

APPLICATION FORM (STATEMENT OF NEEDS)

** (Please complete all sections and return with the documents listed)**

Applicant Details:

Full Company Name: _____

Trading Address: _____

Registered Address: _____
(if different)

Contact Name: _____ **e-mail:** _____

Tel: _____ **Mobile:** _____

3 Most Senior Directors (Limited Companies) OR 3 Most Senior Partners (Partnerships):

Full Names: (1) _____ **(2)** _____ **(3)** _____

Home Address: _____

Mobile Tel No: _____

Title/Position: _____

Company Formation Date: ___/___/___ **Company No:** _____

Accountants: _____

Primary Bank: _____

Loan Facilities: _____

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Group

Agreed Overdraft Limit: €/£ _____

Date Agreed: ___/___/___

Current Account Balance: €/£ _____
(Credit/Debit)

Other Loans: €/£ _____

Facilities secured by:

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

CONTRACT DETAILS:

Name and Address of your _____
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: _____

Commercial General Insurance Renewal Date: ___/___/___

Commercial General Insurance company policy is with: _____

STANDARD DISCLOSURE

Has the applicant or any of its Directors or Partners ever required a Surety to make a payment under a Bond Or Guarantee?

Yes/No

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?

Yes/No

Has your company ever had any Judgements or adjudications awarded against it?

Yes/No

NB : If you answer YES to any of the above please provide details including dates, values, reasons and outcome on a separate page.

IMPORTANT:

Broker of Record Declaration:

Please note we have appointed *Le Chéile Financial Services Ltd* as our broker of record for all matters pertaining to this quote. Please give them every assistance in carrying out their duties on our behalf.

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: ___/___/___

NB **Please send back this application with the following**

- *Bond Wording*
- *Up to date Management Accounts*
- *Audited Accounts (two financial years)*