

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

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

If other, please explain: _____

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 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: _____
