

Retention Bond Application Form (Statement of Needs)

COMPANY DETAILS:

Full Name of Contractor:

Trading Address:

Registered Address:

Tel:

Fax:

Contact:
Name

Mobile:

www.:

E-mail:

Holding or
Group/Parent Company:

Address:

DIRECTORS/PARTNERS:

Full Names:

Home Addresses:

Title/Position:

HISTORY/BACKGROUND:

Formation Date:

Company No.:

Accountants:

Solicitors:

Bankers:

Details of Bank Facilities:

Overdraft Facility Limit:

€

Date Agreed:

Current
Sum O/D

€

Facilities secured by:

Where have you secured bonds previously?

CONTRACT DETAILS:

Name and Address of your Employer/Beneficiary:

Description and Location of Works:

Contract Price:

€

Build Period:

Retention % to PC:

Maintenance Period:

Retention % to end Maints:

Est Retention amounts:

As at Practical Completion €

As at end of Maintenance €

Details of Liquidated Damages/Penalties:

Is Price Variation Allowed for? Labour:

Materials:

Retention Start Date:

Payment frequency:

Retention End:

Contract/Agreement Date:

Contract/Agreement No:

Type of Contract - JCT 81/JCT.IFC'84 or other:

SUBCONTRACT DETAILS:

Details of works to be Sub Contracted:

Details of Sub Contracts for which Sub contractors provide Bonds:

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

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?

YES NO

Has your Company ever had any County Court Judgments or adjudications awarded against it?

YES NO

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)**

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.....