



# **cabfind.com**

taxi management solutions

## **Supplier Questionnaire (RFI)**

Please complete all sections of this questionnaire as fully as possible in the spaces provided throughout.

Any additional documentation requested to verify your responses must be returned along with the questionnaire, with clear indication as to which question they are sent in response to.

If you wish to attach any additional material (such as promotional material or brochures) please label this clearly as such and keep separate from your responses to the questionnaire.

All Questionnaires must be returned to via E-mail (Preferred) or Post, details of which are given below:

**E-mail:** [Dave.goldring@cabfind.com](mailto:Dave.goldring@cabfind.com)

**Post:**  
Supplier Relations Department  
Cabfind Ltd  
15 Park Street  
Birkenhead  
Wirral  
CH41 1ET

Any queries concerning completion of this questionnaire should be directed to our supplier relations department.

**Telephone:** 0151 200 4900

**Fax:** 0870 170 0778

**Email:** [suppliers@cabfind.com](mailto:suppliers@cabfind.com)

# Contents

Please Note: If you are filling this form in electronically, click the heading you wish to view

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## Company Information

<b>Company Name</b>	
<b>Address</b>	
<b>VAT Registration No.</b>	
<b>Company Registration No.</b>	
<b>Website</b>	

## Bank Information

<b>Bank Name:</b>	
<b>Sort Code:</b>	
<b>Account Number:</b>	
<b>Branch Address:</b>	

## Contact Information

### Directors

Director(s) Name	
Senior Manager(s) Name	
Telephone	
E-mail	

### Operational / Booking Office

Contact Name	
Telephone	
Fax	
E-mail	

### Accounts / Admin

Contact Name	
Telephone	
Fax	
E-mail	

## Operational Information

Do you operate a 24 hour service? *(Click on the appropriate box)*

Yes

No

Do you operate a booking and despatch system? *(Click on the appropriate box)*

Yes

No

If Yes:

Which system do you use?

Is it satellite despatch?

Yes

No

Do you offer call/text on arrival?

Yes

No

How many staff do you employ to answer calls / make bookings?

How many staff are available to answer calls at any given time, as a minimum?

How many drivers do you have at your disposal?

## Fleet Information

### Operators Licence / Booking Office Licence

<b>Taxi Operators' Licence / Booking Office Licence Number</b>	
<b>Expiry Date</b>	

Please attach a copy of your Operator's license with your response.

### Vehicles / Drivers

<b>Total number of vehicles in fleet</b>						
<b>Average age of vehicles in fleet</b>						
<b>Number of Saloons (1-4 passenger vehicles)</b>						
<b>Number of MPV's (5-8 passenger vehicles)</b>						
<b>Number of Black Cabs</b>						
<b>Number of Executive vehicles</b>						
<b>Number of Wheelchair Accessible vehicles</b>						
<b>Private Hire Vehicle Licence for each vehicle</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>
<b>Private Hire Vehicle Licence for each driver</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>
<b>Hackney Carriage Vehicle License for each vehicle</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>
<b>Hackney Carriage Vehicle License for each driver</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>
<b>Vehicle Insurance details for each vehicle / driver</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>

## Insurance

							Amount (if yes)
Public liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>	
Employer's liability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>	
Hire and reward	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/a	<input type="checkbox"/>	

Please attach to your response, copies or verification letters for each of your policies.

## Corporate And Social Responsibility

Does your company have written versions of the policies detailed below?				
Health and safety	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Environmental	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Equal opportunities	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Bullying and harassment	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>
Compliance with the Disability Discrimination Act 1995	Yes*	<input type="checkbox"/>	No	<input type="checkbox"/>

\*Where your answer is yes please attach copies of these policies to your response.



## Pricing Structure

	Time From	Time to
Day rate		
Night rate		

Saloon Vehicle (1-4 passengers)			
Tariff	Day	Night	Bank Holidays
1st mile charge			
Miles after			
Minimum fare			
Waiting time charge (per 15 minutes)			
Stand down charge			

MPV (5-8 passengers) / Wheelchair Accessible Vehicle			
Tariff	Day	Night	Bank Holidays
1st mile charge			
Miles after			
Minimum fare			
Waiting time charge (per 15 minutes)			
Stand down charge			

Executive Vehicle			
Tariff	Day	Night	Bank Holidays
1st mile charge			
Miles after			
Minimum fare			
Waiting time charge (per 15 minutes)			
Stand down charge			

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**This questionnaire was completed by Contractor Authorised Signatory**

<b>Name</b>	
<b>Position</b>	
<b>Signed</b>	
<b>Date</b>	

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**This questionnaire was received by**

<b>Name</b>	
<b>Position</b>	
<b>Signed</b>	
<b>Date</b>	