

# SAP Ariba

## Suppliers Guide

## Table of Contents

What is SAP Ariba SLP (Supplier Lifecycle and Performance)? .....	4
What is Registration? .....	4
Step 1: How to Register an Account? .....	5
Step 2: Complete the Registration Questions .....	6
Potential conflicts – duplicate account or AdBlock issue .....	9
Allow Ads on the Ariba site in AdBlock .....	9
Clear cache / browsing data if you have trouble logging in .....	10
How to Complete the Registration Questionnaire .....	11
Terms & Conditions: .....	11
General Supplier Information: .....	11
Bank Information.....	13
Tax Information.....	14
EXAMPLE - Ireland .....	15
EXAMPLE - France.....	15
All other countries .....	15
Invoicing .....	16
Declaration .....	16
I have registered my Ariba account, what next?.....	17
How to Complete the Pre-Qualification Questionnaires? .....	17
Pre-Qualification Checklist .....	18
General Vendor Pre-Qualification Questionnaires .....	20
Step 1: Supplier Insurances Certificate Questionnaire .....	21
Step 2: Quality Management Questionnaire .....	24
Step 3: Support and Service Certificate Questionnaire .....	25
Subcontractor Vendor Pre-Qualification Questionnaires .....	26
Step 1A: Health, Safety, Quality & Environmental Management Certificates and Documents ....	27
Step 1B: Health, Safety, Quality, & Environmental Management Questionnaire .....	30
Step 2: Insurances Certificate Questionnaire .....	35
Step 3: Irish Revenue Questionnaire .....	43
Step 4: Legal Questionnaire.....	45
Step 5: Quality Details.....	46
Step 6: Sustainability.....	47
Step 7: Miscellaneous Questionnaire .....	49
Step 8: Financial Details .....	52
Consultant Vendor Pre-Qualification Questionnaires.....	53
Step 1: Supplier Insurances Certificate Questionnaire .....	54

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Step 2: Health, Safety, Quality, & Environmental Management Questionnaire .....	62
Step 3: Project Details and References Questionnaire .....	67
Labour Agency Vendor Pre-Qualification Questionnaires.....	68
Step 1: Supplier Insurances Certificate Questionnaire.....	69
Step 2: Health, Safety, Quality, & Environmental Management Questionnaire.....	77
Step 3: Project Details and References Questionnaire .....	82
FAQs .....	83
Why would a Questionnaire be resent?.....	83
How to I check the Status of my Account? .....	83
What happens if my invite or questionnaires link expires? .....	83
What happens if my insurance expires?.....	84
Have you been invited to resubmit your insurance certificates?.....	84
Updating your Company Details.....	85
Who can I contact for more information?.....	86
If you are already approved with another company in SAP ARIBA, do you still need to register with Mercury? .....	86
How do I get notifications? .....	86
What if the invite is sent to the wrong person? .....	86
What is the process if you do not receive email notification for registration? .....	87
I received an unexpected error.....	87
Why does the link not work? .....	87
Why do I see a blank pop-up box when attempting to open the Questionnaire?.....	88
How do I delete/clear my browser recent history, cookies, or cache? .....	89

## What is SAP Ariba SLP (Supplier Lifecycle and Performance)?

Mercury uses the SAP Ariba "Supplier Lifecycle and Performance" (SLP) module to onboard our suppliers. Ariba improves our onboarding process and allows all suppliers to self-serve and maintain their data within the system. This way of working gives you control over your own data and reduces the possibility of errors.

Supplier types for onboarding:

- **Sub-Contractor:**  
For companies performing works on site.
- **Consultant:**  
For companies performing consultancy services for the project (whether on site or not).
- **Vendor:**  
For companies supplying materials to the project (without doing any work on site).
- **Service Provider:**  
For companies providing services to the project (e.g. cleaning services, catering, security...).
- **Labour Agency:**  
For companies providing temporary workers to the project.

## What is Registration?


All new Mercury suppliers are required to register in SAP Ariba SLP with the ability to securely self-administer your own data.

Registration is the process of creating your account.

## Step 1: How to Register an Account?

You will receive an email invitation from your Vendor Manager contact in Mercury.

Note the blue link in the email that says [Click Here](#)

Invitation: Register to become a supplier with Mercury Engineering - TEST 



### Register as a supplier with Mercury Engineering - TEST

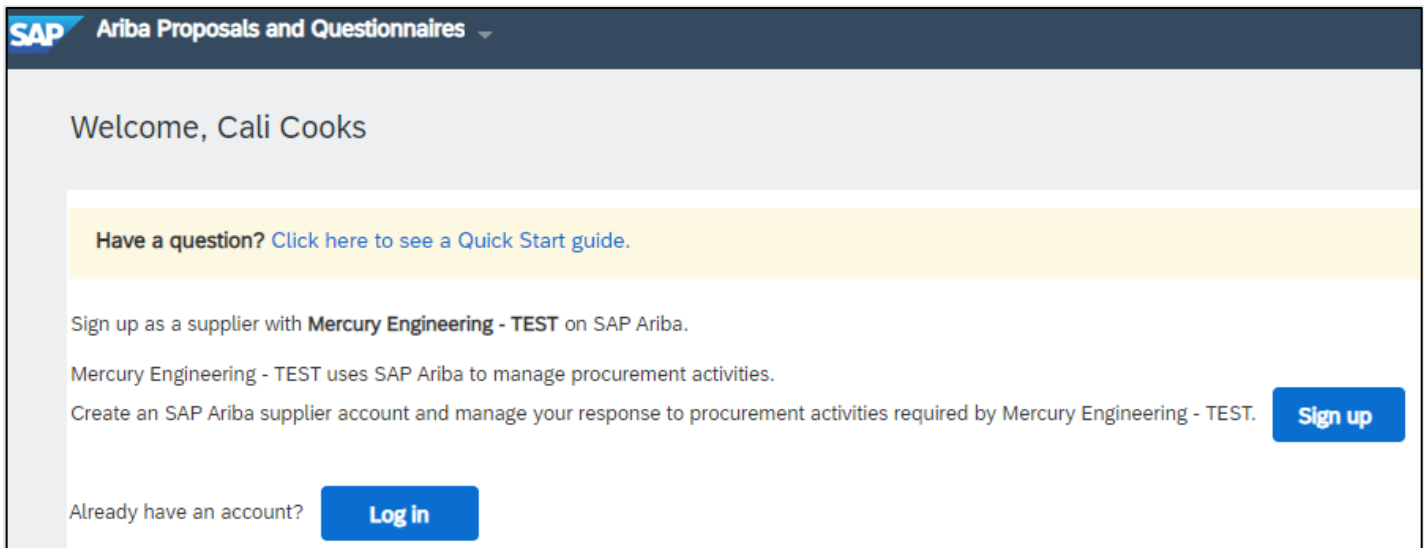
Hello!

Gillian Giblin has invited you to register to become a supplier with Mercury Engineering - TEST. Start by creating an account with Ariba Network. It's free.

Mercury Engineering - TEST uses Ariba Network to manage its sourcing and procurement activities and to collaborate with suppliers. If you already have an account with Ariba Network, sign in with your username and password.

[Click Here](#) to create account now

- When you click the link, the Ariba Registration/Login screen will open.



The screenshot shows the SAP Ariba Proposals and Questionnaires page. At the top, there is a header with the SAP logo and the text 'Ariba Proposals and Questionnaires'. Below the header, the page greets the user with 'Welcome, Cali Cooks'. A yellow banner contains the text 'Have a question? [Click here to see a Quick Start guide.](#)'. Below this, there is a section for signing up as a supplier with Mercury Engineering - TEST on SAP Ariba. It states that Mercury Engineering - TEST uses SAP Ariba to manage procurement activities and provides instructions to create an SAP Ariba supplier account and manage responses to procurement activities required by Mercury Engineering - TEST. There are two buttons: 'Sign up' and 'Log in'. The 'Log in' button is highlighted with a blue background.

- Click [Sign up](#) to register an account.
- Click [Log in](#) if you already have an account. You may already be registered in Ariba with a different supplier. You can use the same log-in details if you wish. Make sure you follow our email link to the right webpage first.

## Step 2: Complete the Registration Questions

Complete the registration questions to create your account.

### Company information

Company Name: *	<input type="text" value="Cali's Kitchen"/>
Country/Region: *	<input type="text" value="Ireland [IRL]"/>
Address: *	<input type="text" value="107 Monsktsown Road"/>
	<input type="text" value="Monskstown"/>
City: *	<input type="text" value="Dublin"/>
Postal Code:	<input type="text" value="A94 A722"/>
State: *	<input type="text" value="Dublin [IE-D]"/>

- Enter your **Company Name** and **Address**.

**Tip:** If you have more than one office, enter the main address. There will be a chance to include additional addresses at a later stage of the registration.

Any fields with an \* asterix are mandatory.

## User account information

Name: *	<input type="text" value="Cali"/>	<input type="text" value="Cooks"/>
Email: *	<input type="text" value="giblingillian@gmail.com"/>	
	<input type="checkbox"/> Use my email as my username	
Username: *	<input type="text" value="test-calicooks@gmail.com"/>	
Password: *	<input type="password" value="Enter Password"/>	
	<input type="password" value="Repeat Password"/>	
Language:	<input type="text" value="English"/> ▼	
Email orders to: *	<input type="text" value="calicooks@gmail.com"/>	

- Enter your **Name**, **Email** and new account **Password**.

*Passwords must have a minimum of 8 characters, including upper and lowercase, a number and special character.*

**Top Tip:**

Choose a generic email and password that can be shared with someone else in your company - if this complies with your IT security policies.

*For example, admin@companyemail*

- ✚ You can share the log-in details securely between departments to speed up the onboarding process across tax, finance and insurance.
- ✚ If someone else in your company has already created an account – you should not create another to avoid duplicates.

- **Language**

**Tip:** *This selection ensures the language used when Ariba sends you notifications.*

**Choose the language you want to receive updates in.**

- ✚ *This is not the same as your choice of language in your web browser. You can change your Google settings to translate for you. Language*

Tell us more about your business

Product and Service Categories:\*

X

Ship-to or Service Locations:\*

X

Tax ID:  Enter your Company Tax ID

Vat ID:  Enter your company's five to

DUNS Number:  Enter the nine-digit number account. ⓘ

- Click **Add** to search for a **Category**.

**Tip:** These are based on UNSPSC (United Nations Standard Product and Service Codes). You can type a description and the system will begin a search or select **Browse** for available categories. If there is not an exact match, select one that best matches your business offerings.

- In the **Ship-to or Service Locations** field click **Add** to search for or type in the name of any countries you work in.
- Tax ID** and **VAT ID** are not relevant to all suppliers. Input these details if your company is registered.
- DUNS Number** (Data Universal Numbering System) is also an optional field because it is not relevant to everyone. If this is relevant for your company, please include.

☒ I have read and agree to the [Terms of Use](#)

☒ I hereby agree that SAP Business Network will make parts of my (company) information accessible to other users [Privacy Statement](#) to learn how we process personal data.

**! Please correct the above errors and resubmit**

- Tick the checkboxes.
- Click **Create account and continue**.

If you miss any mandatory information, you will see the red text opposite

**! Please correct the above errors and resubmit.**

Based on the information you have provided; the system will ensure that you are not creating a duplicate account (as there can only be one Ariba account per legal entity). You will be warned of potential conflicts and given the chance to **Review accounts**.

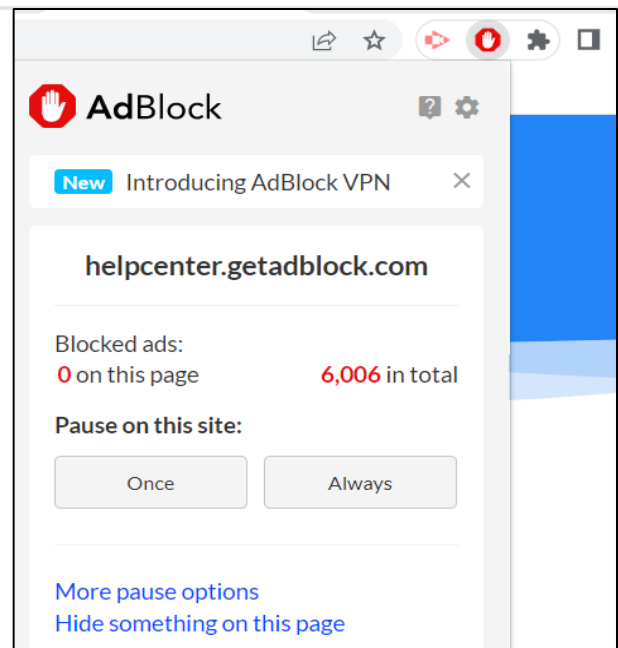
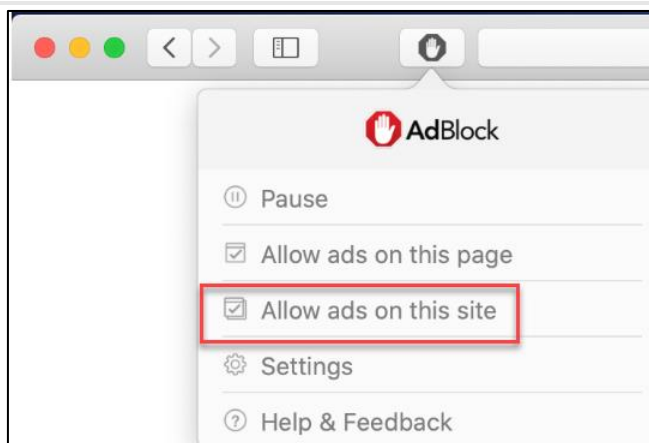
### Potential conflicts – duplicate account or AdBlock issue

- Upon review, if you are happy that there is no duplication then click **Continue Account Creation**
- If this is a duplicate account, then you should contact your company's account administrator to have you added as a user to that account. [Click here for more information](#)
- The recommended internet browser to use for SAP Business Network is Chrome.
- In case you must use Safari, make sure you follow the instructions about [Adblocker](#) in your browser. To overcome this, you will need to change the settings to "Allow ads on this site."

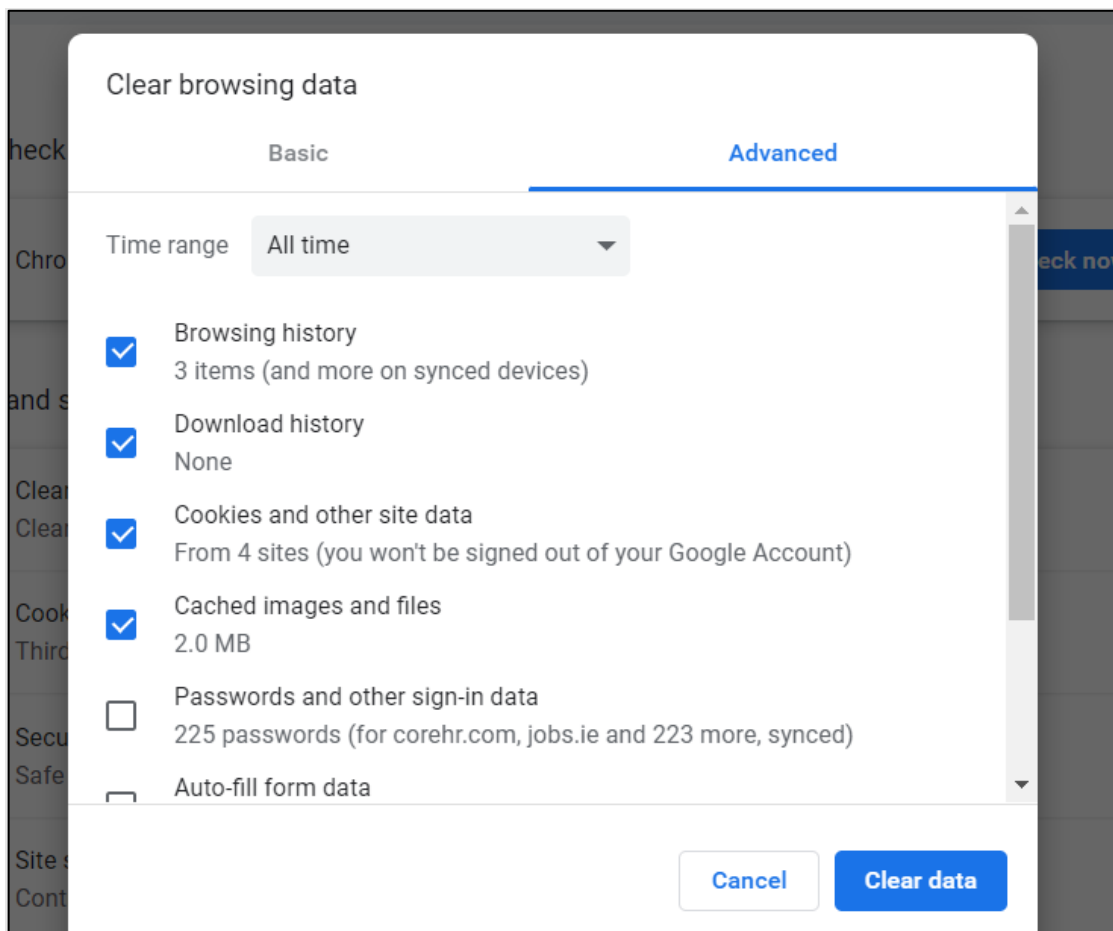
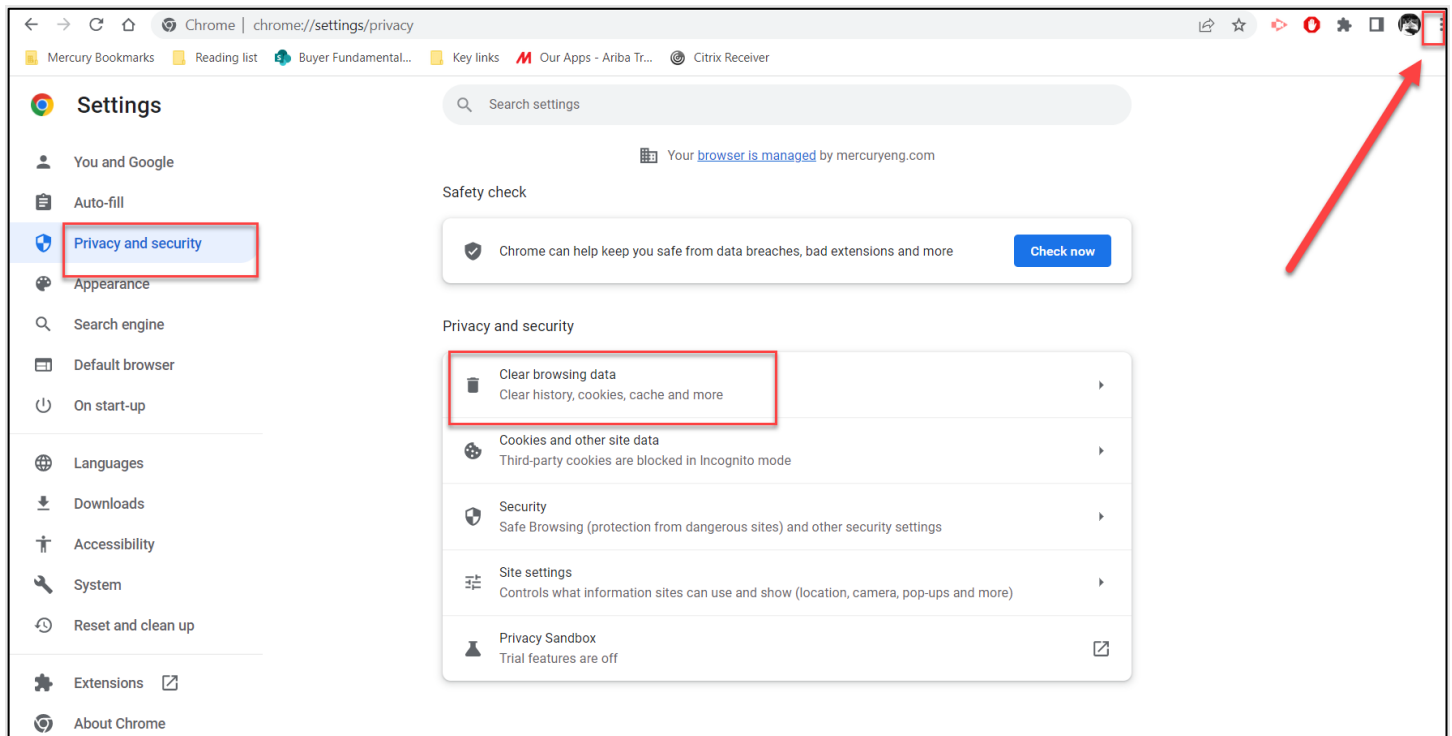
### Allow Ads on the Ariba site in AdBlock

AdBlock is a fast and powerful ad blocking app that speeds up web browsing by removing ads and reducing loading times of web pages. AdBlock Safari is often found on MAC computers, but AdBlock is also used on Chrome, Firefox, and Edge.

AdBlock blocks annoying ads on millions of websites however, it also disturbs the notifications and updates in Ariba. If you have AdBlock installed on your computer, it will be necessary to **Allow Ads on this Site** for Safari users and **Allow** for Chrome users.



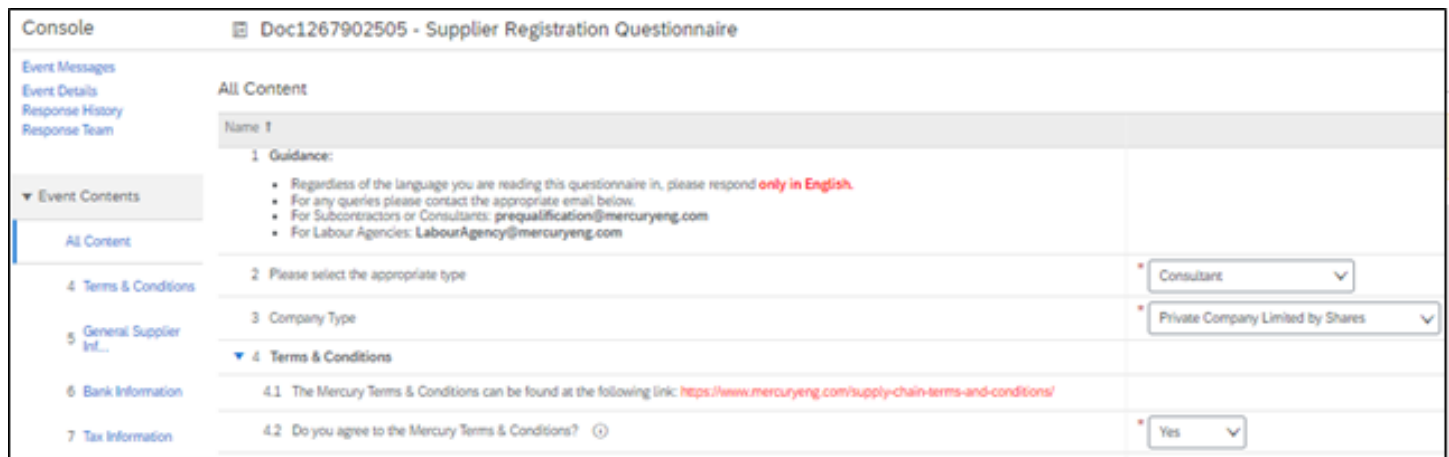
## Clear cache / browsing data if you have trouble logging in



## How to Complete the Registration Questionnaire

Some of the questions in this form will be answered based on the information you submitted. Review these are correct and complete the questions that have an \* which means mandatory.

Where you see the blue links: [Add Bank Information](#) and [Add Tax IDs](#), or [Attach File](#), you need to click and complete extra questions and upload a document.



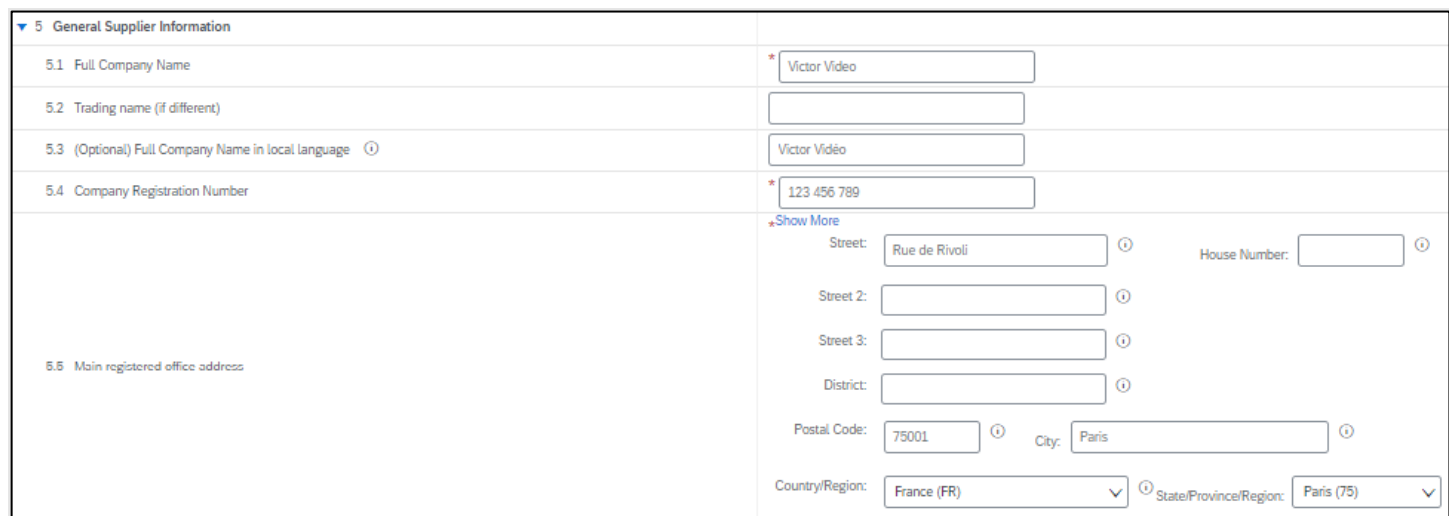
2. **Please select appropriate type:** vendor type already populated, is it correct?
3. **Company Type:** is this correct?

### Terms & Conditions:

4. Click the link to review and answer Yes/No if you agree.

### General Supplier Information:

5. Expand for additional questions.



- 5.1. **Full Company Name:** type the full business name.
- 5.2. **Trading name (if different)** optional input if your trading name is different.
- 5.3. **(Optional) Full Company name in local language**

**5.4. Company Registration Number:** this is different in all countries and the list below is not exhaustive. Here are a couple of examples:

- France has the SIRET number (Système d'Identification du Répertoire des Établissements).
- Denmark has the CVR number (Central Business Register).
- Ireland has the CRO number (Company Registration Office).
- Spain has the CIF (Certificado de Identificación Fiscal).
- United Kingdom has the CRN (Company Registration Number).
- The NIP in Poland (Numer Identyfikacji Podatkowej)

**5.5 Main registered office address:** Include details of the main company location.

5.7 Year of establishment	* 2012
5.8 Company Website	* www.victorvideo.fr
5.9 Please list all directors within your company	* Victor Laurent Lolly Laurent
5.10 Number of directly employed staff	* 36
5.11 Does the company have a Parent Company (PC) or an Ultimate Holding Company (UHC)?	* No

**5.7 Year of establishment:** what year was your company formed?

**5.8 Company website**

**5.9 Please list all directors within your company**

**5.10 Number of directly employed staff:** how many people are employed?

**5.11 Does the company have a Parent Company (PC) or a Parent Holding Company (UHC):** choose Yes or No.

5.16 Description of services and/or supplies offered	* Printing and Photographic and Audio and .... Editorial and Design and Graphic and Fin... [select]
▼ 5.17 Main Telephone Numbers	
5.17.1 Country code (main and mobile telephone numbers)	* France (+33) [FR]
5.17.2 Main telephone number	* +33 (0)1 40 20 53 17
5.17.3 Mobile telephone number	* +331023456789
5.17.4 Fax Number	
▼ 5.18 Key Email Addresses	
5.18.1 E-mail address for purchase orders	* sales@victorvideo.fr
5.18.2 E-mail address for accounts receivable	* accounts@victorvideo.fr
► 5.19 General Company Contacts	
5.20 Do you have multiple branches where POs can be issued?	* No

**5.16. Description of services and/or supplies offered:**  
click [select] to choose from a pre-defined list of options.

**5.17. Main Telephone Numbers**

**5.18. Key Email Addresses:** input the emails to receive purchase orders and accounts.

**5.20. Do you have multiple branches where POs can be issued?**

choose Yes if you have more than one office which creates purchase orders, or No.

## Bank Information

6 Bank Information	Add Bank Information (0)
7 Tax Information	

Click [Add Bank Information](#).

Click [Add Bank Information](#) to expand the questions.

Bank Information (2)

Name 1	
Bank Information #2	Delete
<p><b>Guidance:</b></p> <ul style="list-style-type: none"> <li>Ensure you include an IBAN unless you have a USA-based account</li> <li>Please ensure you include Account Holder Name</li> <li>Please ensure that there are NO SPACES in the IBAN Number</li> </ul>	
Bank account information	<p>* Bank Type: Domestic ▾</p> <p>Country/Region: France ▾</p> <p>Bank Name: Banque de France</p> <p>Bank Branch:</p> <p>Street:</p> <p>City:</p> <p>State/Province/Region:</p> <p>Postal Code:</p> <p>Account Holder Name:</p> <p>Bank Key/ABA Routing Number:</p> <p>Account Number:</p> <p>IBAN Number: FR7630006000011234567890189</p> <p>SWIFT Code:</p> <p>Bank Control Key: No Choice ▾</p>
Provide bank details on company headed paper (signed & dated) ⓘ	* Attach a file
Number of years with this bank	* 10
<a href="#">Add an additional Bank Information</a> <span>(*) indicates a required field</span>	

- **Bank Type:** choose Domestic or Foreign.
- **Country/Region:** choose the country your bank is located in.
- **Account holder Name:** what is the name on the account?
- **IBAN number:** if you do not use an IBAN number, ensure you include other banking details instead.
- **Provide bank details on company header paper:** click [Attach File](#) to upload a bank statement.
- **Number of years with this bank:** how many years have you been banking with this bank?

Click [Save](#) unless you have additional bank accounts to include.

To add more bank accounts for other countries, click [Add an additional Bank Information](#)

## Tax Information

The key fields to complete are:

### 7.1. For which countries are you being onboarded for?

Click [\[select\]](#) to choose all the countries you are being onboarded to work in.

6 Bank Information		Add Bank Information (2)
▼ 7 Tax Information		
7.1 For which countries are you being onboarded for? I.e. Where the works are based and/or where the services/supplies are being provided (not your company location).		FRA [ select ]
7.2 Note you must select one or more of the specific options: Austria, Belgium, Denmark, France, Germany, Ireland, Israel, Italy, Netherlands, Poland, Spain, Sweden, Switzerland, Turkey, UK		
▼ 7.3 Tax Details		
7.3.1 Please provide your Tax Registration number in question 8.1		
7.3.2 Is your company VAT registered?		* Yes ▼
7.3.3 If yes, please provide your VAT Registration number in question 8.1 alongside the required attachment a few fields below it.		
7.3.5 Please answer and provide as follows depending on where the works are based / where the services/supplies are supplied. (i.e. not your company location)		
▼ 7.3.13 France - Works conducted / Services/Supplies offered		
7.3.13.1 Is your company registered for taxes in France?		* Yes ▼
7.3.13.2 If yes, please provide details of the relevant tax heads.		* Attach a file

### 7.3.2. Is your company VAT registered? Yes or No.

#### 7.3.13.1. Is your company registered for taxes? (In the country you registered with).

#### 7.3.13.2. If yes, please provide details of the relevant tax heads. Click [Attach a file](#) to upload a tax document.

Clicking Save will only save your Repeatable Section answers. To submit your response, you will need to click Save and then click Submit Entire Response on the main screen.

All Content > 8 Tax IDs

Tax IDs (1)

Name	1	Delete
▼ Tax IDs #1		
Tax number(s)		Country/Region: (no value) ▼
Below please attach official supporting documentation that supports the tax information provided. If there are multiple documents please ZIP them up		
VAT Certificate or copy invoice		Attach a file
Applicable Tax certificate		Attach a file
Add an additional Tax IDs		(*) indicates a required field

The Tax Information asked is slightly different in various countries (see the next page for examples).

- Choose your country.
- Input the Tax number.
- Attach the relevant certificates.

Click [Save](#) unless you have additional bank accounts to include.

To add more Tax IDs for other countries, click

Add an additional Tax IDs

**Note:** Ensure that you enter the number in the correct format for your country.  
The VAT number is mandatory to onboard your account.

EXAMPLE - Ireland

Tax IDs #1		Delete	
Tax number(s) ⓘ		Country/Region: Ireland (IE) ⓘ	
		Tax NameTaxTypeTax Number	
		Ireland: VAT Registration NumberOrganization	
		Below please attach official supporting documentation that supports the tax information provided. If there are multiple documents please ZIP them up	
		VAT Certificate or copy invoice	
Applicable Tax certificate		Attach a file	

EXAMPLE - France

Tax number(s) ⓘ		Country/Region: France (FR) ⓘ	
		Tax NameTaxTypeTax Number	
		France: VAT Registration NumberOrganization	
		France: SIRET NumberOrganization	
		France: SIREN NumberOrganization	
France: TIN NumberOrganization			
Below please attach official supporting documentation that supports the tax information provided. If there are multiple documents please ZIP them up			
VAT Certificate or copy invoice		Attach a file	
Applicable Tax certificate		Attach a file	

All other countries

If you work in another country the VAT registration number may have another name.

## Invoicing

- **Purchase order Currency:** change if the default is incorrect.
- **Do you agree to Mercury payment terms of 60 days from end of month?** Choose Yes or No. If you choose No, you need to add an explanation for the term that was agreed.

8 Tax IDs	Add Tax IDs (1)
▼ 10 Invoicing	
10.1 Purchase Order Currency	* European Euro [EUR] ▼
10.2 Do you agree to Mercury payment terms of 60 days from end of month?	* Yes ▼

## Declaration

▼ 11 Declaration	
11.1 I certify that I have the authority to confirm the accuracy and sincerity of the information provided in this Prequalification process.	* Confirm ▼
11.2 Full Name	* Victor
11.3 Position	* Video


- **I certify that I have the authority to confirm the accuracy and sincerity of the information in the Prequalification process:** Confirm.
- **Full Name**
- **Position**

Submit Entire Response	Save draft	Compose Message	Excel Import
------------------------	------------	-----------------	--------------

- Click **Submit Entire Response** to complete.

You can use the other options to save as draft if not finished yet, create a message before you save or export to Excel.

If you miss any mandatory field a red notification will display at the top of the screen. Click Next and Previous to move between the issues.

 **There are 6 problems that require completion or correction in order to complete your request.**  
Mouse over the red icons to learn more. Use the *Next* and *Previous* links to step through the errors as needed.

## I have registered my Ariba account, what next?

After you register your Ariba account, you will receive an email confirming your new account details. Your vendor manager will be notified by email to approve your account.

The vendor manager will review your details and may ask for further information if required. They will send you Pre-Qualification questionnaires to submit.

## How to Complete the Pre-Qualification Questionnaires?

The Vendor Manager in Mercury who is looking after your application will send you a follow-up email containing relevant questionnaires which must be submitted.

The Pre-Qualification Questionnaires require information about your company details and policies. Please respond quickly to avoid delaying your account approval.

If the questionnaires are not relevant for your country or company, then select NO to the questions. We still need you to complete the answers to continue with onboarding your account.



Hello Cali Cooks,

Please fill out the listed questionnaires and return them by the specified dates. These questionnaires are necessary to complete the Purchasing Supplier Pre-Qualification process. Thank you for taking the time to respond to each one.

Note the [blue links](#) will take you to the Ariba login to complete the required Questionnaire details.

### **Important:**

The Questionnaires you receive will be based on the type of vendor that you are.

Each vendor type will be explained in its own section.

Please read the section that fits your company vendor type:

1. General Vendor
2. Subcontractor
3. Consultant
4. Labour Agency

## Pre-Qualification Checklist

Below is a list of all documents you will be asked for. If you do not have some of these policies or certificates, you can answer *No* to the question.

Some insurance is country specific and it may not be required.

See the *Terms and Conditions* for further explanation on Point #4 on the Registration questionnaire.

Documents	General Vendor	Subcontractor	Consultant	Labour Agency
<b>Insurance</b>				
<b>Public or Product Liability Insurance</b> (applicable to some countries. For example, UK and Ireland).				
<b>Employers Liability Insurance</b>				
<b>Indemnity Insurance</b>		 Where required	 Mandatory	 Mandatory
<b>General Liability Insurance</b> (applicable to some countries. For example, Spain or France).				
<b>Contractors Plant + Equipment All Risks Insurance</b>				
<b>Motor Insurance Certificate</b>				
Attestation = proof of ability to work in specified country	In some cases	In some cases	In some cases	In some cases
<b>Quality</b>				
Quality Management policy				
ISO 45001 certificate	If you have	If you have	If you have	If you have
Quality plan				
Product / Material Certification		 Where required		

Documents	General Vendor	Subcontractor	Consultant	Labour Agency
<b>Health, Safety, Environmental</b>				
Health, Safety, Quality & Environmental Management Certificates		✓		
Environmental policy		✓	✓	
Health & Safety training matrix		✓		
Health & Safety policy	✓	✓	✓	✓
Safety Statement	✓	✓	✓	✓
Health & Safety prosecutions in the last 4 years		✓	✓	✓
Safety Incident Statistics in the last 4 years		✓	✓	✓
<b>Sustainability</b>				
CSR / ESG / Sustainability policy		If you have		
Modern Slavery policy		If you have		If you have
EcoVadis score		If you have		
Carbon reduction targets		If you have		
Waste report		If you have		
<b>Finance</b>				
Balance Sheet Income Statement Cash Flow- 3 years		✓ Mandatory		
<b>Quality Assurance</b>				
Quality Assurance manual	✓	✓	✓	✓
Quality Assurance policy	✓	✓	✓	✓
Support and Service policy	✓	✓	✓	✓
Drugs and alcohol policy	✓	✓	✓	✓

## General Vendor Pre-Qualification Questionnaires

General vendors receive the following Questionnaires:

1. Supplier insurance Certificates
2. Quality Management
3. Support and Service



Hello Cali Cooks,

Please fill out the listed questionnaires and return them by the specified dates. These questionnaires are necessary to complete the Purchasing Supplier Pre-Qualification process. Thank you for taking the time to respond to each one.

### Process Overview

Process: Purchasing Supplier Pre-Qualification

Category: Banquet and catering services

Region: Ireland

Business unit: Data Centre & Building Services 1

Material: Not applicable

Process owner: Gillian Giblin

Message:

### Questionnaire Overview

Name	Assigned To	Respond By
<a href="#">Supplier Insurance Certificates Questionnaire</a>	Cali Cooks	December 30, 2022 at 5:49 AM
<a href="#">Quality Management Questionnaire</a>	Cali Cooks	December 30, 2022 at 5:48 AM
<a href="#">Support and Service Questionnaire</a>	Cali Cooks	December 30, 2022 at 5:48 AM

### Step 1: Supplier Insurances Certificate Questionnaire

Your company may not need to upload any insurance information. It is only relevant to some countries and company types. The main items we will be seeking confirmation on are the following:

- Your insured business description adequately covers your scope of work/services with Mercury.
- Indemnity insurance limits comply with those set out in our minimum terms and conditions.
- Ensuring you have adequate territorial and jurisdiction limits under your policies.
- The insurances are current, and a broker/insurer cert is provided.

If the insurances are non-compliant with any of the above or information is not provided, we will be seeking additional information before we can approve.

Doc1239667096 - Supplier Insurance Certificates Questionnaire

All Content

Name ↑	
1 Guidance:	<ul style="list-style-type: none"> <li>• Regardless of the language you are reading this questionnaire in, please respond <b>only in English</b>.</li> <li>• For any queries please contact <a href="mailto:prequalification@mercuryeng.com">prequalification@mercuryeng.com</a></li> </ul>
2 Will you have people on-site?	* No ▾
▼ 4 Insurance Company or Broker details	
4.1 Name of Company/Broker	FBD
<a href="#">Show More</a>	

- **Will you have people onsite?** Only answer Yes if employees will be working on our site.
- **Insurance Company or Broker details:**  
Include **Contact Name**, **Phone Number** and **Email Address** if known.

Name ↑	
4.3 Contact Name	Cali Cooks
4.4 Phone Number	089345678
4.5 Email Address	calicooks@gmail.com
▼ 5 Public or Product Liability Insurance	
5.1 Do you have Public / Product Liability Insurance?	* Yes ▾ <a href="#">Details</a>
5.2 Level of Cover (Euros)	* 100000 EUR
5.3 Territorial Limits	* Ireland
5.4 Do you have an additional Public Liability Insurance certificate specific for a separate country?	* No ▾

- **Public or Product Insurance:** If you have Public or Product Liability Insurance, you need to answer a few additional questions and click **Details** to input the certificate information.

Click [Details](#) to upload a copy of the certificate.

Choose No if you do not have insurance. It is not always a requirement.

Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date are required fields.

### 5.1 Do you have Public / Product Liability Insurance?

Enter details for **Certificate**. Enter the location of a file to add as an **Attachment**. To search for a [More](#)

Certificate Type: [Public Liability Insurance Certificate](#)

Issuer: \*

Year of Publication: \*

Certificate Number: \*

Certificate Location: \*

Effective Date: \*

Expiration Date: \*

Attachment: \*  No file chosen

Or drop file here

If you have **Employer's Liability** and/or **Professional Indemnity Insurance**, you need to answer a few additional questions and click [Details](#) to input the certificate information.

▼ 6 Employer's Liability Insurance	
6.1 Do you have Employer's Liability Insurance?	* Yes ▾ <a href="#">Details</a>
6.2 Level of Cover (Euros)	* €500,000.00 EUR
6.3 Territorial Limits	* Ireland
6.4 Do you have an additional Employer's Liability Insurance certificate specific for a separate country?	* No ▾
▼ 7 Professional Indemnity Insurance	
7.1 Do you have Professional Indemnity Insurance?	* Yes ▾ <a href="#">Details</a>
7.2 Level of Cover (Euros)	* €500,000.00 EUR

- **Do you have Employer's Liability Insurance?** Choose Yes/No.  
Click [Details](#) to upload a copy of the certificate.
- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Insurance certificate specific to a separate country?** Yes/No.

Additional Region(s) – Attestation:

This section is directed to suppliers who are set up in Ariba but want to extend their details to include additional countries.

8 Additional Region(s) - Attestation

8.1 The below fields are optional if you are receiving this questionnaire from Mercury for the first time. If you have been requested to update this Questionnaire then the below are mandatory.

8.2 Have you been requested for an update to these Certificates by Mercury because you are being onboarded for a new Region/Country?

Unspecified

8.3 For which country(ies)?

8.4 Please provide an attestation that you can work in the country(ies) required

Attach a file

(\*) indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

- Have you been requested for an update to these Certificates by Mercury because you are being onboarded for a new Region/Country?
  - Choose **Yes** if Mercury have asked you to submit certificates for an additional country.
  - Choose **No** if you are not applying to work in additional countries.

Submit Entire Response

✓ Submit this response?

Click OK to submit.


OK

Cancel

- Click **Submit Entire Response**.
- Click **OK**.
- A confirmation message will display.

Step 2: Quality Management Questionnaire

**This is a mandatory field and upload.**

Questionnaire details	
Question	Response
<b>1 Guidance:</b> <ul style="list-style-type: none"><li>Regardless of the language you are reading this questionnaire in, please respond <b>only in English</b>.</li><li>For any queries please contact <a href="mailto:prequalification@mercuryeng.com">prequalification@mercuryeng.com</a></li></ul>	
<b>2</b> Does your company have a documented quality management policy/ procedure/certificate?	Yes
<b>3</b> If Yes, please enclose copy of the policy.	 441.06 kb

- **Does your company have a documented quality management policy / procedure / certificate?**
  - Choose **Yes** if you have a documented policy to upload.
  - Choose **No** if you do not have a policy.
- **Please enclose a copy of the policy.**

If you have a Quality policy document, please upload it here. If you do not have a policy attach your quality statement.


- Click **Attach a file**.  
**This is a mandatory field and upload.**

**Add Attachment**

Enter the location of a file to add as an **Attachment**. To search for a particular file, click **Browse...** When

Attachment:  No file chosen

Or drop file here

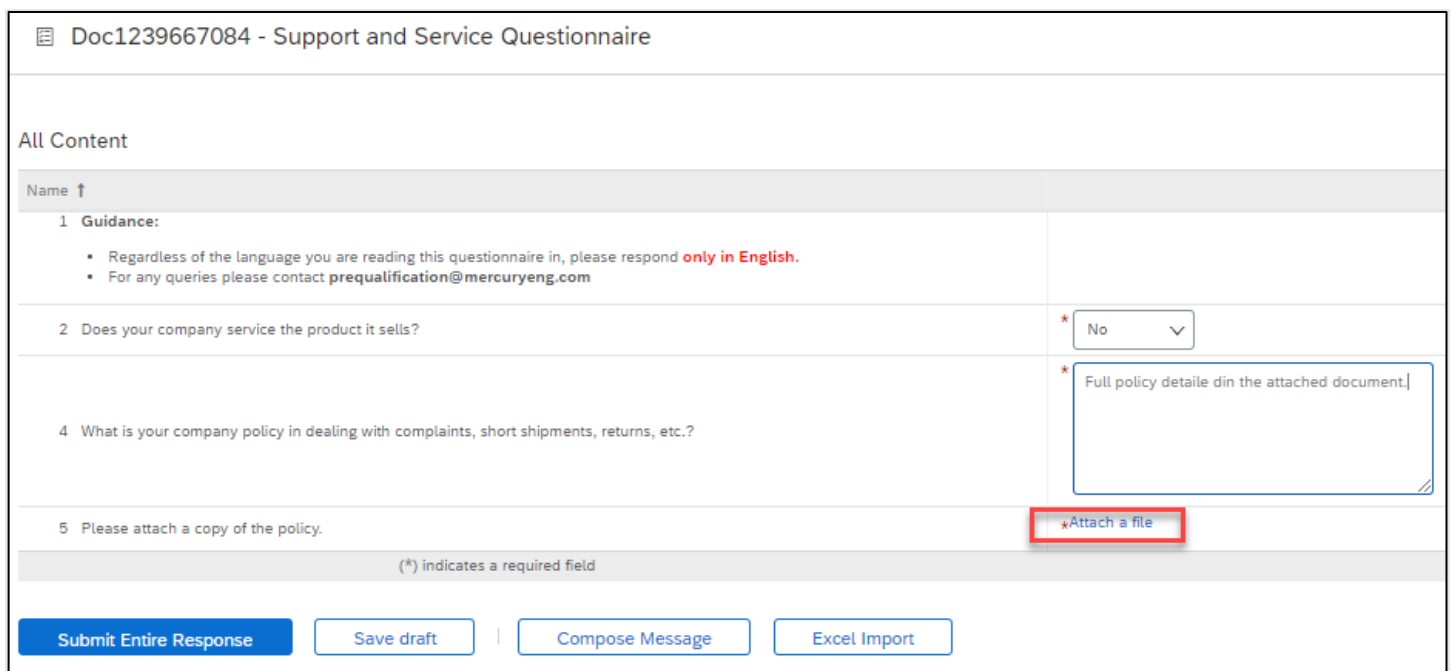
 **Submit this response?**

Click OK to submit.

- Click **OK**.
- Click **Submit Entire Response**.
- A confirmation message will display.

### Step 3: Support and Service Certificate Questionnaire

Your company may not need to upload any information. It is only relevant to some vendor types. Please choose No if you do not service your products.



Doc1239667084 - Support and Service Questionnaire

All Content

Name ↑	
1 Guidance:	
2 Does your company service the product it sells?	* No ▾
4 What is your company policy in dealing with complaints, short shipments, returns, etc.?	* Full policy details in the attached document.
5 Please attach a copy of the policy.	* Attach a file

(\*) indicates a required field

Submit Entire Response | Save draft | Compose Message | Excel Import

- **Does your company service the product it sells?**  
Only choose **Yes** if you provide after service to the product.
- **What is your company policy in dealing with complaints, short shipments, returns, etc?**  
You can type a response or copy and paste from your policy here.
- **Please attach a copy of the policy.**



OK Cancel

- Click **OK**.
- Click **Submit Entire Response**.

## Subcontractor Vendor Pre-Qualification Questionnaires

Subcontractor vendors receive some of the following Questionnaires:

1. Health, Safety, Quality & Environmental Management Certificates and Documents  
Health, Safety, Quality & Environmental Management Questionnaire (Lab/Con = Labour Agency or Consultant type vendor)
2. Insurance Certificates
3. Country specific Revenue
4. Legal
5. Quality Details
6. Sustainability
7. Miscellaneous
8. Financial Details



Hello Darragh Giblin,

Please fill out the listed questionnaires and return them by the specified dates. These questionnaires are necessary to complete the Subcontractor Pre-Qualification process. Thank you for taking the time to respond to each one.

### Process Overview

Process: Subcontractor Pre-Qualification

Category: Building and Construction and Maintenance Services

Region: Ireland

Business unit: Intel

### Questionnaire Overview

Name	Assigned To	Respond By
Health, Safety, Quality & Environmental Management Certificates and Documents	Darragh Giblin	January 20, 2023 at 2:59 PM
Insurance Certificates Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Irish Revenue Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Legal Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Quality Details Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Ireland (SUB) Health, Safety, Quality & Environmental Management Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Sustainability Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Miscellaneous Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM
Financial Details Questionnaire	Darragh Giblin	January 20, 2023 at 2:59 PM

[Click Here](#) to view the process.

## Step 1A: Health, Safety, Quality & Environmental Management Certificates and Documents

**Note:** There is a slight difference between the Health, Safety, Quality & Environmental Management *Certificates and Documents* form and the *Questionnaire* (explained in the next section). The difference depends on which country you are in. Please complete both forms.

### Health, Safety, Quality & Environmental Management Certificates

- Is your company accredited to ISO 45001?  
Choose Yes or No.  
Click [Details](#) to upload a copy of the certificate.
- Is your Environmental Management system externally accredited to ISO 45001 (or equivalent)?  
Click [Details](#) to upload a copy of the certificate.

Go back to Mercury Engineering - TEST Dashboard

Console Doc1269792716 - Health, Safety, Quality & Environmental Mana...

Event Messages  
Event Details  
Response History  
Response Team

▼ Event Contents

All Content

2 Health, Safety, Qual...

3 Health, Safety, Qual...

All Content

2 Health, Safety, Quality & Environmental Management Certificates

2.1 Is your company accredited to ISO 45001? ⓘ

\* Yes ▾ Details

2.2 Is your Environmental Management system externally accredited to ISO14001 (or equivalent)?

\* Yes ▾ Details

▼ 3 Health, Safety, Quality & Environmental Management Documentation

3.1 Does your company have a written Safety Statement, that has been reviewed and updated within the past 12 months? ⓘ

\* Yes ▾

3.2 If Yes, please enclose a copy of the policy

\* Attach a file

3.3 Confirm that your company has a formal written system to identify and control Environmental, Health and Safety risks ⓘ

\* Yes ▾

3.4 If Yes, please enclose a copy of the method statements and example risk assessment to include COVID-19 risks

\* Attach a file

3.5 Does your Company have a Health and Safety Manual

\* Yes ▾

3.6 If Yes, please enclose a copy of the manual

\* Attach a file

### Health, Safety, Quality & Environmental Management Documentation

- Does your company have a written Safety Statement, that has been reviewed and updated within the past 12 months?  
If Yes, click [Attach a file](#) to upload a copy.
- Confirm that your company has a formal written system to identify Safety Statement, that has been reviewed and updated within the past 12 months?  
If Yes, click [Attach a file](#) to upload a copy.
- Confirm that your company has a formal written system to identify and control Environmental, Health and Safety risks.  
If Yes, please enclose a copy of the method statements and example risk assessment to

include COVID-19 risks.

- Does your company have a Health and Safety Manual?  
If Yes, click [Attach a file](#) to upload a copy.

All Content	
Name ↑	
3.7 Does your Company have a Quality Assurance Manual	* <input type="button" value="Yes"/> ▾
3.8 If Yes, please enclose a copy of the manual	* <a href="#">Attach a file</a>
3.9 Does your company have a Quality Policy (signed & dated within the last 12 months)	* <input type="button" value="Yes"/> ▾
3.10 If Yes, please enclose a copy of the policy	* <a href="#">Attach a file</a>
3.11 Please provide details of your employees CSCS, Safe Pass and Manual Handling	<div style="border: 1px solid #ccc; height: 50px; width: 100%;"></div>
3.12 If applicable, please upload any relevant attachments for the employees CSCS, Safe Pass, and Manual Handling	<a href="#">Attach a file</a>
3.13 Do you have a Company Quality Plan?	* <input type="button" value="Yes"/> ▾
3.14 If Yes, please enclose a sample company quality plan	* <a href="#">Attach a file</a>

- Does your Company have a Quality Assurance Manual?  
If Yes, click [Attach a file](#) to upload a copy of the manual.
- Does your company have a Quality Policy (signed & dated within the last 12 months)?  
If Yes, please enclose a copy of the policy.
- Please provide details of your employees CSCS, Safe Pass and Manual Handling.
- Do you have a Company Quality Plan?  
If Yes, click [Attach a file](#) to upload a copy of the plan.

Name ↑	
3.15 Do you have a Drug and Alcohol Policy (signed & dated within the last 12 months)?	* Yes ▾
3.16 If Yes, please enclose a copy of the policy	* <a href="#">Attach a file</a>
3.17 Do you have an Environmental Policy (signed & dated within the last 12 months)?	* Yes ▾
3.18 If Yes, please enclose a copy of the policy	* <a href="#">Attach a file</a>
3.19 Does your company provide Health and safety training certificates to employees	* Yes ▾
3.20 If Yes, please enclose a copy of the documentation	* <a href="#">Attach a file</a>
3.21 Do you have a Health and Safety training matrix?	* Yes ▾
3.22 If Yes, please enclose a copy of the documentation	* <a href="#">Attach a file</a>
3.23 Do you have a copy of the policy & training certificates for competent?	* Yes ▾
3.24 If Yes, please enclose a copy of the documentation	* <a href="#">Attach a file</a>
3.25 Do you have a Subcontractor selection procedure?	* Yes ▾

(\*) indicates a required field

[Submit Entire Response](#)
[Save draft](#)
[Compose Message](#)
[Excel Import](#)

- Do you have a Drug and Alcohol Policy (signed & dated within the last 12 months)?  
If Yes, click [Attach a file](#) to upload a copy of the policy.
- Do you have an Environmental Policy (signed & dated within the last 12 months)?  
If Yes, please enclose a copy of the policy.
- Does your company provide Health and Safety training certificates to employees?  
If Yes, click [Attach a file](#) to upload a copy of the plan.
- Do you have a Health and Safety training matrix?  
If Yes, click [Attach a file](#) to upload a copy.
- Do you have a copy of the policy & training certificates?  
If Yes, click [Attach a file](#) to upload a copy.
- Do you have a Subcontractor selection procedure? Choose Yes or No.

Click

[Submit Entire Response](#)

## Step 1B: Health, Safety, Quality, & Environmental Management Questionnaire

This form requires your EHS details. We will be reviewing your safety statement, health safety policy and risk assessment.

Console

Doc1269307752 - (LAB-CON) Health, Safety, Quality & Environm...

Time re  
29 d

Event Messages

Event Details

Response History

Response Team

▼ Event Contents

All Content

2 Environmental, Healt...

3 Environmental, Healt...

4 List the number of E...

5 Environmental, Healt...

All Content

Name ↑

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact the appropriate email below.
- For Subcontractors or Consultants: [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)
- For Labour Agencies: [LabourAgency@mercuryeng.com](mailto:LabourAgency@mercuryeng.com)

▼ 2 Environmental, Health and Safety (EHS) Contact Details

2.1 Name

Cally Moran

2.2 Title

EHS Advisor

2.3 Qualifications

Certified Safety Professional (CSP) Certification

2.4 Phone No

004412384746

2.5 Email address

cally.moran@buildingworks.co.uk

### ○ EHS Contact details

- **Name:** who is your EHS contact?
- **Title:** what is their job role?
- **Qualifications:** what are their qualifications or certifications for the position?
- **Phone Number:** what is their number?
- **Email address:** what is their email?

▼ 3 Environmental, Health and Safety Management System (EHS-MS)

3.1 Does your company have a written Health and Safety Policy?

Yes ▼

3.2 If Yes, please enclose a copy of the policy.

Attach a file

3.3 Does your company have a written Environmental Policy?

Yes ▼

3.4 If Yes, please enclose a copy of the policy.

Attach a file

3.5 Does your company have a written Safety Statement, that has been reviewed and updated within the past 12 months?

Yes ▼

3.6 If Yes, please enclose a copy of the policy.

Attach a file

3.7 Does your company have a written Drug and Alcohol Policy?

Yes ▼

3.8 If Yes, please enclose a copy of the policy.

Attach a file

3.9 Confirm that company has reviewed, understood and accepted the Mercury Engineering Agency personnel / Consultants minimum EHS requirements listed in the terms and conditions document.

Yes ▼

### ○ Environmental, Health and Safety Management System (EHS MS)

- **Does your company have a written Health and Safety policy?**
- If yes, please enclose a copy - **Click Attach a file** to upload.
- **Does your company have a written Environmental policy?**
- If yes, please enclose - **Click Attach a file** to upload.

- **Does your company have a Safety Statement that has been reviewed and updated in the last 12 months?**
- If yes, please enclose - [Click Attach a file](#) to upload.
- **Does your company have a drug and alcohol policy?**
- If yes, - [Click Attach a file](#) to upload.
- **Confirm that company has reviewed, understood, and accepted the Mercury Engineering Agency personnel / Consultants minimum EHS requirements linked in the terms and conditions document.**  
Choose Yes or No.

▼ 4 List the number of Environmental, Health and Safety prosecutions by any governing body, whether in the company's base country, or elsewhere.	
4.1 Advise whether the Company, its Officers or Directors, either current or former, have received Statutory Notices by the relevant Regulatory Body or other enforcing authority within the last five years.	No ▼
4.2 Please provide details	<div></div>
4.3 List the Company's statistics as follows:	
▼ 4.4 Last Year	
4.4.1 Please enter the Year applicable to this section ⓘ	2021
4.4.2 Health and Safety regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.4.3 Environmental regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.4.4 Other governing body – please specify	<div></div>
4.4.5 Please provide summary details of any prosecutions	<div></div>

**List the number of Environmental, Health and Safety prosecutions by any governing body, whether in the company's base country or elsewhere:**

- **Advise whether the Company, or its officers or Directors, current or former, have received Statutory Notices by relevant Regulatory Body or other enforcing body, in the last 5 years.**  
Choose Yes or No.  
If Yes, please provide details.

**List the Company statistics as follows:**

**Last year:**

- Provide details of any Health and Safety prosecutions last year.

▼ 4.5 Two Years Ago	
4.5.1 Please enter the Year applicable to this section ⓘ	2020
4.5.2 Health and Safety regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.5.3 Environmental regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.5.4 Other governing body – please specify	<div></div>
4.5.5 Please provide summary details of any prosecutions	<div></div>

**Two years Ago:**

- Provide details of any Health and Safety prosecutions two years ago.

**Three years Ago:**

- Provide details of any Health and Safety prosecutions three years ago.

**Four years Ago:**

- Provide details of any Health and Safety prosecutions four years ago.

**Environmental Health and Safety Incident Statistics:**

- **Does your company have a system for both reporting and investigating EHS incidents?**  
Choose Yes or No.

▼ 5 Environmental, Health and Safety Incident Statistics	
5.1 Does your Company have a system for both reporting and investigating EHS incidents?	Yes ▼
5.2 List the Company's incident statistics as follows:	
▼ 5.3 Last Year	
5.3.1 Please enter the Year applicable to this section ⓘ	2021
5.3.2 Total number of hours worked	256,000
5.3.3 Total number of fatalities	0
5.3.4 Total number of people that have had more than 3 days absence	6
5.3.5 Total number of people that have had more than 7 days absence (UK measurement)	1
5.3.6 Total number of restricted duties cases	0
5.3.7 Total number of medical cases	2
5.3.8 Total number of Dangerous Occurrences	0
5.3.9 Total number of health and safety incidents that required reporting to the Health and Safety Statutory Authority (e.g. Ireland HSA, UK HSE, Germany BG Bau, etc)	0
5.3.10 Total number of environmental incidents that required reporting to the Environmental statutory Authority	0
5.3.11 If one of the above answers is different than 0. Please provide summary details of reportable incidents.	

**Last year:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority

- If one of the above is different than 0, please provide details of reportable incidents.

▼ 5.4 Two Years Ago	
5.4.1 Please enter the Year applicable to this section ⓘ	<input type="text" value="2020"/>
5.4.2 Total number of hours worked	<input type="text"/>
5.4.3 Total number of fatalities	<input type="text"/>
5.4.4 Total number of people that have had more than 3 days absence	<input type="text"/>
5.4.5 Total number of people that have had more than 7 days absence (UK measurement)	<input type="text"/>
5.4.6 Total number of restricted duties cases	<input type="text"/>
5.4.7 Total number of medical cases	<input type="text"/>
5.4.8 Total number of Dangerous Occurrences	<input type="text"/>
5.4.9 Total number of health and safety incidents that required reporting to the Health and Safety Statutory Authority (e.g. Ireland HSA, UK HSE, Germany BG Bau, etc)	<input type="text"/>
5.4.10 Total number of environmental incidents that required reporting to the Environmental statutory Authority	<input type="text"/>
5.4.11 If one of the above answers is different than 0, Please provide summary details of reportable incidents.	<input type="text"/>

### **Two years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

**Three years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

**Four years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

Click

Submit Entire Response

Click **OK**.

## Step 2: Insurances Certificate Questionnaire

Your company may not have all the types of insurance asked for in this questionnaire. They are not necessarily required depending on your business. The main items we will be seeking confirmation on are the following:

- Your insured business description adequately covers your scope of work/services with Mercury.
- Indemnity insurance limits comply with those set out in our minimum terms and conditions.
- Ensuring you have adequate territorial and jurisdiction limits under your policies.
- The insurances are current, and a broker/insurer cert is provided.

If the insurances are non-compliant with any of the above or information is not provided, we will be seeking additional information before we can approve.

Console Doc1269307764 - Insurance Certificates Questionnaire

Event Messages  
Event Details  
Response History  
Response Team

Event Contents

All Content

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)

2 Insurance Company or...

2.1 Name of Company/Broker

2.2 Address

2.3 Contact Name

2.4 Phone Number

2.5 Email Address

Street: Frinton Court House Number:

Street 2:

Street 3:

District:

Postal Code: CO13 9DP City: Essex

Country/Region: United Kingdom (GB) State/Province/Region: Essex (ES)

Denis Duggan

004412345678955

denisduggan@gmail.com

- **Name of Company/Broker:** input the name of your insurance company.
- **Address, Contact, Phone Number and Email Address:** of the insurance company.

3 Company's Insurance Contact details

3.1 Name Jenny

3.2 Title Nolan

3.3 Phone Number 00447872388619

3.4 Email Address jenny@axa.co.uk

3.5 Please confirm your Business Description as declared to your Insurers. (This must be included on the certificate/broker letters) Staff temporary construction workers on contrac

3.6 Please confirm your authorization for Mercury to contact your insurance advisors directly should any queries arise under the insurances Yes

- **Company's Insurance Contact Details:**

- Insert the **Name, Title, Phone Number** and **Email Address** of the insurance company contact you have been in contact with.
- **Please confirm your Business Description as declared to your Insurers.** Insert the same description as provided on your insurance.
- **Please confirm your authorization to contact your insurance advisors directly should any queries arise under the insurances.** Choose Yes.

## Employers Liability Insurance or Workers Compensation:

▼ 4 Employer's Liability Insurance or Workers Compensation	
4.1 Do you have Employer's Liability Insurance / Workers Compensation?	* Yes <input type="button" value="v"/> <a href="#">Details</a>
4.2 Level of Cover (Euros)	* 5,000,000 <input type="button" value="v"/> EUR
4.3 Territorial Limits	* United Kingdom and Ireland <input type="button" value="v"/>
4.4 Do you have an additional Employer's Liability Insurance certificate specific for a separate country?	* No <input type="button" value="v"/>

- **Do you have Employer's Liability Insurance / Workers Compensation?**
- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.

## Public or Product Insurance:

▼ 5 Public or Product Liability Insurance	
5.1 Do you have Public / Product Liability Insurance?	* Yes <input type="button" value="Details"/>
5.2 Level of Cover (Euros)	* 5,000,000 EUR
5.3 Territorial Limits	* United Kingdom and Ireland
5.4 Do you have an additional Public Liability Insurance certificate specific for a separate country?	* No <input type="button" value="Details"/>

- **Do you have Public / Product Liability Insurance?**
- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Public Liability Insurance certificate specific to a separate country?** Yes or No.

## Professional Indemnity Insurance:

▼ 6 Professional Indemnity Insurance	
6.1 Do you have Professional Indemnity Insurance?	* Yes ▾ <a href="#">Details</a>
6.2 Level of Cover (Euros)	* €5,000,000.00 EUR
6.3 Territorial Limits	* United Kingdom and Ireland
6.4 Do you have an additional Professional Indemnity Insurance certificate specific for a separate country?	* No ▾

- **Do you have Professional Indemnity Insurance?.**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Professional Indemnity Insurance certificate specific to a separate country?** Yes or No.

**General Liability Insurance:**

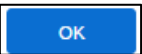
▼ 7 General Liability Insurance	
7.1 Do you have General Liability Insurance?	* <div>Yes ▼</div> <a href="#">Details</a>
7.2 Level of Cover (Euros)	* <div>500,000</div> EUR
7.3 Territorial Limits	* <div>United Kingdom and Ireland</div>

- **Do you have General Liability Insurance?**
  - Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.

## Contractor's Plant & Equipment "All Risks" Insurance:

▼ 8 Contractor's Plant & Equipment "All Risks" Insurance	
8.1 Do you have Contractor's Plant & Equipment "All Risks" Insurance?	* Yes ▾ Details
8.2 Level of Cover (Euros)	* €500,000.00 EUR
8.3 Territorial Limits	* United Kingdom and Ireland

- **Do you have Contractor's Plant & Equipment "All Risks" Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.

## Other Certificates:

▼ 9 Other Certificates - Provide if applicable	
9.1 Do you have a Motor Insurance certificate?	* Yes ▾ Details

- **Do you have a Motor Insurance certificate?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

Click  to return to the questionnaire.

**Additional Region(s) – Attestation**

8 Additional Region(s) - Attestation	
8.1 The below fields are optional if you are receiving this questionnaire from Mercury for the first time. If you have been requested to update this Questionnaire then the below are mandatory.	
8.2 Have you been requested for an update to these Certificates by Mercury because you are being onboarded for a new Region/Country?	Unspecified ▾
8.3 For which country(ies)?	
8.4 Please provide an attestation that you can work in the country(ies) required	<a href="#">Attach a file</a>
(*) Indicates a required field	
<div>Submit Entire Response   Save draft   Compose Message   Excel Import</div>	

These next fields are optional if you are receiving this questionnaire from Mercury for the first time.

If you have been requested to update this Questionnaire, then the below are mandatory.

- Choose **Yes** if Mercury have asked you to submit certificates for an additional country.
- Choose **No** if you are not applying to work in additional countries.
- Choose **Attach a file** if you need to show proof to work in another country.

Click 

Submit Entire Response

Click **OK**.

Step 3: Irish Revenue Questionnaire

**This questionnaire is specific to subcontractors in Ireland.**

**This only needs to be completed by Irish subcontractors.**

Console

Doc1269792793 - Irish Revenue Questionnaire

Event Messages

Event Details

Response History

Response Team

▼ Event Contents

All Content

2 This section is mand...

All Content

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)

▼ 2 This section is mandatory for works completed in the Republic of Ireland

2.1 Sector

2.2 Nature of Work

2.3 Location of Work

2.4 Duration of Work

2.5 Estimated Value of Contract

2.6 Is this a Labour Only Contract?

Construction

Building

Kildare

2 years

€1,500,000.00 EUR

No

(\*) indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

Section for works completed in the Republic of Ireland

These are free text but mandatory fields to complete:

- **Sector**
  - **Nature of Work**
  - **Location of Work**
  - **Duration of Work**
  - **Estimated Value of Contract?**
  - **Is this a Labour Only Contract?**
- If Yes, there are additional questions:

2.6 Is this a Labour Only Contract?

Yes

2.7 If the answer to this question is yes, please answer the following - MANDATORY

▼ 3 Will the Subcontractor

3.1 Supply Materials

3.2 Provide plant and machinery necessary for the job, other than hand tools

3.3 Engage other people to work on the contract at his/her own expense

3.4 Receive an agreed contract payment(s) without entitlement to pay for overtime, holidays, country money, travel and subsistence or other expenses payment?

3.5 Be excluded from the industry pension and sick pay scheme, if a sole trader?

3.6 Organize his/her own transport to and from site

Yes

Yes

Yes

Yes

Yes

Yes

▼ 4 Does the Subcontractor

Choose Yes or No to the following questions:

**Will the Subcontractor:**

- Supply Materials?
- Provide plant and machinery necessary for the job, other than hand tools?
- Engage other people to work on the contract at his/her own expense?
- Receive an agreed payment contract at his/her expense?
- Receive an agreed contract payment(s) without entitlement to pay for overtime, holidays, country money, travel and subsistence or other expenses payment?
- Be excluded from the industry pension and sick pay scheme if a sole trader?
- Organize his/her own transport to and from site?

All Content	
2 This section is mand...	4 Does the Subcontractor
3 Will the Subcontractor	4.1 Cost and agree prices for jobs?
4 Does the Subcontractor	4.2 Provide his/her own insurance cover as appropriate e.g. public liability, etc.?
5 Is the Subcontractor	5 Is the Subcontractor
	5.1 Free to choose the method to be employed in carrying out the work without the direction or control of the site foreman/overseer?
	5.2 In business on his/her own account and able to provide the same services concurrently to others?
	5.3 Exposed to financial risk including bearing the cost of making good faulty/substandard work and overruns?
	5.4 Can we declare that to the best of our knowledge and belief all the particulars given by us in this form are correctly stated
(*) indicates a required field	
<input type="button" value="Submit Entire Response"/> <input type="button" value="Save draft"/> <input type="button" value="Compose Message"/> <input type="button" value="Excel Import"/>	

Choose Yes or No to the following questions:

**Does the Subcontractor:**

- Cost and agree prices for jobs?
- Provide his/her own insurance cover as appropriate e.g., public liability, etc.?

**Is the Subcontractor:**

- Free to choose the method to be employed in carrying out the work without the direction or control of the site of the site foreman/overseer?
- In business on his/her own account and able to provide the same services concurrently to others?
- Exposed to financial risk including bearing the cost of making good faulty/substandard work and overruns?
- Can we declare that to the best of our knowledge and belief all the particulars given by us in this form are correctly stated?

Step 4: Legal Questionnaire

This questionnaire is for the legal team.

Please answer Yes or No. Where you see [Attach a file](#), please upload your policy.

Doc1269792742 - Legal Questionnaire
remaining days 23:05:32

All Content

Name 1

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)

2 Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded?
No

4 Have any of the owners, officers or major shareholders ever been indicted or convicted of any felony bribery or other criminal conduct?
No

6 Please provide details of any insurance claims with regard to improper, defective or non-compliant work or failure to meet warranty obligations?
No

8 Are there any judgements, claims, liens or suits pending/outstanding against your company or Is your firm currently in litigation?
No

10 Has your company or any of the owners, officers or major shareholders ever been investigated for, or charged with, alleged labour law violations including alleged violations of any immigration laws or human trafficking: state or local laws regarding employment of immigrants; prevailing wage and hour laws or other federal, local or state labor laws?
No

12 Does your company, its owners or management have any personal relationship with any Mercury employee or management, who are either directly or indirectly employed or engaged by Mercury, including but not limited to agency staff, consultants, contractors, third party providers or students on work experience, which could cause a potential conflict of interest?
No

14 Does your company have a written CSR/ESG/Sustainability policy?
Yes

15 Please attach the CSR/ESG/Sustainability policy
Attach a file

16 Does your company have a written Modern Slavery Policy?
Yes

17 Please attach the Modern Slavery Policy
Attach a file

(\*) indicates a required field

Submit Entire Response
Save draft
Compose Message
Excel Import

- **Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on a contract award?**
- **Have any of the owners, officers or major shareholders ever been indicted or convicted or any felony bribery or other criminal conduct?**
- **Please provide details of any insurance claims about improper, defective, or non-compliant work or failure to meet warranty obligations?**
- **Are there any judgements, claims, liens, or suits pending/outstanding against your company or is your firm currently in litigation?**
- **Has your company or any of the owners, officers or major shareholders ever been investigated for, or charged with alleged labour law violations of any immigration laws or human trafficking state or local laws regarding employment of immigrants, prevailing wage, and hour laws or other federal, local, or state labor laws?**
- **Does your company or any of the owners or management have any personal relationship with any Mercury employee or management, who are either directly or indirectly employed or engaged by Mercury, including but not limited to agency staff, consultants, contractors, third party providers or students on work experience, which could cause a potential conflict of interest?**
- **Does your company have a written CSR/ESG/Sustainability policy? Please attach.**
- **Does your company have a written Modern Slavery Policy? Please attach.**

## Step 5: Quality Details

Go back to Mercury Engineering - TEST Dashboard Desktop F

Console Doc1269792754 - Quality Details Questionnaire

Event Messages  
Event Details  
Response History  
Response Team

▼ Event Contents

All Content

All Content

**1 Guidance:**

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)

**2** Does your company have an accredited quality management system to ISO 9001:2015? ⓘ \*

Yes ▾ Details

**4** Does your company have a quality plan? \*

Yes ▾

**5** If Yes, please provide a sample copy of your company quality plan? \*

[Attach a file](#)

**7** Does your company have a Quality Manager? \*

Yes ▾

**8** If Yes, please provide the name and contact details of the quality Manager \*

Bonnie Thompson  
Quality Manager  
[bonnie.thompson@jonesconstruction.ie](mailto:bonnie.thompson@jonesconstruction.ie)

**10** Does your company hold product or material certification? \*

Yes ▾ Details

**11** Does your company hold any additional certification or accreditation? \*

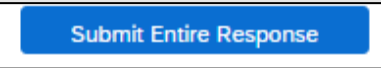
Yes ▾ Details

(\*) indicates a required field

Submit Entire Response Save draft Compose Message Excel Import

- **Does your company have an accredited quality management system to ISO 9001:2015?**
- **Does your company have a quality plan?**  
If Yes, please click [Attach a file](#) to upload the plan.
- **Does your company have a Quality Manager?**
- **Does your company hold product or material certification?**  
If Yes, please click [Details](#) to upload.
- **Does your company hold any additional certification or accreditation?**  
If Yes, please click [Details](#) to upload.

Click

Submit Entire ResponseClick **OK**.

## Step 6: Sustainability

< Go back to Mercury Engineering - TEST Dashboard Desktop File Sync

Console Doc1269792781 - Sustainability Questionnaire Time remaining 29 days 23:20:59

Event Messages  
Event Details  
Response History  
Response Team

▼ Event Contents  
All Content

All Content

Name ↑	
2 Do you have a valid score on the Ecovadis platform?	* No ▾
5 Have you set carbon reduction targets for your company?	Yes ▾
6 If yes, please explain your answer	30% by 2030
7 Which carbon reduction actions do you undertake on projects to lower carbon emissions resulting from your activities at site?	reduced waste electric vehicles drive less
8 What percentage of waste generated by your project teams is diverted from landfill by for example being recycled or re-used?	80

- **Do you have a valid score on the EcoVadis platform?**  
The (0-100) score reflects the quality of the company's sustainability management system at the time of the assessment.
- **Have you set carbon reduction targets for your company?**
- If Yes, please explain your answer.
- **Which carbon reduction actions do you undertake on projects to lower carbon emissions resulting from your activities at site?**
- **What percentage of waste generated by your project teams is diverted from landfill by recycling or re-use?**

All Content

Name 1

9 Please provide a waste report from one of your projects from the last 2 years

EMR Upload File PT15 Ex 2 - INSTR.xlsx Update file Delete file

0

10 How many human rights audits (covering areas such as no forms of forced and compulsory labour, no discrimination in respect of employment and occupation and no child labour) have you conducted within your company over the last 2 years?

N/A

11 For Question 10, please provide the locations (Cities/countries)

Attach a file

12 For Question 10, please provide the audit checklist used.

N/A

13 For Question 10, please provide an overview of findings.

14 What percentage of the owners or top executives at your company are women?

(\*) Indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

- **Please provide a waste report from one of your projects for the last 2 years.**  
[Attach a file.](#)
- **How many human rights audits (covering areas such as no forms of forced and compulsory labour, no discrimination in respect of employment and occupation and no child labour) have you conducted with your company over the last 2 years?**
  - Please provide the locations.
  - Please provide the audit checklist.
  - Please provide an overview of the findings.
- **What percentage of the owners or top executives at your company are women?**

Click 

Submit Entire Response

Click **OK.**

## Step 7: Miscellaneous Questionnaire

Go back to Mercury Engineering - TEST Dashboard File Sync

Console Doc1269794005 - Miscellaneous Questionnaire ⌚

Event Messages  
Event Details  
Response History  
Response Team

▼ Event Contents

All Content

2 Staffing, Please pro...

4 SIPSI - Mandatory on...

5 Sub-contracting works

6 Design Capability

All Content

Name ↑

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)

▼ 2 Staffing, Please provide details of the company's staffing by the number of employees employed in each discipline.

2.1 How many people do you intend to have present on site over the duration of the project? \*

2.2 For how long will these individuals be present in-country? \*

2.3 What is your intended course of action as regards the taxation of these individuals? \*

2.4 Is it your intention to manage the tax compliance position of the entities/people hired in by you in respect of the proposed works? \*

3 Are you being onboarded for France? \*

▼ 4 SIPSI - Mandatory only for foreign companies

4.1 Have you submitted your register on SIPSI website? \*

### Staffing, please provide details of the company's staffing by the number of employees employed in each discipline:

- How many people do you intend to have present on site over the duration of the project?
- For how long will these individuals be present in-country? This may not be confirmed.
- What is your intended course of action regarding the taxation of these individuals? Please explain your process for taxing your employees.
- Is it your intention to manage the tax compliance position of the entities/people hired by you in respect of the proposed works? Yes or no.
- Are you being onboarded for France? Yes or no.  
If Yes: Have you submitted your register on SIPSI website?  
This is only relevant for those companies working in France.

▼ 5 Sub-contracting works	
5.1 Do you use sub-contractors or will you source labour from another third party?	* Yes ▼
5.2 Do you undertake competency assessments for the sub-contractors/labour agents you appoint?	* Yes ▼
5.3 Do you have a procedure for appointing sub-contractors (including labour only sub-contractors)?	* Yes ▼
5.4 Do you have a performance monitoring system for your sub-contractors?	* Yes ▼
5.5 Please indicate how the Company selects its sub-contractors and provide evidence of sample assessment.	* <div> There is a hiring policy reviewed and approved </div>
5.6 Confirm that no sub-contractor of the Company will commence without prior written notice to Mercury Engineering.	* Yes ▼

### Sub-contracting works:

- **Do you use subcontractors, or will you source your labour from another third party?**
- **Do you undertake competency assessments for the subcontractors/labour agents you appoint?**
- **Do you have a procedure for appointing subcontractors (including labour only subcontractors)?**
- **Do you have a performance monitoring system for your subcontractors?**
- **Please indicate how the Company selects its subcontractors and provide evidence of sample assessment?**
- **Confirm that no sub-contractor of the Company will commence without prior written notice to Mercury Engineering.**

Choose Yes or No.

▼ 6 Design Capability	
6.1 Does your company undertake design work?	* No ▾
6.4 Does your company sub-contract design work?	* No ▾
6.6 Does your company hold Professional Indemnity Insurance?	* Yes ▾
6.7 If Yes, please detail level of cover in the Insurance Questionnaire and attach a copy of broker certificate.	
6.8 Do you have procedures to ensure co-operation and co-ordination of design work with other designers/contractors?	* Yes ▾
6.9 If Yes, please provide details.	<div>company policy training</div>
6.10 Confirm that you ensure compliance with the Construction (Design & Management Regulations) (CDM)?	* Yes ▾
6.11 Do you have procedures to ensure that hazards are eliminated and any remaining risks controlled?	* Yes ▾

### Design Capability:

- **Does your company undertake design work?**
- **Does your company sub-contract design work?**
- **Does your company hold Professional Indemnity Insurance?**  
If Yes, please detail the level of cover in the Insurance questionnaire and attach a copy of broker certificate.
- **Do you have procedures to ensure co-operation and co-ordination of design work with other designers/contractors?**  
If Yes, please provide details.
- **Confirm that you ensure compliance with the Construction Design (& Management Regulations) (CDM)?**
- **Do you have procedures to ensure that hazards are eliminated, and any remaining risks controlled?**
- If Yes, please provide details.

Submit Entire Response

Click

Click **OK**.

Step 8: Financial Details*Financial Details Questionnaire*

Doc1269794017 - Financial Details Questionnaire
Time remaining  
29 days 23:34:11

All Content

Name 1

If the company was established last year please add a Financial Statement draft and complete "zero" on the others years. Also a Performance Bond and/or a Parent Company Guarantee may be requested to support your application.

If you are fulfilling this section during the first quarter of the year and you don't have yet the financial statement from last year: please mention your last turnover available

3 Last Year

3.1 Please enter the Year applicable to this section ⓘ

2021

3.2 Turnover (in Euros) - Last Year

€750,000.00

EUR

3.3 Attachment copy of the company's unabridged financial statements (balance sheet, income statement and cash flow) - Last Year ⓘ

Attach a file

4 Two Years Ago

4.1 Please enter the Year applicable to this section ⓘ

2020

4.2 Turnover (in Euros) - Two Years Ago

€690,000.00

EUR

4.3 Attachment copy of the company's unabridged financial statements (balance sheet, income statement and cash flow) - Two Years Ago

Attach a file

5 Three Years Ago

5.1 Please enter the Year applicable to this section ⓘ

2019

5.2 Turnover (in Euros) - Three Years Ago

€550,000.00

EUR

5.3 Attachment copy of the company's unabridged financial statements (balance sheet, income statement and cash flow) - Three Years Ago

Attach a file

(\*) Indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

Last year

- Turnover in euro
- Attachment copies of the company's unabridged financial statements (balance sheet, income statement and cash flow)

Two years ago

- Turnover in euro
- Attachment copies of the company's unabridged financial statements (balance sheet, income statement and cash flow)

Three years ago

- Turnover in euro
- Attachment copies of the company's unabridged financial statements (balance sheet, income statement and cash flow)

Click

Submit Entire Response

Click OK.

## Consultant Vendor Pre-Qualification Questionnaires

Consultant vendors receive the following Questionnaires:

1. Insurance
2. Health, Safety, Quality & Environmental Management
3. Project Details and References



Hello Lolly Gilmore,

Please fill out the listed questionnaires and return them by the specified dates. These questionnaires are necessary to complete the Consultant Pre-Qualification process. Thank you for taking the time to respond to each one.

### Process Overview

Process: Consultant Pre-Qualification  
Category: Building and Construction Machinery and Accessories  
Region: Ireland  
Business unit: Data Centre & Building Services 1  
Material: Not applicable  
Process owner: Gillian Giblin  
Message:

### Questionnaire Overview

Name	Assigned To	Respond By
<a href="#">Insurance Certificates Questionnaire</a>	Lolly Gilmore	January 20, 2023 at 1:55 PM
<a href="#">(LAB-CON) Health, Safety, Quality &amp; Environmental Management Questionnaire</a>	Lolly Gilmore	January 20, 2023 at 1:55 PM
<a href="#">Project Details and References Questionnaire</a>	Lolly Gilmore	January 20, 2023 at 1:55 PM

[Click Here](#) to view the process.

Best Regards,  
SAP Ariba team

### Step 1: Supplier Insurances Certificate Questionnaire

Your company may not have all the types of insurance asked for in this questionnaire. They are not necessarily required depending on your business. The main items we will be seeking confirmation on are the following:

- Your insured business description adequately covers your scope of work/services with Mercury.
- Indemnity insurance limits comply with those set out in our minimum terms and conditions.
- Ensuring you have adequate territorial and jurisdiction limits under your policies.
- The insurances are current, and a broker/insurer cert is provided.

If the insurances are non-compliant with any of the above or information is not provided, we will be seeking additional information before we can approve.

Console		Doc1269307764 - Insurance Certificates Questionnaire	
Event Messages Event Details Response History Response Team	All Content		
▼ Event Contents	<div>1 Guidance:</div> <ul style="list-style-type: none"> <li>Regardless of the language you are reading this questionnaire in, please respond <b>only in English</b>.</li> <li>For any queries please contact <a href="mailto:prequalification@mercuryeng.com">prequalification@mercuryeng.com</a></li> </ul>		
All Content	▼ 2 Insurance Company or Broker details		
2 Insurance Company or...	2.1 Name of Company/Broker	<input type="text" value="axa"/>	
3 Company's Insurance ...	2.2 Address	<div> <div>Street: <input type="text" value="Frinton Court"/> ⓘ</div> <div>House Number: <input type="text"/></div> <div>Street 2: <input type="text"/> ⓘ</div> <div>Street 3: <input type="text"/> ⓘ</div> <div>District: <input type="text"/> ⓘ</div> <div>Postal Code: <input type="text" value="CO13 9DP"/> ⓘ</div> <div>City: <input type="text" value="Essex"/> ⓘ</div> <div>Country/Region: <input type="text" value="United Kingdom (GB)"/> ⓘ</div> <div>State/Province/Region: <input type="text" value="Essex (ES)"/></div> </div>	
4 Employer's Liability...	2.3 Contact Name	<input type="text" value="Denis Duggan"/>	
5 Public or Product Li...	2.4 Phone Number	<input type="text" value="004412345678955"/>	
6 Professional Indemnity...	2.5 Email Address	<input type="text" value="denisduggan@gmail.com"/>	
7 General Liability In...			
8 Contractor's Plant &...			
9 Other Certificates ...			

- **Name of Company/Broker:** input the name of your insurance company.
- **Address, Contact, Phone Number and Email Address:** of the insurance company.

▼ 3 Company's Insurance Contact details	
3.1 Name	<input type="text" value="Jenny"/>
3.2 Title	<input type="text" value="Nolan"/>
3.3 Phone Number	<input type="text" value="00447872388619"/>
3.4 Email Address	<input type="text" value="jenny@axa.co.uk"/>
3.5 Please confirm your Business Description as declared to your Insurers. (This must be included on the certificate/broker letters)	<input type="text" value="Staff temporary construction workers on contrac"/>
3.6 Please confirm your authorization for Mercury to contact your insurance advisors directly should any queries arise under the insurances	<input type="text" value="Yes"/>

- **Company's Insurance Contact Details:**

Insert the **Name**, **Title**, **Phone Number** and **Email Address** of the insurance company contact you have been in contact with.

- 
- **Please confirm your Business Description as declared to your Insurers.** Insert the same description as provided on your insurance.
  - **Please confirm your authorization to contact your insurance advisors directly should any queries arise under the insurances.** Choose Yes.

## Employers Liability Insurance or Workers Compensation:

▼ 4 Employer's Liability Insurance or Workers Compensation	
4.1 Do you have Employer's Liability Insurance / Workers Compensation?	* Yes <input type="button" value="Details"/>
4.2 Level of Cover (Euros)	* 5,000,000 EUR
4.3 Territorial Limits	* United Kingdom and Ireland
4.4 Do you have an additional Employer's Liability Insurance certificate specific for a separate country?	* No <input type="button" value="Details"/>

- **Do you have Employer's Liability Insurance / Workers Compensation?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Employer's Liability Insurance certificate specific to a separate country?** Yes or No.

**Public or Product Insurance:**

▼ 5 Public or Product Liability Insurance	
5.1 Do you have Public / Product Liability Insurance?	* Yes <input type="button" value="v"/> <a href="#">Details</a>
5.2 Level of Cover (Euros)	* 5,000,000 <input type="button" value="v"/> EUR
5.3 Territorial Limits	* United Kingdom and Ireland <input type="button" value="v"/>
5.4 Do you have an additional Public Liability Insurance certificate specific for a separate country?	* No <input type="button" value="v"/>

- **Do you have Public / Product Liability Insurance?** Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Public Liability Insurance certificate specific to a separate country?** Yes or No.

## Professional Indemnity Insurance:

▼ 6 Professional Indemnity Insurance	
6.1 Do you have Professional Indemnity Insurance?	* Yes ▾ <a href="#">Details</a>
6.2 Level of Cover (Euros)	* €5,000,000.00 EUR
6.3 Territorial Limits	* United Kingdom and Ireland
6.4 Do you have an additional Professional Indemnity Insurance certificate specific for a separate country?	* No ▾

- **Do you have Professional Indemnity Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Professional Indemnity Insurance certificate specific to a separate country?** Yes or No.

## General Liability Insurance:

▼ 7 General Liability Insurance	
7.1 Do you have General Liability Insurance?	* Yes <input type="button" value="Details"/>
7.2 Level of Cover (Euros)	* 500,000 EUR
7.3 Territorial Limits	* United Kingdom and Ireland

- **Do you have General Liability Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.

## Contractor's Plant & Equipment "All Risks" Insurance:

▼ 8 Contractor's Plant & Equipment "All Risks" Insurance	
8.1 Do you have Contractor's Plant & Equipment "All Risks" Insurance?	* Yes <input type="button" value="Details"/>
8.2 Level of Cover (Euros)	* €500,000.00 EUR
8.3 Territorial Limits	* United Kingdom and Ireland

- **Do you have Contractor's Plant & Equipment "All Risks" Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.

## Other Certificates:

▼ 9 Other Certificates - Provide if applicable	
9.1 Do you have a Motor Insurance certificate?	* Yes <input type="button" value="Details"/>

- **Do you have a Motor Insurance certificate?**

- Choose Yes/No. This is not mandatory.

Click [Details](#) to upload a copy of the certificate.

Additional Region(s) – Attestation

8 Additional Region(s) - Attestation

8.1 The below fields are optional if you are receiving this questionnaire from Mercury for the first time. If you have been requested to update this Questionnaire then the below are mandatory.

8.2 Have you been requested for an update to these Certificates by Mercury because you are being onboarded for a new Region/Country?

Unspecified

8.3 For which country(ies)?

8.4 Please provide an attestation that you can work in the country(ies) required

Attach a file

(\*) Indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

The below fields are optional if you are receiving this questionnaire from Mercury for the first time.

If you have been requested to update this Questionnaire, then the below are mandatory.

- Choose **Yes** if Mercury have asked you to submit certificates for an additional country.
- Choose **No** if you are not applying to work in additional countries.
- Choose **Attach a file** if you need to show proof to work in another country.

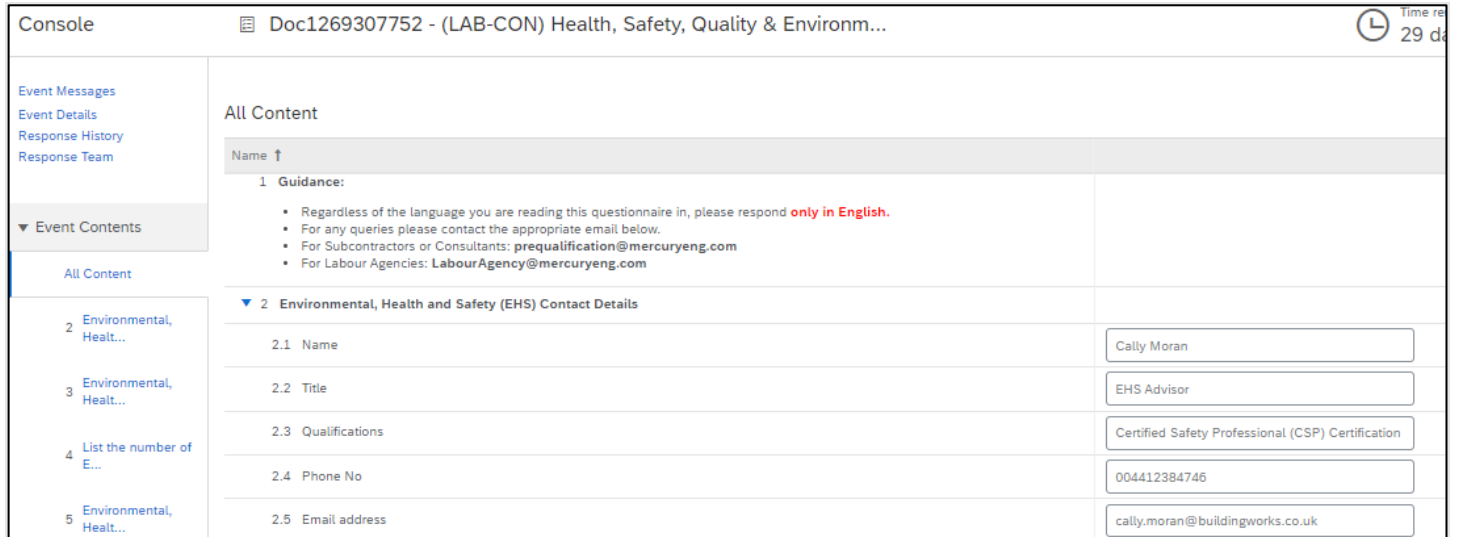
Click 

Submit Entire Response

Click **OK**.

## Step 2: Health, Safety, Quality, & Environmental Management Questionnaire

This form requires your EHS details. We will be reviewing your safety statement, health safety policy and risk assessment.



Console Doc1269307752 - (LAB-CON) Health, Safety, Quality & Environm... Time re 29 d

Event Messages  
Event Details  
Response History  
Response Team

▼ Event Contents

All Content

2 Environmental, Healt...

3 Environmental, Healt...

4 List the number of E...

5 Environmental, Healt...

All Content

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact the appropriate email below.
- For Subcontractors or Consultants: [prequalification@mercuryseng.com](mailto:prequalification@mercuryseng.com)
- For Labour Agencies: [LabourAgency@mercuryseng.com](mailto:LabourAgency@mercuryseng.com)

▼ 2 Environmental, Health and Safety (EHS) Contact Details

2.1 Name	Cally Moran
2.2 Title	EHS Advisor
2.3 Qualifications	Certified Safety Professional (CSP) Certification
2.4 Phone No	004412384746
2.5 Email address	cally.moran@buildingworks.co.uk

### ○ EHS Contact details

- **Name:** who is your EHS contact?
- **Title:** what is their job role?
- **Qualifications:** what are their qualifications or certifications for the position?
- **Phone Number:** what is their number?
- **Email address:** what is their email?



▼ 3 Environmental, Health and Safety Management System (EHS-MS)

3.1 Does your company have a written Health and Safety Policy?	Yes ▼
3.2 If Yes, please enclose a copy of the policy.	<a href="#">Attach a file</a>
3.3 Does your company have a written Environmental Policy?	Yes ▼
3.4 If Yes, please enclose a copy of the policy.	<a href="#">Attach a file</a>
3.5 Does your company have a written Safety Statement, that has been reviewed and updated within the past 12 months?	Yes ▼
3.6 If Yes, please enclose a copy of the policy.	<a href="#">Attach a file</a>
3.7 Does your company have a written Drug and Alcohol Policy?	Yes ▼
3.8 If Yes, please enclose a copy of the policy.	<a href="#">Attach a file</a>
3.9 Confirm that company has reviewed, understood and accepted the Mercury Engineering Agency personnel / Consultants minimum EHS requirements listed in the terms and conditions document.	Yes ▼

### ○ Environmental. Health and Safety Management System (EHS MS)

- **Does your company have a written Health and Safety policy?**  
If yes, please enclose a copy - [Click Attach a file](#) to upload.
- **Does your company have a written Environmental policy?**  
If yes, please enclose - [Click Attach a file](#) to upload.

- **Does your company have a Safety Statement that has been reviewed and updated in the last 12 months?**  
If yes, please enclose - [Click Attach a file](#) to upload.
- **Does your company have a drug and alcohol policy?**  
If yes, - [Click Attach a file](#) to upload.
- **Confirm that company has reviewed, understood, and accepted the Mercury Engineering Agency personnel / Consultants minimum EHS requirements linked in the terms and conditions document.**  
Choose Yes or No.

▼ 4 List the number of Environmental, Health and Safety prosecutions by any governing body, whether in the company's base country, or elsewhere.	
4.1 Advise whether the Company, its Officers or Directors, either current or former, have received Statutory Notices by the relevant Regulatory Body or other enforcing authority within the last five years.	No ▼
4.2 Please provide details	<div></div>
4.3 List the Company's statistics as follows:	
▼ 4.4 Last Year	
4.4.1 Please enter the Year applicable to this section ⓘ	2021
4.4.2 Health and Safety regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.4.3 Environmental regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.4.4 Other governing body – please specify	<div></div>
4.4.5 Please provide summary details of any prosecutions	<div></div>

**List the number of Environmental, Health and Safety prosecutions by any governing body, whether in the company's base country or elsewhere:**

- **Advise whether the Company, or its officers or Directors, current or former, have received Statutory Notices by relevant Regulatory Body or other enforcing body, in the last 5 years.**  
Choose Yes or No.  
If Yes, please provide details.

**List the Company statistics as follows:**

**Last year:**

- Provide details of any Health and Safety prosecutions last year.

▼ 4.5 Two Years Ago	
4.5.1 Please enter the Year applicable to this section ⓘ	2020
4.5.2 Health and Safety regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.5.3 Environmental regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.5.4 Other governing body – please specify	<div></div>
4.5.5 Please provide summary details of any prosecutions	<div></div>

**Two years Ago:**

- Provide details of any Health and Safety prosecutions two years ago.

**Three years Ago:**

- Provide details of any Health and Safety prosecutions three years ago.

**Four years Ago:**

- Provide details of any Health and Safety prosecutions four years ago.

**Environmental Health and Safety Incident Statistics:**

- Does your company have a system for both reporting and investigating EHS incidents?**  
Choose Yes or No.

▼ 5 Environmental, Health and Safety Incident Statistics	
5.1 Does your Company have a system for both reporting and investigating EHS incidents?	Yes ▼
5.2 List the Company's incident statistics as follows:	
▼ 5.3 Last Year	
5.3.1 Please enter the Year applicable to this section ⓘ	2021
5.3.2 Total number of hours worked	256,000
5.3.3 Total number of fatalities	0
5.3.4 Total number of people that have had more than 3 days absence	6
5.3.5 Total number of people that have had more than 7 days absence (UK measurement)	1
5.3.6 Total number of restricted duties cases	0
5.3.7 Total number of medical cases	2
5.3.8 Total number of Dangerous Occurrences	0
5.3.9 Total number of health and safety incidents that required reporting to the Health and Safety Statutory Authority (e.g. Ireland HSA, UK HSE, Germany BG Bau, etc)	0
5.3.10 Total number of environmental incidents that required reporting to the Environmental statutory Authority	0
5.3.11 If one of the above answers is different than 0. Please provide summary details of reportable incidents.	

**Last year:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

▼ 5.4 Two Years Ago	
5.4.1 Please enter the Year applicable to this section ⓘ	<input type="text" value="2020"/>
5.4.2 Total number of hours worked	<input type="text"/>
5.4.3 Total number of fatalities	<input type="text"/>
5.4.4 Total number of people that have had more than 3 days absence	<input type="text"/>
5.4.5 Total number of people that have had more than 7 days absence (UK measurement)	<input type="text"/>
5.4.6 Total number of restricted duties cases	<input type="text"/>
5.4.7 Total number of medical cases	<input type="text"/>
5.4.8 Total number of Dangerous Occurrences	<input type="text"/>
5.4.9 Total number of health and safety incidents that required reporting to the Health and Safety Statutory Authority (e.g. Ireland HSA, UK HSE, Germany BG Bau, etc)	<input type="text"/>
5.4.10 Total number of environmental incidents that required reporting to the Environmental statutory Authority	<input type="text"/>
5.4.11 If one of the above answers is different than 0, Please provide summary details of reportable incidents.	<input type="text"/>

**Two years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

**Three years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

### **Four years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

Submit Entire Response

Click

Click **OK**.

### Step 3: Project Details and References Questionnaire

This form has questions regarding references. The questions are optional. Please provide a brief description and submit your response.

Console		Doc1269307788 - Project Details and References Questionnaire	
Event Messages Event Details Response History Response Team  <b>▼ Event Contents</b>  All Content  2 Mercury project details 3 Largest project ever... 4 Largest project unde... 5 Largest project unde...	<b>All Content</b> <div>Name ↑</div> <div>1 Guidance:</div> <ul style="list-style-type: none"> <li>Regardless of the language you are reading this questionnaire in, please respond <b>only in English</b>.</li> <li>For any queries please contact <a href="mailto:prequalification@mercuryeng.com">prequalification@mercuryeng.com</a></li> </ul> <div>▼ 2 Mercury project details</div> <div>2.1 Have you worked with Mercury before?</div> <div>No ▼</div> <div>2.3 Mercury contact name</div> <div>Mary Brown</div> <div>2.4 Proposed project site (if known)</div> <div></div> <div>2.5 Approximate project value</div> <div>750,000 euro</div> <div>2.6 Scope of work</div> <div>detail of work</div>		

#### ○ Mercury project details


- Please answer if you have worked with Mercury before.
- If so, who is your contact in Mercury?
- Do you know the name of the project site you will be working on?
- Do you have an estimate of the project's value?
- What is your scope of work?

#### ○ Largest project undertaken this year

- Project name.
- Location.
- Client name.
- Project value.
- Year.
- Your scope of work?

#### ○ Largest project undertaken last year

- Project name.
- Location.
- Client name.
- Project value.
- Year.
- Your scope of work?

Click  and then click **OK**.

## Labour Agency Vendor Pre-Qualification Questionnaires

Labour Agency vendors receive the following Questionnaires:

1. Insurance
2. Health, Safety, Quality & Environmental Management
3. Project Details and References



Hello Denis Duggan,

Please fill out the listed questionnaires and return them by the specified dates. These questionnaires are necessary to complete the Labour Agency Pre-Qualification process. Thank you for taking the time to respond to each one.

### Process Overview

Process: Labour Agency Pre-Qualification

Category: Building and Construction Machinery and Accessories

Region: United Kingdom

Business unit: Data Centre & Building Services 1

Material: Not applicable

Process owner: Gillian Giblin

Message:

### Questionnaire Overview

Name	Assigned To	Respond By
<a href="#">Insurance Certificates Questionnaire</a>	Denis Duggan	January 20, 2023 at 8:32 AM
<a href="#">(LAB-CON) Health, Safety, Quality &amp; Environmental Management Questionnaire</a>	Denis Duggan	January 20, 2023 at 8:32 AM
<a href="#">Project Details and References Questionnaire</a>	Denis Duggan	January 20, 2023 at 8:32 AM

[Click Here](#) to view the process.

### Step 1: Supplier Insurances Certificate Questionnaire

Your company may not have all the types of insurance asked for in this questionnaire. They are not necessarily required depending on your business.

The main items we will be seeking confirmation on are the following:

- Your insured business description adequately covers your scope of work/services with Mercury.
- Indemnity insurance limits comply with those set out in our minimum terms and conditions.
- Ensuring you have adequate territorial and jurisdiction limits under your policies.
- The insurances are current, and a broker/insurer cert is provided.

If the insurances are non-compliant with any of the above or information is not provided, we will be seeking additional information before we can approve.

Console		Doc1269307764 - Insurance Certificates Questionnaire	
Event Messages Event Details Response History Response Team	<b>All Content</b> Name ↑ 1 Guidance: • Regardless of the language you are reading this questionnaire in, please respond <b>only in English</b> . • For any queries please contact <a href="mailto:prequalification@mercuryeng.com">prequalification@mercuryeng.com</a>		
▼ Event Contents			
All Content	▼ 2 Insurance Company or Broker details		
2 Insurance Company or...	2.1 Name of Company/Broker	* <input type="text" value="axa"/> Show More	
3 Company's Insurance ...	2.2 Address	Street: <input type="text" value="Frinton Court"/> ⓘ House Number: <input type="text"/>	
4 Employer's Liability...		Street 2: <input type="text"/> ⓘ	
5 Public or Product Li...		Street 3: <input type="text"/> ⓘ	
6 Professional Indemni...		District: <input type="text"/> ⓘ	
7 General Liability In...		Postal Code: <input type="text" value="CO13 9DP"/> ⓘ City: <input type="text" value="Essex"/> ⓘ	
8 Contractor's Plant &...	2.3 Contact Name	* <input type="text" value="Denis Duggan"/>	
9 Other Certificates ~...	2.4 Phone Number	* <input type="text" value="004412345678955"/>	
	2.5 Email Address	* <input type="text" value="denisduggan@gmail.com"/>	

- **Name of Company/Broker:** input the name of your insurance company.
- **Address, Contact, Phone Number and Email Address:** of the insurance company.

3 Company's Insurance Contact details	
3.1 Name	* Jenny
3.2 Title	* Nolan
3.3 Phone Number	* 00447872388619
3.4 Email Address	* jenny@axa.co.uk
3.5 Please confirm your Business Description as declared to your Insurers. (This must be included on the certificate/broker letters)	* Staff temporary construction workers on contrac
3.6 Please confirm your authorization for Mercury to contact your insurance advisors directly should any queries arise under the insurances	* Yes

- **Company's Insurance Contact Details:**

- Insert the **Name**, **Title**, **Phone Number** and **Email Address** of the insurance company contact you have been in contact with.
- **Please confirm your Business Description as declared to your Insurers.** Insert the same description as provided on your insurance.
- **Please confirm your authorization to contact your insurance advisors directly should any queries arise under the insurances.** Choose Yes.

**Employers Liability Insurance or Workers Compensation:**

▼ 4 Employer's Liability Insurance or Workers Compensation	
4.1 Do you have Employer's Liability Insurance / Workers Compensation?	* Yes <input type="button" value="v"/> <a href="#">Details</a>
4.2 Level of Cover (Euros)	* 5,000,000 <input type="button" value="v"/> EUR
4.3 Territorial Limits	* United Kingdom and Ireland <input type="button" value="v"/>
4.4 Do you have an additional Employer's Liability Insurance certificate specific for a separate country?	* No <input type="button" value="v"/>

- **Do you have Employer's Liability Insurance / Workers Compensation?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Employer's Liability Insurance certificate specific to a separate country?** Yes or No.

**Public or Product Insurance:**

▼ 5 Public or Product Liability Insurance	
5.1 Do you have Public / Product Liability Insurance?	* Yes ▾ <a href="#">Details</a>
5.2 Level of Cover (Euros)	* 5,000,000 EUR
5.3 Territorial Limits	* United Kingdom and Ireland
5.4 Do you have an additional Public Liability Insurance certificate specific for a separate country?	* No ▾

- **Do you have Public / Product Liability Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Public Liability Insurance certificate specific to a separate country?** Yes or No.

**Professional Indemnity Insurance:**

This is **MANDATORY** for all Labour Agency suppliers.

▼ 6 Professional Indemnity Insurance	
6.1 Do you have Professional Indemnity Insurance?	* Yes ▾ <a href="#">Details</a>
6.2 Level of Cover (Euros)	* €5,000,000.00 EUR
6.3 Territorial Limits	* United Kingdom and Ireland
6.4 Do you have an additional Professional Indemnity Insurance certificate specific for a separate country?	* No ▾

- **Do you have Professional Indemnity Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Professional Indemnity Insurance certificate specific to a separate country?** Yes or No.

**General Liability Insurance:**

▼ 7 General Liability Insurance	
7.1 Do you have General Liability Insurance?	* Yes <input type="button" value="Details"/>
7.2 Level of Cover (Euros)	* 500,000 EUR
7.3 Territorial Limits	* United Kingdom and Ireland

- **Do you have General Liability Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.
- **Do you have an additional Professional Indemnity Insurance certificate specific to a separate country?** Yes or No.

**Contractor's Plant & Equipment "All Risks" Insurance:**

▼ 8 Contractor's Plant & Equipment "All Risks" Insurance	
8.1 Do you have Contractor's Plant & Equipment "All Risks" Insurance?	* Yes ▾ Details
8.2 Level of Cover (Euros)	* €500,000.00 EUR
8.3 Territorial Limits	* United Kingdom and Ireland

- **Do you have Contractor's Plant & Equipment "All Risks" Insurance?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

You need to insert the certificate specific information, in a new window:

- **Issuer, Year of Publication, Certificate Number, Certificate Location, Effective Date and Expiration Date** are required fields.

Click  to return to the questionnaire.

- **Level of Cover:** input the level of cover in euro.
- **Territorial Limits:** input the countries which are covered.

**Other Certificates:**

▼ 9 Other Certificates - Provide if applicable	
9.1 Do you have a Motor Insurance certificate?	* Yes ▾ Details

- **Do you have a Motor Insurance certificate?**

- Choose Yes/No.

Click [Details](#) to upload a copy of the certificate.

Click  to return to the questionnaire.

Additional Region(s) – Attestation

8 Additional Region(s) - Attestation

8.1 The below fields are optional if you are receiving this questionnaire from Mercury for the first time. If you have been requested to update this Questionnaire then the below are mandatory.

8.2 Have you been requested for an update to these Certificates by Mercury because you are being onboarded for a new Region/Country?

Unspecified

8.3 For which country(ies)?

8.4 Please provide an attestation that you can work in the country(ies) required

Attach a file

(\*) indicates a required field

Submit Entire Response

Save draft

Compose Message

Excel Import

These next fields are optional if you are receiving this questionnaire from Mercury for the first time.

If you have been requested to update this Questionnaire, then the below are mandatory.

- Choose **Yes** if Mercury have asked you to submit certificates for an additional country.
- Choose **No** if you are not applying to work in additional countries.
- Choose **Attach a file** if you need to show proof to work in another country.

Click 

Submit Entire Response

Click **OK**.

## Step 2: Health, Safety, Quality, & Environmental Management Questionnaire

This form requires your EHS details. We will be reviewing your safety statement, health safety policy and risk assessment.

Console

Doc1269307752 - (LAB-CON) Health, Safety, Quality & Environm...

Time re  
29 d

Event Messages

Event Details

Response History

Response Team

▼ Event Contents

All Content

2 Environmental, Healt...

3 Environmental, Healt...

4 List the number of E...

5 Environmental, Healt...

All Content

Name ↑

1 Guidance:

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact the appropriate email below.
- For Subcontractors or Consultants: [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)
- For Labour Agencies: [LabourAgency@mercuryeng.com](mailto:LabourAgency@mercuryeng.com)

▼ 2 Environmental, Health and Safety (EHS) Contact Details

2.1 Name

Cally Moran

2.2 Title

EHS Advisor

2.3 Qualifications

Certified Safety Professional (CSP) Certification

2.4 Phone No

004412384746

2.5 Email address

cally.moran@buildingworks.co.uk

### ○ EHS Contact details

- **Name:** who is your EHS contact?
- **Title:** what is their job role?
- **Qualifications:** what are their qualifications or certifications for the position?
- **Phone Number:** what is their number?
- **Email address:** what is their email?

▼ 3 Environmental, Health and Safety Management System (EHS-MS)

3.1 Does your company have a written Health and Safety Policy?

Yes

3.2 If Yes, please enclose a copy of the policy.

Attach a file

3.3 Does your company have a written Environmental Policy?

Yes

3.4 If Yes, please enclose a copy of the policy.

Attach a file

3.5 Does your company have a written Safety Statement, that has been reviewed and updated within the past 12 months?

Yes

3.6 If Yes, please enclose a copy of the policy.

Attach a file

3.7 Does your company have a written Drug and Alcohol Policy?

Yes

3.8 If Yes, please enclose a copy of the policy.

Attach a file

3.9 Confirm that company has reviewed, understood and accepted the Mercury Engineering Agency personnel / Consultants minimum EHS requirements listed in the terms and conditions document.

Yes

### ○ Environmental, Health and Safety Management System (EHS MS)

- **Does your company have a written Health and Safety policy?**
- If yes, please enclose a copy - [Click Attach a file](#) to upload.
- **Does your company have a written Environmental policy?**
- If yes, please enclose - [Click Attach a file](#) to upload.

- **Does your company have a Safety Statement that has been reviewed and updated in the last 12 months?**
- If yes, please enclose - [Click Attach a file](#) to upload.
  
- **Does your company have a drug and alcohol policy?**
- If yes, - [Click Attach a file](#) to upload.
  
- **Confirm that company has reviewed, understood, and accepted the Mercury Engineering Agency personnel / Consultants minimum EHS requirements linked in the terms and conditions document.**  
Choose Yes or No.

▼ 4 List the number of Environmental, Health and Safety prosecutions by any governing body, whether in the company's base country, or elsewhere.	
4.1 Advise whether the Company, its Officers or Directors, either current or former, have received Statutory Notices by the relevant Regulatory Body or other enforcing authority within the last five years.	No ▼
4.2 Please provide details	<div></div>
4.3 List the Company's statistics as follows:	
▼ 4.4 Last Year	
4.4.1 Please enter the Year applicable to this section ⓘ	2021
4.4.2 Health and Safety regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.4.3 Environmental regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	1
4.4.4 Other governing body – please specify	<div></div>
4.4.5 Please provide summary details of any prosecutions	<div></div>

**List the number of Environmental, Health and Safety prosecutions by any governing body, whether in the company's base country or elsewhere:**

- **Advise whether the Company, or its officers or Directors, current or former, have received Statutory Notices by relevant Regulatory Body or other enforcing body, in the last 5 years.**  
Choose Yes or No.  
If Yes, please provide details.

**List the Company statistics as follows:**

**Last year:**

- Provide details of any Health and Safety prosecutions last year.

▼ 4.5 Two Years Ago	
4.5.1 Please enter the Year applicable to this section ⓘ	2020
4.5.2 Health and Safety regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.5.3 Environmental regulatory body - e.g. Ireland HSA, UK HSE, Germany BG Bau, etc	<div></div>
4.5.4 Other governing body – please specify	<div></div>
4.5.5 Please provide summary details of any prosecutions	<div></div>

**Two years Ago:**

- Provide details of any Health and Safety prosecutions two years ago.

**Three years Ago:**

- Provide details of any Health and Safety prosecutions three years ago.

**Four years Ago:**

- Provide details of any Health and Safety prosecutions four years ago.

**Environmental Health and Safety Incident Statistics:**

- Does your company have a system for both reporting and investigating EHS incidents?**  
Choose Yes or No.

▼ 5 Environmental, Health and Safety Incident Statistics	
5.1 Does your Company have a system for both reporting and investigating EHS incidents?	Yes ▼
5.2 List the Company's incident statistics as follows:	
▼ 5.3 Last Year	
5.3.1 Please enter the Year applicable to this section ⓘ	2021
5.3.2 Total number of hours worked	256,000
5.3.3 Total number of fatalities	0
5.3.4 Total number of people that have had more than 3 days absence	6
5.3.5 Total number of people that have had more than 7 days absence (UK measurement)	1
5.3.6 Total number of restricted duties cases	0
5.3.7 Total number of medical cases	2
5.3.8 Total number of Dangerous Occurrences	0
5.3.9 Total number of health and safety incidents that required reporting to the Health and Safety Statutory Authority (e.g. Ireland HSA, UK HSE, Germany BG Bau, etc)	0
5.3.10 Total number of environmental incidents that required reporting to the Environmental statutory Authority	0
5.3.11 If one of the above answers is different than 0, Please provide summary details of reportable incidents.	

**Last year:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

▼ 5.4 Two Years Ago	
5.4.1 Please enter the Year applicable to this section ⓘ	<input type="text" value="2020"/>
5.4.2 Total number of hours worked	<input type="text"/>
5.4.3 Total number of fatalities	<input type="text"/>
5.4.4 Total number of people that have had more than 3 days absence	<input type="text"/>
5.4.5 Total number of people that have had more than 7 days absence (UK measurement)	<input type="text"/>
5.4.6 Total number of restricted duties cases	<input type="text"/>
5.4.7 Total number of medical cases	<input type="text"/>
5.4.8 Total number of Dangerous Occurrences	<input type="text"/>
5.4.9 Total number of health and safety incidents that required reporting to the Health and Safety Statutory Authority (e.g. Ireland HSA, UK HSE, Germany BG Bau, etc)	<input type="text"/>
5.4.10 Total number of environmental incidents that required reporting to the Environmental statutory Authority	<input type="text"/>
5.4.11 If one of the above answers is different than 0, Please provide summary details of reportable incidents.	<input type="text"/>

**Two years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

**Three years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

### **Four years Ago:**

List the Company's incident statistics as follows:

- Total number of hours worked
- Total number of fatalities
- Total number of people that have had more than 3 days absence
- Total number of people that have had more than 7 days absence (UK measure)
- Total number of restricted duties cases
- Total number of medical cases
- Total number of Dangerous Occurrences
- Total number of health and safety incidents that required reporting to H+S Authority
- Total number of environmental incidents that required reporting to Environmental statutory Authority
- If one of the above is different than 0, please provide details of reportable incidents.

Submit Entire Response

Click

Click **OK**.

### Step 3: Project Details and References Questionnaire

This form has questions regarding references. The questions are optional.  
Please provide a brief description and submit your response.

[Go back to Mercury Engineering - TEST Dashboard](#)

Console      Doc1269307788 - Project Details and References Questionnaire

Event Messages  
Event Details  
Response History  
Response Team

▼ Event Contents

All Content  
2 Mercury project details  
3 Largest project ever...  
4 Largest project unde...  
5 Largest project unde...

**All Content**

**1 Guidance:**

- Regardless of the language you are reading this questionnaire in, please respond **only in English**.
- For any queries please contact [prequalification@mercuryeng.com](mailto:prequalification@mercuryeng.com)

**2 Mercury project details**

2.1 Have you worked with Mercury before?


2.3 Mercury contact name

2.4 Proposed project site (if known)

2.5 Approximate project value

2.6 Scope of work

- **Mercury project details**
  - **Please answer if you have worked with Mercury before.**
  - **If so, who is your contact in Mercury?**
  - **Do you know the name of the project site you will be working on?**
  - **Do you have an estimate of the project's value?**
  - **What is your scope of work?**
- **Largest project undertaken this year**
  - **Project name.**
  - **Location.**
  - **Client name.**
  - **Project value.**
  - **Year.**
  - **Your scope of work?**
- **Largest project undertaken last year**
  - **Project name.**
  - **Location.**
  - **Client name.**
  - **Project value.**
  - **Year.**
  - **Your scope of work?**

Click  and click **OK**.

---

## FAQs

### Why would a Questionnaire be resent?

If you do not complete all the relevant information, or if you are required to submit additional country specific details, then the Questionnaire may be resent to you.

The most common problem is missing or incorrect tax or bank information.

### How to I check the Status of my Account?

You will receive email updates when your registration or questionnaires have been approved.  
You will receive an email when the account is fully qualified.

### What happens if my invite or questionnaires link expires?

The invitation or questionnaires links will not expire for 60 days, from when they are sent.

You will receive a reminder every 7 days to complete the tasks.

If 60 days passes and the link expires – contact the Vendor Mnager who has been assigned to your account You can check who this person is from your correspondence and profile.

## What happens if my insurance expires?

You will be notified when your insurance expiration is approaching. You need to resubmit your new insurance certificates on your Ariba profile yourself.

## Have you been invited to resubmit your insurance certificates?

1. Please follow the invitation link to log in to your Ariba profile.
2. In the **Registration Questionnaires**, you will see the **Certificates** section towards the bottom of the list.
3. Select the **Attachment** link to upload your new certificate.

Registration Questionnaires

Title	ID	End Time ↓	Status
▼ Status: Open (1)			
Supplier Registration Questionnaire	Doc1078835995	8/18/6105 1:51 PM	Registered


Qualification Questionnaires

Title	ID	End Time ↓	Commodity	Regions	Status
No Items					

Questionnaires

Title	ID	End Time ↓	Commodity	Regions	Status
▼ Status: Completed (2)					
Project Details and References Questionnaire	Doc1079203469	7/14/2022 5:32 PM	All Commodities All	All All	Approved
(LAB-CON) Health, Safety, Quality & Environmental Management Questionnaire	Doc1079203457	7/14/2022 5:26 PM	All Commodities All	(no value)	Approved
▼ Status: Open (1)					
Insurance Certificates Questionnaire	Doc1079203445	8/6/6105 7:41 PM	All Commodities All	All All	Approved

Certificates

Certificate Info	Effective	Expiration	Attachment	Questionnaire	Status
Public Liability Insurance Certificate	7/4/2021	7/19/2023	 Certificate.pdf	Insurance Certificates Questionnaire	Valid

## Updating your Company Details

If your company information changes, it is your responsibility to update your information in your Ariba profile. It is important to ensure correct information, such as bank details, so that we can pay invoices on time, and that insurance certificates are kept up to date and not left to expire.

Please note that Mercury is not able to make any changes to your account.

1. You will receive Ariba emails notifying you of updates in the process and if additional information is required.
2. Follow the link to be taken to the correct screen.
3. If the updates relate to Bank, Insurance, TAX or Contact details:  
Select a **Questionnaires** link to make the changes.

Registration Questionnaires

Title	ID	End Time ↓	Status
▼ Status: Open (1)			
Supplier Registration Questionnaire	Doc1078835995	8/18/6105 1:51 PM	Registered


Qualification Questionnaires

Title	ID	End Time ↓	Commodity	Regions	Status
No items					

Questionnaires

Title	ID	End Time ↓	Commodity	Regions	Status
▼ Status: Completed (2)					
Project Details and References Questionnaire	Doc1079203469	7/14/2022 5:32 PM	All Commodities All	All All	Approved
(LAB-CON) Health, Safety, Quality & Environmental Management Questionnaire	Doc1079203457	7/14/2022 5:26 PM	All Commodities All	(no value)	Approved
▼ Status: Open (1)					
Insurance Certificates Questionnaire	Doc1079203445	8/6/6105 7:41 PM	All Commodities All	All All	Approved

Certificates

Certificate Info	Effective	Expiration	Attachment	Questionnaire	Status
Public Liability Insurance Certificate	7/4/2021	7/19/2023	 Certificate.pdf	Insurance Certificates Questionnaire	Valid

## Who can I contact for more information?

If you require any additional support, contact us at:

- [supplier.onboarding@mercuryeng.com](mailto:supplier.onboarding@mercuryeng.com) for Material vendors
- [subcontractor.onboarding@mercuryeng.com](mailto:subcontractor.onboarding@mercuryeng.com) for Subcontractor and Consultancy vendors
- [labourAgency@mercuryeng.com](mailto:labourAgency@mercuryeng.com) for Labour Agency vendors

## If you are already approved with another company in SAP Ariba, do you still need to register with Mercury?

SAP Ariba does not share supplier's registration information between different companies. Suppliers that were previously registered on SAP Ariba and are not registered with Mercury must separately submit the Mercury supplier registration questionnaires.

You can use the same log-in details.

## How do I get notifications?

Email notifications will be sent to your contact person. The primary contact person will receive all status updates, notifications, or also SAP official notifications based on the email used at the time of registration.

## What if the invite is sent to the wrong person?

You can forward the link to another person if you want to share the log-in details.

If the default contact needs to be updated:

You can contact the Vendor Manager mentioned on the Mercury invitation to resend the invite. Update your profile details with this change also.

## What is the process if you do not receive email notification for registration?

Suppliers who fail to receive SAP Ariba SLP invitations or email notifications should contact:

- [supplier.onboarding@mercuryeng.com](mailto:supplier.onboarding@mercuryeng.com) for Material vendors
- [subcontractor.onboarding@mercuryeng.com](mailto:subcontractor.onboarding@mercuryeng.com) for Subcontractor and Consultancy vendors
- [labourAgency@mercuryeng.com](mailto:labourAgency@mercuryeng.com) for Labour Agency vendors

The Mercury Support team will be able to re-trigger the invitation and email notifications as required. Please also check if the invitation email has potentially been moved to your SPAM folder.

## I received an unexpected error

The unexpected error can occur when:

- Multiple browser windows with Ariba pages are opened
- Multiple users are connected to the same account
- Previous session is not logged out properly, and a new session is opened
- Expired link (for example, from password reset email) is used to log in

To Resolve the issue:

1. Delete cookies and browsing history of your Internet browser.
2. Close all browser windows.
3. Open a new browser window and try to log in to your account.

## Why does the link not work?

If you cannot click the link, or the link does not open the log in page, highlight and copy the Uniform Resource Locator (URL), and then paste the URL into your web browser.

Clearing the cache/browsing data should fix the problem.

## Why do I see a blank pop-up box when attempting to open the Questionnaire?

Something in the browser is blocking the content from loading the questionnaire content. You have a couple options to resolve this issue:

- Check to see if an ad blocker is installed, such as Adblock Plus OR uBlock. If there is, disable or pause it and load the page again
- Try to log in using a different browser

In Google Chrome, ad blockers are typically located in the Extensions section.

## How do I delete/clear my browser recent history, cookies, or cache?

We recommend deleting your browser's temporary Internet files, cookies, cache, and history regularly to ensure a smooth experience.


### If you are using Microsoft Internet Explorer:

- Click **Tools** in the upper left corner of your browser window. (If you cannot see the **Tools** option, right-click the top of your browser window and select the **Menu bar** to make it visible)
- Click **Internet Options**
- Click **Delete** under the **General** tab under **Delete Browsing History**
- Make sure **Cookies** and **Temporary Internet Files** are checked
- Click **Delete**
- After the browser finishes deleting your history, log out of Ariba and close your browser.
- Open Internet Explorer again

### If you are using Mozilla Firefox:

- Click **History**
- Click **Clear Recent History**
- In the pop-up box, make sure **Cookies**, **Cache**, and **Active Logins** are checked
- Click **Clear Now**
- After the browser finishes deleting your history, log out of Ariba and close your browser
- Open Mozilla Firefox again

### If you are using Google Chrome:

- Click the icon in the upper right corner that has three stacked horizontal lines (.
- Click **More Tools**
- Click **Clear Browsing Data**
- Next to **Obliterate the following items from**, choose **the beginning of time**
- Make sure **Cookies and other Site and Plug-in Data**, and **Cache Images and Files** are checked
- Click **Clear Browsing Data**
- After the browser finishes deleting your history, log out of Ariba and close your browser
- Open Google Chrome again
- Access browser's recent history press and hold Ctrl + Shift + Del keys on your keyboard. Then, you can remove the files according to the steps for your browser.