TECHNICAL RETURN

FOR

TAVISTOCK MUSEUM STRUCTURAL REPAIRS AND REFURBISHMENT WORKS

Contract No:

NAME OF TENDERER:		
TENDER OPENED BY:		
TENDER OPENED BY.		
SIGNED:		
SIGNED.		
DATE:		
Contractor to tick each item e	enclosed	
		✓
Abstract of Particulars		
Relevant experience & Contract Examples		
Insurance Statement		
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		
Health and Safety information		
Details of proposed supervisory staff		

GENERAL CONDITIONS OF CONTRACT FOR A LUMP SUM CONTRACT FOR SMALL WORKS

ABSTRACT OF PARTICULARS

Amendments and/or additions to the printed Ge	eneral Conditions of Contract	
None		
Condition 1 (2)		
The Authority shall be Tavistock Town Council.		
Condition 2 (1) (b)		
Date for Completion of the Works shall be the day after the expiration of a period TO BE AGREED from the day on which the Contractor may take possession of the Site within July 2023 or the date specified in the Order to commence work.		
Condition 39 (4) (5) (6) & (7)		
Professional Indemnity insurance Period beyond Limit of indemnity in respect of any one claim - £	•	
Condition 46 (1)		
Other than for the services listed below, the Main and shall apply from the day after that on which	ntenance Period for the Works shall be 12 months the Works are completed as certified by the CA.	
Condition 53		
Advances on Account: As defined in the agreed S	Schedule of Stage Payments.	
Condition 54 (1) (d)		
Construction (Design and Management) Regulat	ions 2015 - Applicable	
Signed:	in capacity	
Name:	of on behalf of	

RELEVANT EXPERIENCE AND CONTRACT EXAMPLES

Please provide details of up to 3 contracts that are relevant to the requirements of the Tavistock Museum structural repairs and refurbishment 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)			

Tavistock Museum Structural Repairs and Refurbishment Works

INSURANCE STATEMENT

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

iiiis is a statement of ti	ie ilisurance, which if we c	arry.
EMPLOYERS' LIABILITY (Required for all Contract)	INSURANCE (Workman's Cotors and Consultants)	ompensation Assurance)
Insurer:		Policy No:
Limit of Indemnity: (any one claim)	£	
Renewal Date:		
There are no warrantie Maximum Depth of Exca This cover will be maint		Method of Work, Maximum Height of Operations, or falls within the business description shown in the Policy. nis contract/commission.
		ntractors 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:		
damage to the works exclusions concerning or similar. The work t	ndemnity to Tavistock Town Council. The Policy provides for "All or protection in accordance with Contract Conditions. There are Method of Work, Maximum Height of Operations, or Maximum Details to be undertaken falls within the business description of the Policy. pletion of this Contract.	e no warranties or epth of Excavation
The cover exceeds the	e full contract value to completion.	
Certification of the ab	ove from the insurer is enclosed with this Tender.	
CERTIFICATION		
	rtified correct and I/we accept that liability remains with the Contreed by insurance. I confirm that all payments due to date have beer	
Signed:		
Date:		
Name:		
Position:		
For and beha	alf 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
	<u> </u>
	pacity of
Name: on be	ehalf of