

Bond Application Form



If you'd like to discuss any aspects of this form, please contact Nathan Evers at nathanevers@ateance.com or +44 8456 586618

1. YOUR DETAILS

Type of bond required:	Performance <input type="checkbox"/>	Advance Payment <input type="checkbox"/>	Retention <input type="checkbox"/>
Other (please state):	<input type="text"/>		
Full name of Applicant:	<input type="text"/>		
Who is the beneficiary of the Bond? Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Phone No:	<input type="text"/>
If the above is a Main Contractor/ Management Contractor, who is their Employer?	<input type="text"/>		
Detailed description of main contract works and their location:	<input type="text"/>		
If the Bond relates to Sub Contract/ Works Package, please give a description of works to be undertaken:	<input type="text"/>		
Are you:	Main Contractor <input type="checkbox"/>	Nominated Sub Contractor <input type="checkbox"/>	Works Contractor <input type="checkbox"/>
	Managing Contractor <input type="checkbox"/>	Domestic Sub Contractor <input type="checkbox"/>	Supplier <input type="checkbox"/>
Contract Price: £	<input type="text"/>		
	Main Contract <input type="checkbox"/>	Sub Contract <input type="checkbox"/>	Works Contract <input type="checkbox"/>
Bond Amount: £	<input type="text"/>		

A. MAIN CONTRACT

Commencement Date:	<input type="text"/>	Completion Date:	<input type="text"/>
Contract Period:	<input type="text"/>	Defects Liability:	<input type="text"/>

B. SUB CONTRACT/WORKS CONTRACT (only complete this section if Bond related to Sub Contract/Works Contract):

Commencement Date:	<input type="text"/>	Completion Date:	<input type="text"/>
Contract Period:	<input type="text"/>	Defects Liability:	<input type="text"/>

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Liquidated Damages for Non-Completion:

Percentage of Retentions:

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

If the 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:

a. Form of bond required by Beneficiary:

 Enclosed To follow None Specified

b. When will the bond be released?

 Practical Completion of Main Contract
 Making Good Defects of Main Contract
 Practical Completion of Sub Contract/Works Contract
 Making Good Defects of Sub Contract/Works Contract

Name and Address of architect, Quantity Surveyor or Engineer:

Phone No:

Has a proposal been made to any other Surety for this Bond? If so, please give name and result:

IMPORTANT:

Please provide the following when returning this form:

- Last audited accounts and Management accounts
- Proposed Bond wording if available

DECLARATION

I declare that the above statement 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 ATEANCE Limited to contact any source to obtain any information that may be required and understand ATEANCE Limited reserve the right to decline this application without giving reason.

Signature

Print name

Title/Position

Date