

**Bond Application Form**

1. Type of Bond Required:  Performance  Advanced Payment  Other, please specify  
 Retention  Bid

2. Full Name & Address of Applicant: \_\_\_\_\_

Parent / Holding Company (if applicable): \_\_\_\_\_

3. Who is the Beneficiary of the Bond? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If above is a Main Contractor/Management Contractor, who is the Employer?

4. Detailed description of main contract works and their location: \_\_\_\_\_

If Bond relates to Sub-Contract/Works Package give description of works to be undertaken: \_\_\_\_\_

5. Are you:  Main Contractor  Managing Contractor  Nominated Sub-Contractor  
 Domestic Sub-Contractor  Works Contractor  Supplier

6. Contract Price: \_\_\_\_\_ Currency: \_\_\_\_\_

7. Bond Amount: \_\_\_\_\_ Currency: \_\_\_\_\_

8a. Main Contract: Commencement Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Defects Liability: \_\_\_\_\_

8b. Sub-Contract/Works Contract (only complete this Section if Bond relates to Sub-Contract/Works Contract)

Commencement Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Defects Liability: \_\_\_\_\_

9. Liquidated Damages for Non-Completion: \_\_\_\_\_

10. Percentage Retentions: \_\_\_\_\_

11. State form of contract/edition to be entered into and detail any alterations/deletions to the standard form:

\_\_\_\_\_  
\_\_\_\_\_

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If above related to any form of Sub-Contract/Works Contract state form on contract/edition to be entered into by Main Contractor/Managing Contractor and the Employer:

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12a. Form of Bond required by Beneficiary:       enclosed                       to follow                       non specified

12b. When will Bond be released:

- |  |  |
|--|--|
| <input type="checkbox"/> Practical Completion of Main Contract | <input type="checkbox"/> Practical Completion of Sub-Contract/Works Contract |
| <input type="checkbox"/> Making Good Defects of Main Contract  | <input type="checkbox"/> Making Good Defects of Sub-Contract/Works Contract  |

13. Name & Address of Architect or Quantity Surveyor of Engineer:

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Phone No: \_\_\_\_\_

14. Has a proposal been made to any other Surety for this Bond? If so, please give name and result:

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I declare that the above statements and particulars are true and that to the best of my knowledge I have not withheld any information which could materially affect this application. I authorise underwriters to contact any source to obtain any information they may require and understand that underwriters reserve the right to decline this application without giving a reason.

Signed: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Date: \_\_\_\_\_

**WORK IN PROGRESS REPORT**

BOND(S): **Performance**

Name & Address of Bond Holder/Contractor					Report Date	Uncompleted	
Contract Description	Contract Price including Approved Change Orders	Original Estimate of Gross Profit	Total Amount Billed to Date including Retainage	Total Costs Incurred to Date	Estimated Cost to Complete Remaining Work	Revised Estimate of Gross Profit	Estimated Completion Date (Mo/Yr)

**CONTRACTS COMPLETED TO DATE**

Contract Description & Location	Final Contract Cost	Original Estimate of Gross Profit	Total Cost	Final Gross Profit (or Loss)

Do Billings include Claims or Disputed Items?  Yes  No

Are and contracts behind Schedule or subject to Penalty:  Yes  No

*If yes, attach a complete explanation*

Completed By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Telephone/Email: \_\_\_\_\_