED SUBCONTRACTORS

In the event of this tender being accepted it would be necessary for us to sublet the following work.

#### Where none put “Nil”

|  |  |
| --- | --- |
|  **Work** |  **Proposed Subcontractor** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | in capacity of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | on behalf of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |