

in partnership with



*Tender for the provision of public art commissions in faughan valley woodlands, glenshane road, bt47 3sn.*

**Tender submission deadline: 4pm FRIDAY 4TH SEPTEMBER 2020**

***Document 4 of 8 – PQQ SUBMISSION***

|  |  |
| --- | --- |
| NAME OF COMPANY / INDIVIDUAL COMPLETING THIS FORM: | (INSERT NAME HERE) |

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# COMMISSION(S) APPLIED FOR

Artists shall ensure that they fill in the commissions to which they are applying for below. Failure to complete this section will result in a fail across the submission.

|  |
| --- |
| MAIN COMMISSIONS |
| No. | Description | Mark **X** to all that apply  |
| 1 | The Oaks – ‘Welcome’ |  |
| 2 | The Deer Park |  |
| 3 | The Meadow Clearings  |  |
| 4 | Brackfield  |  |
| 5 | Entering Killaloo  |  |
| 6 | Red Brae Viewpoint  |  |
| SECONDARY COMMISSION  |
| 7 | Sculpted Wooden Benches  |  |

# SECTION 1 – GENERAL INFORMATION

## (A-01) ADMINISTRATIVE INFORMATION

|  |  |
| --- | --- |
| TRADING NAME | (ENTER NAME HERE) |
| REGISTERED NAME | (ENTER NAME HERE) |
| MAIN ADDRESS | (ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE) |
| REGISTERED ADDRESS (IF DIFFERENT FROM ABOVE) | (ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE) |
| STATUS (E.G. PARTNERSHIP, LTD. COMPANY, SELF EMPLOYED, CONSORTIUM) | (ENTER TEXT HERE) |
| IF LIMITED COMPANY | DATE OF INCORPORATION: (ENTER DATE HERE) |
|  | REGISTRATION NUMBER: (ENTER NUMBER HERE) |
| VAT REGISTRATION | (ENTER NUMBER HERE) |
| TELEPHONE | (ENTER NUMBER HERE) |

## (A-02) CONSORTIUM DETAILS

If you are a single enterprise, **please ignore** this question and **go to question (A-03).**

In the case of a Consortium please enter your consortium name (if known) in the table below and indicate your company’s designation within the consortium.

|  |  |  |
| --- | --- | --- |
| NAME OF CONSORTIUM  | (ENTER NAME HERE) | Enter “Yes” where applicable |
| DESIGNATION (INDICATE YOUR COMPANY’S ROLE WITHIN THIS CONSORTIUM) | (LEAD ENTERPRISE)If “Yes”, complete (A-03) |  |
| (CONSORTIUM MEMBER NO. 2)Go to Section B |  |
| (CONSORTIUM MEMBER NO. 3)Go to Section B |  |
| (CONSORTIUM MEMBER NO. 4)Go to Section B |  |

## (A-03) NAMED CONTACT DETAILS

In the case where an Artist is a Consortium (comprising two or more members) then the Lead Enterprise on behalf of the whole Consortium is required to complete this table below.

|  |  |
| --- | --- |
| **NAME** | (ENTER NAME HERE) |
| **TITLE / POSITION**  | (ENTER TITLE/POSITION HERE) |
| **ORGANISATION**  | (ENTER NAME HERE) |
| **ADDRESS** | (ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE)(ENTER ADDRESS HERE) |
| **TELEPHONE**  | (ENTER NUMBER HERE) |
| **MOBILE NUMBER** | (ENTER NUMBER HERE) |
| **EMAIL**  | (ENTER ADDRESS HERE |

# SECTION B – PAST PERFORMANCE, ECONOMIC AND FINANCIAL STANDING, & PROFESSIONAL CONDUCT

## (B-01) EQUALITY OF OPPORTUNITY / UNLAWFUL DISCRIMINATION

In the last three years, has any finding of unlawful discrimination been made against your Company (or any parent company) by any court, employment tribunal, or any comparable body in any other jurisdictions? And/or has your Company (or any parent company) been the subject of formal investigations by the Equality Commission for Northern Ireland or any comparable body in any other jurisdiction on grounds of alleged unlawful discrimination?

|  |  |
| --- | --- |
| **RESPONSE:** | YES/NO |

If Yes, give details, including any corrective steps taken as a consequence of the findings.

|  |
| --- |
| (IF APPLICABLE ENTER TEXT HERE) |

## (B-02) INSURANCE REQUIREMENTS

The Artist’s shall hold the following insurances:-

* **PUBLIC LIABILITY INSURANCE** – Minimum limit of indemnity not less than £10million GBP per incident
* **EMPLOYER’S LIABILITY INSURANCE** – Minimum liability of indemnity not less than £10 million GBP per incident compliant with applicable statutory requirements.
* **PROFESSIONAL INDEMINTIY INSURANCE** – For all activities of a professional nature including design liability with a limit of indemnity of not less than £Value of the Contract/Commission + 10% GBP for each and every claim
* **CONTRACT WORKS/CONTRACTOR’S “ALL RISKS” INSURANCE** – Minimum limit of indemnity not less than £Value of the Contract/Commission + 15% per incident.

Artists shall confirm which option applies below. Select and complete **only one** which applies by inserting text **“Yes”**:-

**Option (B-02a)**

|  |  |
| --- | --- |
| I confirm that:- (a) My Company, or in the case of a consortium the Lead Enterprise, hold valid insurance to all the applicable values stipulated above |   |

OR

**Option (B-02b)**

|  |  |
| --- | --- |
| I confirm that:- (b) My Company, or in the case of a consortium the Lead Enterprise, current insurance provision is lower than one or more of the values set out above.I have provided confirmation at Appendix 1 (to be provided by current insurance broker) that our Company can obtain insurance to the applicable values stipulated. |   |
| **Insurance broker’s confirmation attached at Appendix 1** | Yes/No |

## (B-03) PROFESSIONAL CONDUCT

### (B-03A) MANDATORY EXCLUSION

|  |  |
| --- | --- |
| To the best of your knowledge **has** your organization or its directors or any other person who has powers of representation, decision or control of the organization **been convicted** of the offences indicated in MoI-Part A Section (B-03A) | Yes/No |

If the answer to (B-05a) is ‘Yes’ then the Employer will reject the Contractor’s submission.

### (B-03B) DISCRETIONARY EXCLUSION

|  |  |
| --- | --- |
| Do any of the conditions set out in MoI-Part A, Section (B-03B) (g) to (o) apply to your orgnisation | Yes/No |

If you answer ‘Yes’ to (B-03B), full details of each instance where the grounds for Discretionary exclusion apply, must be provided in the text box below.

|  |
| --- |
| (IF APPLICABLE ENTER TEXT HERE) |

Having considered the Company’s response to Part (B-03B) the Employer may at its discretion reject the submission.

## (B-04) TAX COMPLIANCE

1. Has the Economic Operator’s tax affaire given rise to a criminal conviction for tax related offenses which is unspent, or to a penalty for civil fraud or evasion;

State Answer Here: Yes/No

AND/OR

1. Have any of the Economic Operator’s tax returns submitted on or after 1 October 2012 been found to be incorrect as a result of:
	* 1. HMRC successfully challenging it under the General Anti-Abuse Rule (GAAR) or the “Halifax” abuse principle; or
		2. The failure of an avoidance scheme which the supplier was involved in and which was, or should have been, notified under the Disclosure of Tax Avoidance Scheme (DOTAS)

State Answer Here: Yes/No

If answering ‘Yes’ to either a) or b) above, the Economic Operator should provide the following:

* + 1. A brief description of the occasion, the tax to which it applied and the type of “non-compliance” i.e. GAAR, Halifax Abuse Principle etc.
		2. The date of the original “non-compliance” and the date of any judgement against the supplier, or date when the return was amended
		3. The level of any penalty or criminal conviction applied
		4. Details of any mitigating factors, including but not limited to:
* Corrective action undertaken by the supplier to date
* Planned corrective action to be taken
* Changes in personnel or ownership since the occasion
* Changes in financial, accounting, audit or management procedures since the occasion

Give details in the box below.

|  |
| --- |
| (IF APPLICABLE ENTER TEXT HERE) |

Where the Economic Operator fails to provide sufficient evidence that appropriate action had been taken this may result in the PQQP being rejected.

# SECTION C – HEALTH AND SAFETY QUESTIONNAIRE

## (C-01) HEALTH AND SAFETY QUESTIONNAIRE

It is not essential that you are able to answer all of the following questions, but the more questions that are answered, the more effective the assessment process.

|  |  |  |
| --- | --- | --- |
| HEALTH AND SAFETY POLICY | PLEASE ANSWER ‘YES’ OR ‘NO’ | IF ‘YES’ COULD YOU PROVIDE DETAILS[[1]](#footnote-1) IF REQUESTED?  |
| 1.1 | Does your organization make sure it complies with the Health & Safety at Work (NI) Order 1978? | YES/NO | YES/NO |
| 1.2 | Does your organization take steps to identify which of the regulations under the Order apply to your business?  | YES/NO | YES/NO |
| 1.3 | Are you aware of your responsibilities under specific regulations such as CDM, PUWER and LOLER? | YES/NO | YES/NO |
| 1.4 | Does your organization have a written Health & Safety Policy? (If ‘No’ please skip to question 2.0) | YES/NO | YES/NO |
| 1.5 | Is this reviewed periodically? | YES/NO | YES/NO |
| 1.6 | Is there a current, signed copy?  | YES/NO | YES/NO |
| 1.7 | Does it define health and safety responsibilities for all employees?  | YES/NO | YES/NO |
| EXPERIENCE |
| 2.1 | Do you have experience of this type of task?  | YES/NO | YES/NO |
| 2.2 | With regards to this task, are you able to readily identify the hazards and put into place appropriate control measures?  | YES/NO | YES/NO |
| 2.3 | Could you provide satisfactory references if asked?  | YES/NO | YES/NO |
| SUPERVISION  |
| 3.1 | Will there be adequate supervision in place?  | YES/NO | YES/NO |
| 3.2 | Are you / any managers / supervisors competent?  | YES/NO | YES/NO |
| 3.3 | If there are any changes during the job will you let the ***Employer*** know?  | YES/NO | YES/NO |
| EMPLOYEE COMPETENCE  |
| 4.1 | Does your organization train employees in health and safety? (If ‘No’ please skip to question 4.6) | YES/NO | YES/NO |
| 4.2 | Does your organization train employees in health and safety according to their particular job? | YES/NO | YES/NO |
| 4.3 | Does your organization provide the following types of training?  | Health and Safety induction  | YES/NO | YES/NO |
| Hazard Awareness | YES/NO | YES/NO |
| Accident Reporting  | YES/NO | YES/NO |
| Other training depending on nature of work and risk assessment  | YES/NO | YES/NO |
| 4.4 | Does your organization keep health and safety training records for employees? | YES/NO | YES/NO |
| 4.5 | Are your employees on the Construction Skills Register, i.e. CSR Card Holders?  | YES/NO | YES/NO |
| 4.6 | Does your organization subcontract out work?  | YES/NO | YES/NO |
| 4.7 | If subcontractors are used will you notify the ***Employer***?  | YES/NO | YES/NO |
| 4.8 | If subcontractors are used will you have suitable arrangements in place to ensure that they work safely?  | YES/NO | YES/NO |
| CONSULTING EMPLOYEES |
| 5.1 | Does your organization have a clear process for consulting employees on health and safety matters (e.g. a health and safety committee)? (If ‘No’ skip to Question 6) | YES/NO | YES/NO |
| 5.2 | Is this consultation process set out in your health and safety procedures? | YES/NO | YES/NO |
| 5.3 | Does your organization have employee health and safety representative(s)? | YES/NO | YES/NO |
| 5.4 | Does your organization have clear arrangements for employees to report health/safety risks to managers?  | YES/NO | YES/NO |
| RISK ASSESSMENT(S) |
| 6.1 | Does your organization have a risk assessment process? (If ‘No’ please skip to question 6.4) | YES/NO | YES/NO |
| 6.2 | Does your organization record the findings?  | YES/NO | YES/NO |
| 6.3 | Are risk assessments regularly reviewed?  | YES/NO | YES/NO |
| 6.4 | Does your organization produce plans/method statements of how to work safely, based on risk assessments? | YES/NO | YES/NO |
| 6.5 | Does your organization have procedures to make sure employees understand these documents/assessments?  | YES/NO | YES/NO |
| 6.6 | Does your organization have method statements and procedures to cover the use of all plant, machinery and equipment (if this applies)? | YES/NO | YES/NO |
| 6.7 | Does your organization have arrangements for checking the safety of equipment and materials?  | YES/NO | YES/NO |
| 6.8 | Does your organization apply a risk assessment to each new type/process/machinery/area of work?  | YES/NO | YES/NO |
| 6.9 | Does your organization provide any necessary personal protective equipment to employees free of charge?  | YES/NO | YES/NO |
| HEALTH AND SAFETY ADVICE  |
| 7.1 | Does your organization have access to competent health and safety advice (either within the organization or external)? | YES/NO | YES/NO |
| 7.2 | Do you belong to any safety organizations e.g. RoSPA, IOSH or the British Safety Council?  | YES/NO | YES/NO |
| 7.3 | Has your organization got an accredited health and safety management system (e.g. OHSAS 18001, BS 8800)? | YES/NO | YES/NO |
| 7.4 | Do you belong to any trade organizations, professional bodies (e.g. Gas Safety Register, NICEIC) | YES/NO | YES/NO |
| ACCIDENT RECORDS |
| 8.1 | Does your organization report incidents and accidents when required under RIDDOR[[2]](#footnote-2)? | YES/NO | YES/NO |
| 8.2 | Does your organization keep RIDDOR records (copies of reporting forms)? | YES/NO | YES/NO |
| 8.3 | Does your organization keep records and statistics of accidents/incidents? | YES/NO | YES/NO |
| 8.4 | Does your organization keep statistics of sub-contractors accidents (if this applices)? | YES/NO | YES/NO |
| 8.5 | Does your organization learn from incidents/accidents and change working practices as necessary?  | YES/NO | YES/NO |
| HEALTH AND SAFETY ENFORCEMENT  |
| 9.1 | Has your organization had any HSE or local authority improvement/prohibition notice or warning letters in the last three years? | YES/NO | YES/NO |
| 9.2 | Does your organization keep records of all such notices/warnings for three years?  | YES/NO | YES/NO |
| 9.3 | If your organization has had any such notices or warnings has it put things right to prevent it happening again?  | YES/NO | YES/NO |

# SECTION D – TECHNICAL AND / OR PROFESSIONAL ABILITY

## (D-01) EXPERIENCE – MAIN AND SECONDARY COMMISSIONS

Please provide details of up to three specific commissions completed that demonstrate your experience as an Artist of successfully delivering commissions of similar scope and complexity to the art anticipated under this contract, as set out in the Scope document.

The following shall be provided in the answer to achieve a pass mark:-

1. Visual images of the completed projects (between 5-10 images)
2. Reference to interpretation of the theme/brief
3. Working in a public space (e.g. using materials and an approach suitable in an external environment)
4. Discussions of managing budget from concept co completion

|  |  |
| --- | --- |
| Assessment | Indicators |
| Pass | The Artist has demonstrated relevant experience and has the ability to deliver a contract of this scope and complexity.Meets all the criteria listed above (items 1 to 4). |
| Fail | The Artist has failed to demonstrate relevant experience and the ability to deliver a contract of a similar scope and complexity. Fails to address all criteria listed above (1 to 4). |

Please complete the tables below.

|  |
| --- |
| **Question DO1 – Commission No. 1** |
| Commission Title |  |
| Date of Commission  |  |
| Placement / location of commission |  |
| Commission value |  |
| When the commission was carried out |  |
| **Description of the Project that satisfies question (DO-1)** |
| (PLEASE ENTER TEXT HERE – 500 CHARACTERS MAX) |

|  |
| --- |
| **Question DO1 – Commission No. 2** |
| Commission Title |  |
| Date of Commission  |  |
| Placement / location of commission |  |
| Commission value |  |
| When the commission was carried out |  |
| **Description of the Project that satisfies question (DO-1)** |
| (PLEASE ENTER TEXT HERE – 500 CHARACTERS MAX) |

|  |
| --- |
| **Question DO1 – Commission No. 3** |
| Commission Title |  |
| Date of Commission  |  |
| Placement / location of commission |  |
| Commission value |  |
| When the commission was carried out |  |
| **Description of the Project that satisfies question (DO-1)** |
| (PLEASE ENTER TEXT HERE – 500 CHARACTERS MAX) |

# SECTION E1 – DECLARATIONS

Before completion of Section E1, please read MoI.

I confirm that I have read and accepted the disclaimers set out in MoI-Part A, Section 6.

I certify that the information supplied is accurate to the best of my knowledge and completed and submitted with due diligence. I understand and accept that false information could result in exclusion from this procurement competition.

I undertake to notify the Employer of any changes to the information given in answer to questions in this PQQP that may arise during this procurement process. I also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any officer, employee, servant or representative of the Employer, Managing Agent, a Public Body, Minister of the NI Assembly. I also understand that any such action will empower the Employer to cancel any contract currently in force and will result in exclusion from this procurement competition.

I confirm that I have not canvassed or solicited any officer, employee, servant or representative, of the Employer or Managing Agent, or any Minister of the NI Assembly, in connection with this pre-qualification process and that no person employed by me or acting in my/our behalf has done any such act.

I undertake that I will not in the future canvass or solicit any officer, employee, servant or representative, of the Employer or Managing Agent, or any Minister of the NI Assembly, in connection with this pre-qualification process and that no person employed by me or acting on my / our behalf will do any such act.

I undertake that I will not offer or agree to pay or give, or pay or give any sum of money, inducement of valuable consideration directly or indirectly to any person or have done so or cause or have caused to be done in relation to any other response to this pre-qualification process any act or omission.

I undertake that I will not enter into any agreement or arrangement with any other person that he/she shall refrain from participating in this pre-qualification process.

I undertake that I will not at any time discuss with any other person any aspect of our submission, save for the Consortium members (if any) being part of my submission, and will procure this same undertaking from those Consortium members.

I undertake to assess the requirements of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 as they relate to this contract and to ensure that I will not employ a barred individual to work in regulated activity.

I confirm that I have read and understand all the documentation contained within this competition.

I confirm that I have highlighted any perceived shortcomings in this procurement process to the Employer. Any part of the documentation, or any other aspect of this procurement process, which I considered to be unclear or not compliant with relevant legislation, has been highlighted to the Employer.

## FREEDOM OF INFORMATION:

I consider that the information in this Pre-Qualification Questionnaire is commercially sensitive:

**PLEASE SELECT: YES/NO**

If the information supplied in this questionnaire is considered commercially sensitive, please state which information should not be disclosed and provide reasons:

|  |
| --- |
| (ENTER TEXT HERE) |

Period for which information should remain commercially sensitive:

|  |
| --- |
| (ENTER TEXT HERE) |

## CONFLICT OF INTEREST:

With reference to MoI; I can confirm that there is no level of conflict, or perceived conflict, of interest in relation to the personnel or work involved in this contract:

**PLEASE SELECT: YES/NO**

If youhave answered **‘No’** to the above Declaration, please explain what the possible conflict or perceived conflict of interest may be and who it relates to and how it could have an adverse effect on this contract:

|  |
| --- |
| (ENTER TEXT HERE) |

## COLLUSION AND CANVASSING DECLARATION:

I/We certify that this is a bona fide tender and that we have not fixed or adjusted the amount of the tender by or under or in accordance with any agreement or arrangement with any other person. We also certify that we have not done, and we undertake we will not do at any time before the hour and date specified for the return of this tender, any of the following acts:-

Communicate to a person other than the person calling for those tenders, the amount or approximate amount of the proposed tender, except where the disclosure, in confidence, of the approximate amount of the tender was necessary to obtain insurance premium quotations required for the preparation of the tender.

Enter into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any tender to be submitted.

Offer or pay or give or agree to pay or give any sum of money or valuable consideration, directly or indirectly to any person for doing or having done or causing or having caused to be done, in relation to any other tender or proposed tender for the said work, any act or thing of the sort described above.

In this certificate the word ‘person’ included any persons and anybody or association, corporation or unincorporated and “any agreement or arrangement” included any such transaction, formal or informal and whether legally binding or not.

I/We hereby certify that I/We have not and will not canvas or solicit any Member, Officer or Employee of the Employer in connection with the preparation, submission and evaluation of this tender or proposed award of the contract and that to the best of my/our knowledge and belief, no person employed by me/us or acting on my/our behalf has done, or will do, such an act.

I/We hereby certify that, to the best of my/our knowledge and belief, no person who is a Councillor, Officer, Servant or Agent has any direct or indirect interest, in or connection with, the Organisation.

|  |  |
| --- | --- |
| **PRINT NAME:** | (ENTER NAME HERE) |
| **TITLE:** | (ENTER TITLE HERE) |
| **POSITION IN COMPANY:** (Director/Partner/Self-Employed or Equivalent) | (ENTER POSITION HERE) |

## FAIR EMPLOYMENT and TREATMENT (NORTHERN IRELAND) ORDER 1998 DECLARATION:

Declaration and Undertaking to be signed by all main contractors and nominated subcontractors tendering for the execution of works or the supply of goods or services.

I/We hereby declare that I am/we are not an unqualified person for the purposes of the Fair Employment and Treatment (Northern Ireland) Order 1998.

I/We undertake that no work shall be executed or goods or services supplied by any unqualified person for the purposes of any contract with the Employer to which Section 64 of the Order applies.

|  |  |
| --- | --- |
| **PRINT NAME:** | (ENTER NAME HERE) |
| **TITLE:** | (ENTER TITLE HERE) |
| **POSITION IN COMPANY:** (Director/Partner/Self-Employed or Equivalent) | (ENTER POSITION HERE) |

## SAFEGUARDING DECLARATION:

I have read and agree to comply with the above notes and instructions for tendering.

|  |  |
| --- | --- |
| **PRINT NAME:** | (ENTER NAME HERE) |
| **TITLE:** | (ENTER TITLE HERE) |
| **POSITION IN COMPANY:** (Director/Partner/Self-Employed or Equivalent) | (ENTER POSITION HERE) |

## RECEIPT OF PQQP CLARIFICATION NOTES DECLARATION:

I confirm that we have received and taken into account all Clarification Notes/messages issued in support of this competition:

**PLEASE SELECT: YES/NO**

## DECLARATION FOR AND ON BEHALF OF THE CONTRACTOR (ARTIST):

I confirm that I have read and accept to abide by the terms of this PQQ and that I have all requisite corporate authority to authorize this warranty.

|  |  |
| --- | --- |
| **PRINT NAME:** | (ENTER NAME HERE) |
| **TITLE:** | (ENTER TITLE HERE) |
| **POSITION IN COMPANY:** (Director/Partner/Self-Employed or Equivalent) | (ENTER POSITION HERE) |

## SECTION F – DOCUMENT RETURN REGISTER

Please ensure that all documents are returned with this questionnaire as summarized below:

|  |
| --- |
| **DOCUMENT RETURN REGISTER** |
| **APPENDIX NO** | **QUESTION REFERENCE** | **DOCUMENT FILE NAMING CONVENTION** | **CONFIRM ‘YES’ DOCUMENTS HAVE BEEN SUBMITTED** |
| 1 | (B-02B) INSURANCE BROKERS CONFIRMATION | COMPANY NAME\_**PQQ-A1-B02B** |  |
|  | IN THE CASE OF A CONSORTIUM THAT A COPY OF THIS PQQ-PART 1 HAS BEEN COMPLETED AND SUBMITTED FOR EACH CONSORTIUM MEMBER |  |

If is the Artists responsibility to ensure that the PQQP complete with the requisite supporting information, is fully completed and returned as instructed using the **NAMING CONVENTION** outlined in the above table. Where it states COMPANY NAME the contractor or Consortium member shall insert its name. For example, if your company name was “AN Other Ltd” and returning Appendix 1 the document should be saved as **AN\_OTHER\_LTD\_PQQ\_A1-B02B.**

1. ‘Details’ may be copies of up to date and relevant documents and/or other oral or written statements [↑](#footnote-ref-1)
2. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 [↑](#footnote-ref-2)