



## Surety Bond Application (Facility)

### Applicant Details

Contractor Name: \_\_\_\_\_

A.C.N. / ABN: \_\_\_\_\_

### Bonds Required

**Value of all outstanding bonds/bank guarantees:**

Bank Guarantees: \$ \_\_\_\_\_ Insurance Bonds: \$ \_\_\_\_\_

Is there an existing facility?                      Yes                                      No

| Bond Type       | Value* | Period (date exclusive)                  |
|-----------------|--------|--|
| Bid/Tender      | _____  | ____ / ____ / ____ to ____ / ____ / ____ |
| Performance     | _____  | ____ / ____ / ____ to ____ / ____ / ____ |
| Maintenance     | _____  | ____ / ____ / ____ to ____ / ____ / ____ |
| Retention       | _____  | ____ / ____ / ____ to ____ / ____ / ____ |
| Advance Payment | _____  | ____ / ____ / ____ to ____ / ____ / ____ |
| Rental          | _____  | ____ / ____ / ____ to ____ / ____ / ____ |
| Other           | _____  | ____ / ____ / ____ to ____ / ____ / ____ |

\*Currency of bond/s \_\_\_\_\_

## Application Checklist

The Insurer relies on the consideration of the information and documents listed below in the quotation process. Therefore, all questions and required information must be disclosed truthfully and in full. The information will be treated in complete confidence. This information is required for the Applicant company as well as on a Group basis if applicable.

Last 3 years financial statements (preferably consolidated and audited)

Most recent management accounts

Corporate / Group Structure Chart

Work in progress report

A copy of the proposed bond wording

Extracts from the contract detailing the requirement for the Bond/s requested

Company Profile (if available)

Details of any Surety/Bond facilities in place

## Signature and Declaration

We declare that we have read and understood the notifications above and that the information given on this from *(including any additional lists, forms schedules or attachments)* is to best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to the Insurer which might affect your decision whether to accept the risk. We further declare that none of the customers is a subsidiary or associated company of ours and that we have no interest direct or indirect, in any of the customers. We have also read and understood GSA's **privacy statement**.

Name of Company(ies): \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

Position in Company: \_\_\_\_\_

**AGREE**

**DISAGREE**