



**Assetinsure Pty Ltd** ABN 65 066 463 803  
 44 Pitt Street Sydney NSW 2000 Australia  
 PO Box R299 Sydney NSW 1225

T (02) 8274 2834  
 F (02) 9251 6387  
 www.assetinsure.com.au

**Corporate Questionnaire Information Checklist**

For new facility/bond application, please ensure that all relevant sections of the questionnaire have been completed and the supporting documentation listed below is attached.

**Please provide:**

- 3 years financial statements/annual reports (audited if applicable) certified by director/s. Where applicant forms part of a larger group, consolidated financial statements for the group and each individual entity will be required.
- Interim management accounts.
- Cashflow and/or budgeted projections.
- Schedule of contracts in progress. Please provide separate details of any loss-making and/or problematic contracts.
- Schedule of past significant contracts (include client name, description and location of project, final value and date of completion).
- Corporate brochures, awards and accreditations.
- Company ownership, management and corporate structure (organisation charts).
- Details of key personnel including director/s and senior management (including resumes of experience).
- Signed statement of assets and liabilities of the shareholder/s of the business/company (not applicable for public listed entities).

**Questionnaire – Applicant Details**

Applicant Name	ACN / ABN	
Street Address		
Suburb	State	Postcode
Registered Office		
Suburb	State	Postcode
Postal Address		
Suburb	State	Postcode
Website		
Contact Name	Title	
Telephone	Facsimile	
Mobile	Email	
Where Incorporated	Year Business commenced	
Nature of Business		
Geographic location of operation/s		
Does the company act in a trustee capacity? .....		YES / NO

**Facility Required**

Is a facility required? .....	YES / NO	Facility Amount requested \$
Is a one-off specific bond required? .....	YES / NO	If yes, amount of this bond \$





## Key Personnel

List details of directors, shareholders and other key personnel below (attach separate sheet if required)

NAME	TITLE	SHAREHOLDING IN APPLICANT (%)	HOW LONG HAVE THE SHARES BEEN OWNED (YEARS)?	LENGTH OF SERVICE (YEARS)	KEYMAN COVER
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO

## Litigation and Disputes

Have the directors or shareholders of the applicant ever been involved in a business that failed or caused a loss to a surety? . . . . . YES / NO

Has the applicant, its parent, controlled or associated entities, directors, officers filed for bankruptcy or liquidation, or had a receiver appointed? . . . . . YES / NO

Has the applicant, its parent, controlled or associated entities, directors, officers entered into any compromise or scheme of arrangement with its creditors (including the ATO)? . . . . . YES / NO

Are the applicant, its parent, controlled or associated entities (if part of a larger group) up to date with respect to its statutory obligations (e.g. Employee Superannuation, Payroll Tax, Workcover, Long Service Leave, Redundancy, BAS etc)? . . . . . YES / NO

Are there any outstanding or pending judgements, law suits or claims against the applicant, its officers or the officers of any controlled or associated entities? . . . . . YES / NO

Has the applicant, its parent, controlled or associated entities, directors or officers had any judgment awarded against them? . . . . . YES / NO

Are others disputing any work which the applicant did, or failed to do? . . . . . YES / NO

**Please attach separate sheet/s detailing full details of the incident/s and/or case/s and comment on actual or expected outcome, if you answer "Yes" to any of the above questions.**

## Industrial Relations

Has any industrial action been initiated against the applicant, its parent, controlled or associated entities (if part of a larger group) in the last five years? . . . . . YES / NO

Has any material event/s occurred subsequent to the release of the most recent financial statements /annual report that may have had an adverse impact on the applicant? . . . . . YES / NO

**If "YES", please attach details.**

## Insurances

Does the applicant (its parent, controlled or associated company) carry the following insurance covers?

Professional Indemnity . . . . . YES / NO Limit of Cover (\$)

Directors and Officers Cover . . . . . YES / NO Limit of Cover (\$)

Errors and Omission/Design Liability Cover . . . . . YES / NO Limit of Cover (\$)

General Liability Insurance . . . . . YES / NO Limit of Cover (\$)

Other . . . . . YES / NO Limit of Cover (\$)



## Financial Management and Controls

Name of Accounting Firm

Contact Name Telephone

Name of Legal Firm

Contact Name Telephone

Does the applicant employ an accountant internally? ..... YES / NO

What are his/her qualifications?

## Management Reports

Management accounts Frequency

Cashflow statements Frequency

Project status reports Frequency

Are the above reports reviewed at Board level? ..... 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 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. The undersigned consents to the use of and the disclosure of personal information in accordance with Assetinsure’s privacy policy.

Name Title Date

## Insurance Brokers Details and Authority to Act

Will your Insurance Broker be representing you in this transaction? ..... YES / NO

Company Name ACN / ABN

Address

Suburb State Postcode

Contact Name Title

Telephone Facsimile

Mobile Email

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

Name Title Date

Assetinsure office use only – checked by Date