

APPLICATION FORM (STATEMENT OF NEEDS)

1) APPLICANT DETAILS Full Company Name: Trading Address: Registered Address: (if different) Contact e-mail: Name: Tel: Mobile: Where did you hear about Le Chéile Group (e.g. Broker / Internet Search / Insurance Age / Broker Expo / BIBA / other) 3 Most Senior Directors (Limited Companies) or 3 Most Senior Partners (Partnerships): Full Names: Home Address: Mobile Tel No: Title/Position: Company Formation Date: Company No: Accountants: Primary Bank: Loan Facilities: Agreed Overdraft Limit: Date Agreed: Current Account Balance: Other Loans: (Credit/Debit) Facilities secured by:



Industry Associations (e.g NFB / FMB / CITA / CECA / CIOB / etc)

| 2) CONTRACT DETAILS: | | | | | | | |
|--|--------|--|------------|---------------------|-------|----------------|--|
| Name and Address of Employer/Beneficiary | | | | | | | |
| Description and Location of Services/ | Works: | | | | | | |
| Contract Price £: | | | | Works Period: | | | |
| Bond Value £: | | | | Maintenance Period: | | | |
| Bond Expiry Event (Practical Completion, End of Maintenance, Other) | | | | | | | |
| Contract Start Date: | | | Bond Start | Date: | | Bond End Date: | |
| Type of Contract: Eg JCT 81/JCT.IFC'84 or other: | | | | | | | |
| Details of Liquidated Damages/Penalties: | | | | | | | |
| Estimated percentage of the works you are Sub-Contracting out: | | | | | | | |
| STANDARD DISCLOSURE: | | | | | | | |
| i) Has the applicant or any of its Directors or Partners ever required a Surety to make a payment under a Bond or Guarantee? | | | | | | | |
| ii) Has the applicant ever been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or has any Director or Partner been a Director or Partner of a firm or company to which a receiver, liquidator or administrator has been appointed? | | | | | | | |
| iii) Has your company ever had any County Court Judgements or adjudications awarded against it? | | | | | | | |
| If you answer <u>YES</u> to any of the above please provide details including dates, values, reasons and outcome on a separate page. | | | | | | | |
| IMPORTANT: I hereby declare that the above statement of needs are true and complete and that I have not concealed any material information, fact or circumstance which could be capable of being viewed as material to any decision making in respect of underwriting this risk. I understand that I have a duty to disclose any and all facts which may be material to any underwriting decision. | | | | | | | |
| Signed: | | | | | Name: | | |
| Position: | | | | | Date: | | |