**PERFORMANCE / ADVANCE PAYMENT / RETENTION / BID BOND APPLICATION FORM**

Type of bond required Performance Advance Payment

 Retention Bid

Has the Contract been won? Y N

Full name of Applicant:

Trading address:

Registered Address: Registered Number:

Number of Directors: Number of Shareholders: Number of Employees:

Details of Parent / Associate Company:

1. Who is the Beneficiary of the Bond? Name:

 Address:

 Phone No.:

If the Beneficiary of the Bond is a Main Contractor / Management Contractor who is the

Employer?

2. Detailed description of main contract works and their location:

If the Bond relates to Sub Contract / Works Package give description of works to be

undertaken:

3. Are you: Main Contractor Managing Contractor Nominated Sub-Contractor Domestic Sub-Contractor Works Contractor Supplier

4. Contract Price £

 \* Main Contract / Sub Contract / Works Contract

 \* Delete where appropriate

5. Bond Amount £

6.

 a. Main Contract:

 Commencement Date: Completion Date:

 Contract Period: Defects Liability Period:

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 Period:

7. Liquidated Damages for Non-Completion:

8. Percentage of Retentions:

9. 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:

10. 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

11. Name and address of Architect or Quantity Surveyor or Engineer:

 Phone No.:

12. 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.

 Signed:

 Title / Position:

 Date: