

ADVANCE PAYMENT/SUPPLY BOND APPLICATION FORM

1. Applicant

Full Name: _____

Business of Applicant: _____

Postal Address: _____

Contact Person: _____ Position: _____

Telephone: _____ Email: _____

Registered Address (if different) _____

Company Registration Number: _____

2. Particulars of Directors or Principals (Attach a list if required)

Name: (1) _____

Address: _____

Name: (2) _____

Address: _____

Name: (3) _____

Address: _____

Name: (4) _____

Address: _____

3. Auditors

Auditors Name: _____

Address: _____

4. Bankers

Bankers Name: _____

Bankers Address: _____

5. Details of Bond Required

Type of Bond Required: _____

Value of Contract: _____

Bond Amount Required: _____

Nature of Goods Involved: _____

Date of Commencement: _____

Who is the Beneficiary of the Bond? Name: _____

Address: _____

7. Have you Proposed to any other Sureties?

(i) For This Bond? If **“YES”**, please give names of Sureties and results of the applications

(ii) For Previous Bonds? If **“YES”**, please give names of Sureties and results of the applications

8. Disclosure

	YES	NO
Has the applicant, any of its Directors or Partners ever Required a surety to make a payment under a bond or guarantee	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Has your Company ever had any County Court Judgments or adjudications awarded against it?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **YES** to any of the above please give further details dates, values, reasons and outcome in the box below:-

I hereby give permission for the Surety/Surety Bonds to carry out credit checks on my/our behalf

YES

IMPORTANT

I/we declare that the above statements are true and complete and that I/we have not concealed any material information fact or circumstance whether requested or not that could affect a decision or condition applying to any decision.

I/we also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation.

NB: Please send this application back with the following :

- **AUDITED Accounts for the last two financial years**
 - **Most Recent Management Accounts**
 - **Bond Wording (if Known)**
 - **Copy of the Contract**
- We May Also Require:
- Work in Progress Schedule
 - Bank Information

Signature..... Position..... Date.....

At Coversure Ltd T/A Surety Bonds we take your data protection seriously and will only use your data as discussed with you in our privacy statement.

1. DEALING WITH YOUR POLICY

We wish to confirm the methods of contact you consent to in relation to your policy:

- Agreed methods of contact
- Email
 - Phone
 - SMS
 - Post
 - Other _____

Customer Signature Date.....

2. MARKETING

From time to time, we would also like to let you know about other products that we feel might be of interest to you.

- Agreed methods of contact:
- Email
 - Phone
 - SMS
 - Post
 - Fax
 - I do not agree.

Customer Signature Date.....

*Even if you do subscribe now you can always unsubscribe at any time.

3. THIRD PARTIES

On rare occasions we may pass your details onto other firms such as Claims Handling Agents, or complimentary businesses so that they can contact you with details of the services they offer. If you consent to us passing on your details for that purpose please tick to confirm agreed method of contact:

- Agreed methods of contact:
- Email
 - Phone
 - SMS
 - Post
 - Fax
 - I do not agree.

Customer Signature Date.....