

GENERAL COMPANY INFORMATION

PLEASE ANSWER ALL QUESTIONS FULLY

1 Full name of Applicant: _____

Postal Address: _____ Person to Contact: _____

_____ Name: _____

_____ Position: _____

_____ Phone Number: _____

Registered Office: _____ Facsimile Number: _____

_____ Email Address: _____

_____ Date of Incorporation: _____

_____ Registration Number: _____

Immediate Holding Company: _____

Ultimate Holding Company: _____

2 Business of Applicant: (attach brochures if you have any) _____

Approximate number of permanent employees: _____

3 Directors/Partners:

Full name and personal address	Qualifications	Age	% Shareholding /Partnership
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Please detail any changes in the past year:

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4

Principal Shareholders not being Directors (i.e. 5% or more of holdings):

Name:	%
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Please detail changes in the past year:

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5

Bankers:	(1)	(2)	(3)
Name:
Address:

Person to contact:
Present facility limits:
Overdraft
Term Loan
Guarantees
Present current account balances:
How Secured:

Please enclose copies of the facility letters.

6

In the space provided below please give details of three major contracts/developments undertaken in the recent past which demonstrate the experience of your Company:

(a)

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(b)

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(c)

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10 Has the applicant or any Director or Senior Manager thereof either personally or in connection with this or any other firm:

- (a) ever failed to complete a contract? Yes/No
- (b) ever had a judgement debt registered? Yes/No
- (c) ever been bankrupt or in receivership or in liquidation or in administration? Yes/No
- (d) are there any unresolved or pending legal actions or other disputes in existence? Yes/No
- (e) have any trade accounts been closed for non-compliance with terms? Yes/No
- (f) are there any arrears of more than three months in payment of PAYE/NIC/deductions in payments to Sub Contractors? Yes/No
- (g) has any Insurance Company or Bank declined to act as Surety on your behalf? Yes/No

If the answer to any of the above questions is YES please give details below:

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11 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 Alternative Insurance Brokers to contact any source to obtain any information it may require and understand that Alternative Insurance Brokers reserve the right to decline this application without giving a reason.

Signed: Title/Position: Date: