

# Construction Specialist Insurance Bureau



## BOND APPLICATION FORM

Strictly Private and Confidential

### 1) APPLICANT DETAILS

Full Name of Contractor:

Trading Address:

Registered Address:  
(if different)

Business Description:

Parent/Associate  
Company:

Contact  
Name:

e-mail:

Tel:

Mobile:

### 3 Most Senior Directors (Limited Companies) or 3 Most Senior Partners (Partnerships):

Full Names:

Title/Position:

Company Formation Date:

Company No:

Accountants:

Primary Bank:

Loan Facilities:

Agreed Overdraft Limit:

Date Agreed:

Current Sum Overdrawn:

Mortgage amount:

Facilities secured by:

Have you obtained bonds before? And, if so, where?

**2) CONTRACT DETAILS:**

Name and Address of your Employer/Beneficiary:

Employer/Beneficiary Contact Name:

Type of Employer:  
Eg Main Contractor, Local Authority

Description and Location of Works:

Type of Bond:  
(please attach bond wording if provided)

Contract Price £:

Works Period:

Bond Value £:

Maintenance Period:

Retention % to PC:

Retention % to end of Maints:

Does Bond Expire at Practical Completion, End of Maintenance or on a Specific Date?

Method of Payment:

Has the contract been won?

Contract Start Date:

Bond Start Date:

Bond End Date:

Type of Contract:  
Eg JCT, ICE, NEC or other

Details of works to be Sub-Contracted:

Details of Sub Contracts for which Sub-contractors provide Bonds:

**STANDARD DISCLOSURE:**

**Yes/No**

i) Has the applicant, any of its Directors or Partners ever required a Surety to make a payment under a Bond or Guarantee?

ii) Has the applicant ever been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or been a Director or Partner of a firm or company to which a receiver or liquidator has been appointed?

iii) Has your company ever had any County Court Judgements or adjudications awarded against it?

If you answer **YES** to any of the above please provide details including dates, values, reasons and outcome on a separate page.

**IMPORTANT:**

I hereby declare that the above statement of needs are true and complete and that I have not concealed any material information, fact or circumstance which could be capable of being viewed as material to any decision making in respect of underwriting this risk. I understand that I have a duty to disclose any and all facts which may be material to any underwriting decision.

Signed:

Name:

Position:

Date:

**John-Dominic Curran**  
**Chartered Insurance Practitioner**

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