



PERFORMANCE / ADVANCE PAYMENT / RETENTION / BID BOND APPLICATION FORM

- 1 Type of bond required Performance Advance Payment
 Retention Bid
-

2 Full name of Applicant: _____

3 Who is the Beneficiary of the Bond? Name: _____

Address: _____ Phone No.: _____

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 £ _____
 * Main Contract / Sub Contract / Works Contract

* Delete where appropriate

7 Bond Amount £ _____

8 a. Main Contract:
Commencement Date: _____ Completion Date: _____
Contract Period: _____ Defects Liability: _____

b. Sub Contract/Works Contract (only complete this section if Bond relates to Sub Contract/Works Contract):
Commencement Date: _____ Completion Date: _____
Contract Period: _____ Defects Liability: _____

9 Liquidated Damages for Non-Completion: _____

10 Percentage of Retentions: _____

11 State form of contract/edition to be entered into and detail any alterations/deletions to the standard form:

If above refers to any form of Sub Contract/Works Contract state form of contract/edition to be entered into by Main Contractor/Managing Contractor and the Employer:

12 a. Form of Bond required by Beneficiary
 enclosed to follow none specified

b. When will bond be released:
Practical Completion of Main Contract Practical Completion of Sub Contract/Works Contract
Making Good Defects of Main Contract Making Good Defects of Sub Contract/Works Contract

13 Name and 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 HCC International Insurance Company PLC to contact any source to obtain any information it may require and understand that HCC International Insurance Company PLC reserve the right to decline this application without giving a reason.

Signed: _____ Title/Position: _____ Date: _____
