



## SUBCONTRACTOR AGREEMENT

Potential Suppliers and/or Subcontractor are invited to provide the below information in order to assess its ability to successfully perform work to the standard of Arana Bobcats and Excavators requirements and Management Systems.

CONTRACTOR DETAILS			
Subcontractor Company Name: (full registered trading name)			
Is the contracting entity a - Pty Ltd Company <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/>			
ABN			
Address:			
Contact Person:			
Directors Name/s:			
Phone:		Fax:	
Mobile:		Email:	
INSURANCE DETAILS			
<b>Worker's Compensation Insurance:</b> (please attach copy of current insurance certificate)			
Insurance Company:		Policy No.:	
Expiry Date:		Limit of Cover:	
<b>Public Liability Insurance:</b> (please attach copy of current insurance certificate)			
Insurance Company:		Policy No.:	
Expiry Date:		Limit of Cover:	
<b>Accident / Income Protection:</b> (please attach copy of current insurance certificate)			
Insurance Company:		Policy No.:	
Expiry Date:		Limit of Cover:	
<b>Motor Vehicle Insurance:</b> (please attach copy of current insurance certificate)			
Insurance Company:		Policy No.:	
Expiry Date:		Limit of Cover:	
BANKING DETAILS:			
Bank:		Account Name:	
BSB No:		Account No:	
PAYMENT TERMS:			
	10% - Payment made 45 days from end of month		
	15% - Payment made 30 days from end of month		

I / We declare that the above information is to the best of my ability true and correct. Any changes to this information will be notified to Arana Bobcats and Excavators immediately. I / We declare that we will maintain the insurances detailed above and upon renewal of insurances detailed above on renewal of insurances detailed above I / We will forward updated Certificates of Currency to Arana Bobcats and Excavators.

Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_



## SUBCONTRACTOR AGREEMENT

OPERATOR / DRIVER DETAILS (please attach copy of all licenses / certificates)	
Operator Name:	

### Truck Licence:

Licence Type:		Licence Number:	
Expiry Date:		State Issued In:	

### Operator Tickets, VOC's, RII tickets

<b>1)Certificate Type:</b>		<b>2)Certificate Type:</b>	
Certificate Number:		Certificate Number:	
Issue Date:		Issue Date:	
<b>3)Certificate Type:</b>		<b>4)Certificate Type:</b>	
Certificate Number:		Certificate Number:	
Issue Date:		Issue Date:	

### General Induction Card (Blue or White card)

Card Number:		State of Issue:	
Date of Issue:		Training Provider:	

### OCCUPATIONAL HEALTH & SAFETY MANAGEMENT

	YES	NO	DETAILS (if applicable)
Safe Work Method Statement provided			
Material Safety Data Sheets for appropriate substances			
Machinery Pre-start checklists to be completed daily			
Personal Protective Equipment as follows: <ul style="list-style-type: none"> <li>○ Hard Hat (brim)</li> <li>○ Safety Glasses</li> <li>○ Steel cap boots</li> <li>○ High vis shirt</li> <li>○ Long PPE (LPPE) - Must be carried in truck</li> <li>○ Ear protection - Must be carried in truck</li> <li>○ Gloves - Must be carried in truck</li> </ul>			
Service History Up to date and in truck			



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MACHINERY INFORMATION			
	Truck	Machine 1	Machine 2
<b>General Information</b>			
Year of Manufacture			
Make			
Model			
Serial Number			
Rego Number			
Rego Expiry			
<b>Machine Particulars</b>			
Size (Tonnage)			
Tipper (Size) or F/Bed			
Width			
Height			
Removal Canopy	N/A		
Tracks	N/A		
Bucket Sizes	N/A		
<b>Safety Features Fitted and Function (Yes or No)</b>			
Reverse Alarm			
Flashing Light			
R.O.P.S.			
Seat Belt			
Fire Extinguisher			
First Aid Kit			
Anti Burst Valves			
E-Stop			
Battery Isolator			
Other (specify)			
<b>Attachments (Yes or No)</b>			
Auger	N/A		
Auger Sizes	N/A		
Drilling Depth	N/A		
Broom	N/A		
Compaction Wheel	N/A		
Forks	N/A		
Lifting Lugs	N/A		
Lifting Chains	N/A		
Profiler	N/A		
Ripper	N/A		
Rock Breaker	N/A		
Rock Grab	N/A		
Rock Saw	N/A		
Spreader Bar	N/A		
Trencher	N/A		
Vibration Plate	N/A		
Zero Swing	N/A		