BARRATT HOMES **DAVID WILSON HOMES** — WHERE QUALITY LIVES **BARRATT LONDON**

BDW Trading Limited

SUBCONTRACTOR STATUS ASSESSMENT FORM

NAME: _____   DATE: _____

TRADE: _____   DIVISION: _____

TEST 1: PERSONAL SERVICE
Is the above named individual entitled to send any alternative duly qualified worker to perform all his duties to the company?   YES ☐   NO ☐

Is the above named individual required to carry his own Public Liability Insurance and/or Employers Liability Insurance?   YES ☐   NO ☐

TEST 2: MUTUALITY OF OBLIGATION
Is the company entitled to provide no work to the above named individual?   YES ☐   NO ☐

If offered work, is the above named individual entitled to refuse to perform that work?   YES ☐   NO ☐

If the answer to any of the questions above is **"yes",** then it is unlikely that the individual will be an employee.
If the answer to all the above questions is **"no",** please consider the questions set out below:

TEST 3: CONTROL

Can the company require the individual to work specific days and hours?   YES ☐ 2   NO ☐ 0

Does the company give the above named individual detailed directions of how to carry out their tasks?   YES ☐ 2   NO ☐ 0

Will the company provide the above named individual with the majority of the equipment needed to perform the work?   YES ☐ 1   NO ☐ 0

Will the company supply the above named individual with a vehicle?   YES ☐ 1   NO ☐ 0

Will the individual be subject to the company's rules and policies relating to employees   YES ☐ 2   NO ☐ 0

TEST 4: PAYMENT AND FINANCIAL RISK
Will the above named individual receive an agreed rate or price to complete a particular job rather than receiving an hourly rate?   YES ☐ 0   NO ☐ 1

Will the individual be required to correct unsatisfactory work in their own time and at his/her own expense?   YES ☐ 0   NO ☐ 1

Will the individual stand to gain extra if the work is completed ahead of schedule?   YES ☐ 0   NO ☐ 1

Does the company reimburse the above named individual for bed & breakfast or travel expenses?   YES ☐ 1   NO ☐ 0

TEST 5: TAX AND CORPORATE STATUS
Is the above named individual trading as a registered limited company?   YES ☐ 0   NO ☐ 1

Is the above named individual/limited company registered for V.A.T.?   YES ☐ 0   NO ☐ 2

Does the above named individual have a HMRC Registration Letter?   YES ☐ 0   NO ☐ 1

TEST 6: SITE LABOURERS / FORKLIFT DRIVERS
Is the above named individual either a Site Labourer, storeman or Forklift Driver ?   YES ☐ 1   NO ☐ 0

TEST 7 : PROVISION OF LABOUR
If the above named individual does have the right to provide a substitute (see TEST 1), will the individual organise and pay the substitute?   YES ☐ 0   NO ☐ 1

TEST 8: ALTERNATIVE ENGAGERS
Does the above named individual work for a number of other engagers on a regular basis?   YES ☐ 0   NO ☐ 1

TEST 9: BENEFITS AND INSURANCE
Will the above named individual be included in benefits schemes operated by the company (e.g. health insurance and bonus schemes)?   YES ☐ 1   NO ☐ 0

Will the above named individual be entitled to receive paid sick leave or holiday pay from the company?   YES ☐ 2   NO ☐ 0

TEST RESULTS
Score [/22]

If the answer to Tests 1 and 2 was "no" then the higher the above score, the more likely it is that the individual is an employee.
Please Note - Even if the individual is not an employee, he/she may have rights as a worker, for example the right to paid holiday leave.

SIGNATORIES

ABOVE NAMED :- _____
By signing this Subcontractor Status Assessment I confirm that I am the above named individual, that I have been consulted by the Company on the above Tests and that the answers are correct to the best of my knowledge at the date of the Assessment.   I also acknowledge that if I am assessed as a self-employed Contractor carrying on my own business undertaking then I will receive an additional sum in excess of the amount paid to employees and workers of the Company which shall offset any obligation of the Company to pay to me holiday pay under the Working Time Regulations 1998. I also confirm that I have been provided with the Company's Labour Only and General Terms to All Contractors and confirm that they will be complied with.

SURVEYOR :- _____

SENIOR SURVEYOR :- _____

COMMERCIAL / TECHNICAL DIRECTOR :- _____

THIS ASSESSMENT MUST BE FORWARDED TO GSC PURCHASE LEDGER TO BE RECORDED ON THE COINS SUB CONTRACTOR DATABASE