



## FINANCIAL PERFORMANCE / GUARANTEE BOND APPLICATION FORM

### Principal's Details

Name of Principal	
Registered Office Address	
Contact Name	
Tel Number	
FAX Number	
Mobile Number	
E Mail Address	
Web Address	
Holding/Parent Company	
Address	

### DIRECTORS PARTNERS

Full Name	
Home Address	
Title/Position	
Full Name	
Home Address	
Title/Position	

## HISTORY/BACKGROUND

Formation Date	
Australia Company Number	
Experience in work undertaken	
<b>NAME AND ADDRESS OF:</b>	
Accountants	
Legal/Solicitors	
Bankers	
<b>DETAILS OF BANK FACILITES</b>	
Overdraft Facility	
Date Agreed	
Amount of overdraft	
Facilities Secured by	
<b>Where have you previously sourced Bonds?</b>	

## Obligee's Details

Name of Lender	
Address	
Description of finance	
Lenders Australian Company Number	
<b>Finance Amount</b>	AUD\$
Finance start date	



Contract Agreement date	
Contract agreement number	
<b>Form of Contract:</b>	

### TYPE OF BOND REQUIRED

Performance Bond	N/A
Advance Payment Bond	N/A
Bid Bond	N/A
Retention Bond	N/A
Financial Guarantee Bond	Yes
Deposit Bond	N/A
Lease Bond	

### BOND DETAILS

<b>Bond Amount</b>	<b>AUD\$</b>
<b>Bond Start Date</b>	
<b>Bond End Date</b>	
When will Bond be required?	



**DISCLOSURES**

Has the applicant, any of its Directors/Partners ever required a Surety to make a payment under an issued Bond or Guarantee? Check one.	YES___ NO___
Been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or been a partner or Director of a firm or Company to which a receiver or liquidator had been appointed? Please check one.	YES___ NO___
Has your Company ever had any County Court Judgments or adjudications awarded against it? Please check one.	YES___ NO___

**If you have answered YES to any of the above, please give further details, dates reason values and outcomes in the box below.**

X

**IMPORTANT**  
I/We declare that the above statements are true and complete and that I/We have not concealed any material information, fact or circumstance whether requested or not that could affect a decision or condition applying to this application. Any false statements or misrepresentations of fact included in or submitted with this application could serve to void any subsequent coverage agreed by us and subject you to potential civil and/or criminal fines.

Package to Include:  
Signed application, specimen bond wording, recent audited financials, current management accounts and any work in progress report.

**SIGNED:**  
**Date:**



<b>PLEASE RETURN THE COMPLETED FORM TO:</b>
Email:
Postal Address:
Telephone:
Fax:

**Insured Creativity Pty Ltd.**

A.B.N 45 634 757 305. A.F.S.L. 51 79012

[www.insuredcreativity.net.au](http://www.insuredcreativity.net.au)