

RETENTION BOND PROPOSAL FORM

Please Note

1. Please answer **ALL** questions in full. If there is insufficient spaces on the form please continue on the company letterhead.
2. The latest audited Financial Statements / Annual Report / Interim Report **MUST** be attached.
3. This form may be used for new applications or new renewals. In the case of renewals, the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports, and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered, it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If SKYBRIDGE RE agrees to issue a retention bond, all of the information, which the company provides, will become part of and shall form the basis of any bond issued to the Company by Skybridge Reinsurance Brokers

COMPANY DETAILS

Full Name of Contractor: _____

Trading Address: _____

Registered Address: _____

Holding or Group/Parent Company: _____

Tel: _____ Contact Name: _____

Fax: _____ Mobile: _____

www: _____ E-mail: _____

DIRECTORS/PARTNERS

Full Names:			
Home Addresses:			
Title/Position:			

HISTORY/BACKGROUND

Formation Date: Company No.:

Accountants:

Solicitors:

Bankers:

Details of Bank Facilities:

Overdraft Facility Limit:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Signature.....

At MUKFIN 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 SignatureDate.....

*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.....

DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date:
