

application for
Surety Bonds

T A S K E R
P A R T N E R S

Insurance and Reinsurance Brokers

Details of Applicant

Applicant	Registration No.		
Address			
Date of Incorporation	Issued Share Capital		
Business of Applicant (any brochures describing the Company's activities would be helpful)			
Executive to Contact	Position	Telephone No.	Fax No.
Ultimate Holding Company of Applicant		Registration No.	
Auditors and Address			

Shareholders of Applicant

Name	Age	% Shareholding	Position	Director
				YES / NO
				YES / NO
				YES / NO
				YES / NO

Bank Details

Bankers and Address	Manager
Telephone No.	Date Account opened

Overdraft**Term Loan****Deposit Account**

Facility amount	£ <input type="text"/>	Date arranged	<input type="text"/>		Current balance	<input type="text"/>
Current balance	£ <input type="text"/> cr/dr	Current balance	£ <input type="text"/>		Bonds	
Date of last review	<input type="text"/>	Period of loan	<input type="text"/>		Facility amount	£ <input type="text"/>
Date of next review	<input type="text"/>				Bonds outstanding	£ <input type="text"/>

Security Provided

Supporting Information

The following are enclosed for your retention and we understand that they will not be returned to us:

- A** The audited accounts of the Applicant and Ultimate Holding Company, for the past two years.
- B** The latest management accounts of the same companies as stated in A above.
- C** Any future disposal, investment or acquisition plans of the Applicant.

Declaration by Applicant

Please answer the following by stating whether the Applicant:

- | | | |
|-----------|--|-----------|
| 1 | Has been in business for at least three years and during such period has remained under the same ownership | Yes / No* |
| 2 | Is a successful and viable concern and has made profits before exceptional and extraordinary items and before taxation in each of the past three financial years | Yes / No* |
| 3 | Has its accounts audited regularly and promptly | Yes / No* |
| 4 | Has had its accounts qualified by its auditors | No / Yes* |
| 5 | Has adequate financial resources to honour all existing obligations and commitments
Yes / No* | |
| 6 | Has ever had a claim on a guarantee or bond issued on its behalf | No / Yes* |
| 7 | Has any unresolved or pending legal or other disputes in existence
No / Yes* | |
| 8 | Is engaged or involved in any situation which is likely to result in its insolvency or which may cause it to request any postponement of obligations to any party | No / Yes* |
| 9 | Has to the best of your knowledge any director, shareholder or senior executive who has been a controlling shareholder, director or senior executive of a company which has been subject of a liquidation, receivership or winding up order and whether any of these individuals have been the subject of bankruptcy proceedings | No / Yes* |
| 10 | Has made known, or whether you are aware of, any plans for any change of the present ownership of the company, or any alteration in its business, or the disposal of any of its fixed assets | No / Yes* |
| 11 | Has had an application declined by any party to issue the required guarantee or any guarantee bond or indemnity | No / Yes* |

If your answer to any of the above is marked please provide details on a separate sheet.*

We are not aware of any circumstances which we have not disclosed to you which might influence your acceptance of the risk.

In the event of you issuing a guarantee we will during the period of your liability upon your request immediately make available to you and allow you to examine and to take copies of any accounts or other documents in our possession relating to the financial affairs of the Applicant and parent company of the Applicant.

Signed on behalf of the Applicant:

Position:

Date

Facility Details

Please provide the following information.

Anticipated requirements during the next twelve months:

Number of guarantees

Aggregate value of guarantees

£

Usual period of guarantee

 months

Immediate requirement:

Name and full postal address of the Employer or Party to whom guarantee is to be issued

For the attention of

Description of goods/services to be supplied or contractual obligation of Applicant to Employer or Party

Nature of the obligation or liability for which an underwriter is being requested to act as the guarantor
(If a specific wording of a guarantee has been stipulated, a copy should be attached to this application)

Contract details
(Please provide standard contract reference with copies of all amendments or, if it is a non-standard contract, copies of relevant terms)

Contractual terms of payment

Contract date

Guarantee amount

£

Contract value

£

Date required

Commencement date

Expiry date

Completion date

Liquidated damages per week

£

Supporting Information