

**LONDON SURETY
& FINANCIAL RISKS**

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:

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 or Engineer:

Phone No: _____

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

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: _____

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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: _____