

Development & Roads/Services Bond Application Form

A. Full Name of Applicant: _____

B. Name and address of authority requiring the bond: _____

C. Is this a phased development? Yes _____ No _____

If YES, please state total number of phases and phase number relating to this application

D: Bond Amount required: Section 38:€ _____ Section 104: € _____

(Bond Amount if not Sec.38/104): € _____

E: Projected Cost of Road/Sewer Works: _____

Cost of works completed to date: _____

F: Start Date: _____ Completion Date: _____

Maintenance Period: _____

Estimated value of street works to be completed before building work is commenced: _____

Estimated value of street works completed at the date of application: _____

Total number of dwellings to be erected;

Whole Development: _____ This Phase: _____

Number of dwellings/plots already sold: _____

Number of dwellings built or in course of erection: _____

Average selling price per dwelling: _____ Range of prices per dwelling: _____

Agreed price of any work being sub-let: _____

Name and address of Sub Contractor: _____

G: Please state ownership of land being developed: _____

Is this land subject to any charge? If YES please provide details _____

Describe how the work is to be financed: _____

H: History/Background:

Company No: _____

Formation Date: _____

Experience in work to be undertaken: _____

Overdraft Facility (if Any): € _____

Date Agreed: _____

Value of O/D currently utilised: € _____

I: Have you Proposed to any other Sureties?

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

J. 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</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Has your Company ever had any County Court Judgments or adjudications awarded against it?</i>	<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 supplied by the local Authority**
- **Copy of Planning Permission from County Council**
- **We May Also Require:**
- **Bank Information**
- **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.....