



Sub-contractor application form

Tel: 01394 674321

Email: [traffic @cptransport.com](mailto:traffic@cptransport.com)

CP Transportation Services Ltd: Sub-contractor information

Business Name:				
Contact details:	Address:			
	Contact names / position:			
	Phone:		Mobile:	
	Fax:		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 complete self bill agreement)
Bank details	Bank name:	Name on Account:	Account number:	Sort code:

CP Transportation Services Ltd: Sub-contractor insurance details

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

To: Whom it may concern

Email:

Date: ____/____/20__

Re: Your client “

” has shown 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 traffic@cptransport.com.

Goods in Transit Insurance							
Insurer's 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						
No excluded goods, other than live animals, live creatures, bullion, cash, bank notes, stock certificates, bills of exchange, promissory notes, treasury notes, stamps, bond securities, watches, precious stones, nuclear fuel/waste and jewellery.							

Trailers			
Insurer's Name			
Policy Number		Renewal Date	
Limit any one trailer		Excess	
Territorial limits		Does cover include unattended detached trailers?	Yes / no
Public Liability			
Insurer's Name			
Policy Number		Renewal Date	
Limit of Indemnity		Excess	
Territorial limits		Does cover include indemnity to principals clause?	Yes / no
Exclusions			
Employers Liability			
Insurer's 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.

I hereby authorise my insurance broker, named above to provide confirmation to CP Transportation Services Ltd as and when requested by that company's representatives.

Signature:	Date:
Print Name:	Position:

Once completed, please return this form by post, fax or email to:

CP Transportation Services Ltd,
CP House, Orwell Logistics Park,
Nacton,
Ipswich,
Suffolk. IP10 0DD
Tel: 01394 674321
Email: traffic@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 the following date:
31/12/2011

The self-biller agrees to complete self-billed invoices showing the supplier's name, address and VAT registration number, as well as all the 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 the following date: 31/12/2011

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

Date: ____/____/____

CP Transportation Services Ltd Suppliers signature:

Signed by: _____ Date: ____/____/____

_____ For and on behalf of
