

SPECIFIC BOND APPLICATION

Assetinsure Pty Ltd ABN 65 066 463 803 Level 21, 45 Clarence Street, Sydney, NSW 2000 T (02) 9251 8055 www.assetinsure.com.au

Applicant Details

Contractor Name: Business Address:

Contact Name:				Telephone:			
Job Title:							
Beneficiary Details	5						
Danafisiam, Names				ACN/ABN:			
Beneficiary Name:				, tery, tert			
Business Address:							
Name of Project Manager/Rep							
Project Manager's Email Addre	SS:						
Telephone:							
Security Required							
Bond/s	Bank Gu	arantee/s	PLE	ASE SELECT ONE			
Reason Bank Guarantee is req	uired:						
(i.e. part of the contract, beneficiary doe	es not accept bonds e	tc.)					
7/05	auppeney*			T	252122		T ewen every
TYPE	CURRENCY*	VALUI			-1	FIXED EXPIRY	
		(AUD stand	dard)		(dates inclusi	ve)	DATE?
Select Bond Type	AUD				to		
Select Bond Type	AUD				to		
Select Bond Type	AUD				to		
Select Bond Type	AUD				to		
*Currency bond/s (if currency not listed al	bove, please list in co	ntract descriptior	1)				
Contract Details							
Contract Start Date:	Practical Completion: Final Completion:						
Contract Number:	Total Value of Contract:						
Contract Location:							
Description of Contract/Project	(as required by l	Beneficiary) t	to appe	ar on bond:			

ACN/ABN:

For New Projects:				
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 Head Contractor or Subcontractor?				
Does the Contract include any "Design" obligations and/or liability?	Yes	No		
Does the Contract identify delay events that give rise to Extensions of Time and Cost Recovery?	Yes	No		
Has the bond wording been specified in the contract? Alternatively, has the wording been separately		No		
negotiated? (in either case, please provide a copy of the relevant document via covering email)	Yes			
For Existing Projects:				
Has your Principal stated any issues/disputes about the contract works or defects with the project? (if				
yes, please elaborate via covering email)	Yes	Yes No		
Has either of the project program, or contract sum been exceeded?	Yes	No		
Are we replacing existing security? e.g. cash retentions or bank guarantees? (if yes, please specify the	Yes	No		
type via covering email)	165	NO		
For Single Maintenance/DLP Bonds/Bank Guarantees Requests:				
With respect to the contract, has your Principal made any claims to defects or faults in materials,	Yes	No		
workmanship or design? (if so, please provide full details via covering email)				
Has your Principal extended the defects liability period? (if so, please provide full details via covering				
email)	Yes	No		
For Offsite/Unfixed Materials and Advance Payment Bonds:				
Please provide:	Tick if	provided		
A copy of the Contract Extract that refers to the security required in respect of the Off-site Materials	I ICK II	provided		
or Advance Payment requirements via email				
A copy of the Billing Advice or the Purchase Order with exact description of materials and value of				

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/Bank Guarantee/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:

Date:

Assetinsure office use only – checked by:	Date: