



Surety Bond Application (Single)

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

Contract Details

Full Description of Contract: _____

Location of Contract: _____

Total Value of Contract: \$ _____ Currency: _____

Contract Number: _____

Contract Dates: Start ____/____/____ Completion: ____/____/____

Practical Completion Date: ____/____/____ Final completion Date: ____/____/____

Post Completion Maintenance (latent defects) Period _____ years _____ months

Is the maintenance/latent defects period to be covered under this bond? Yes No

Will the company assume any Design Exposure/Liability for this contract? Yes No

Will there be retentions held on completion? Yes No

Name of contract Principal/Beneficiary _____

Company Number _____

Address (street) _____

Postcode: _____

Name of Clients's Representative/Project Manager _____

Contact Name _____

Address (street) _____

Postcode: _____

Telephone _____ Email _____

Has the company undertaken previous contracts for this client? Yes No

Has the company undertaken a contract of this type before? Yes No

Will the role be that of Head or Subcontractor? _____

Percentage to be subcontracted _____ %

Are force majeure risks excluded risks under the contract? Yes No

Are nuclear risks excluded risks under the contract? Yes No

Specific Bond Application

Bond Wording: _____

Schedule of contracts in progress: _____

Contract Details

Are any sub contractors involved and are they bonded? _____

Fixed price or provision for escalation? _____

Attach contract wordings applicable to:

1. Requirement for bonds
2. Dispute resolution
3. Any efficiency guarantee?

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