



Assetinsure Pty Ltd ABN 65 066 463 803
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 PO Box R299 Sydney NSW 1225

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 www.assetinsure.com.au

Applicant Details

Contractor Name ACN / ABN

Business Address

Suburb State Postcode

Contact Name Title

Telephone Facsimile

Bonds Required

Is there an existing Assetinsure facility? YES / NO Facility Limit (\$) Presently drawn to \$

BOND TYPE	VALUE*	PERIOD (dates inclusive)		
Performance	\$		to	
Maintenance (Defects Liability)	\$		to	
Retention	\$		to	
Advance Payment	\$		to	
Bid/Tender	\$		to	
Other	\$		to	

*Currency bond/s (if other than Australian dollars)

Value of all outstanding bonds/bank guarantees: Bank Guarantees \$ Surety Bonds \$

Contract Details

Full Description of Contract (copy of the contract to be provided as requested by Assetinsure)

Location of Contract

Total Value of Contract \$ Currency

Contract Number

Contract Dates: Start Completion

Practical Completion Date: Final Completion Date

Post Completion Maintenance (latent defects) Period: years months

Is the maintenance/latent defects period to be covered under this bond? YES / NO

Will the company assume any Design Exposure/Liability for this contract? YES / NO

Name of Contract Principal/Beneficiary

Company ACN / ABN



Contract Details (continued)

Address

Suburb State Postcode

Name of Client's Representative/Project Manager

Contact Name

Address

Suburb State Postcode

Telephone Fax

Has the company undertaken previous contracts for this client? YES / NO

Has the company undertaken a contract of this type before? YES / NO

Will the role be that of Head or Subcontractor?

Percentage to be subcontracted %

Has the bond wording been specified? (if yes, please provide a copy of the proposed bond wording) YES / NO

Form of Contract ie. (AS2124, JCC, NZIA, NZS3910, other)

Are force majeure risks excluded risks under the contract? YES / NO

Are nuclear risks excluded risks under the contract? YES / NO

Declaration

The undersigned hereby declares that the information and details provided herein are full and true answers and that it is understood the information provided will be used for the evaluation of this submission by the Surety. Further, the undersigned confirms that he/she is duly authorised to sign this questionnaire for and on behalf of the applicant. I/We also acknowledge that Brokerage may be payable to your broker in relation to the issuance of this/these Bond/s. The undersigned consents to the use of and the disclosure of personal information in accordance with Assetinsure's privacy policy.

If you accept this statement, check the box and complete the fields below

Name Title Date

Insurance Brokers Details and Authority to Act

Will your insurance Broker be representing you in this transaction? (if yes, please complete details below) YES / NO

Company Name Contact Name

Address

Suburb State Postcode

Telephone Fax

I give permission for the above named broker to action our behalf to arrange the Bond applications for and on behalf of the applicant company and its related entities. This authority will be binding until further advised in writing.

Name Title Date

Assetinsure office use only – checked by Date