

## BID 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

Details of Bond Required: \_\_\_\_\_  
\_\_\_\_\_

Value of Contract: \_\_\_\_\_

Bond Amount Required: \_\_\_\_\_

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

Has the applicant, any of its Directors or Partners ever Required a surety to make a payment under a bond or guarantee

YES	NO
<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"/>
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Has your Company ever had any County Court Judgments or adjudications awarded against it?

<input type="checkbox"/>	<input type="checkbox"/>
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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)**
  - Bank Information**
- We May Also Require:
- Work in Progress Schedule**

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.....