Allied Insurance Company

BOND APPLICATION FORM

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Type of Bond Required:

Performance ☐ Advanced Payment ☐ Retention ☐ Bid ☐

Applicant Details:

Applicant's Name: _____

Address: _____ Reg No. | | | | | | | | | | | |

Contact Person: _____ Phone No: _____

Email: _____ Fax: _____

Beneficiary Details:

Name: _____ Phone No: _____

Address: _____

Are You:

Main Contractor ☐ Managing Contractor ☐ Nominated Sub Contractor ☐ Domestic Sub Contractor ☐ Supplier ☐

Works Contractor ☐

Contract /Project Details:

Name:		
Location:		
Description:		
Contract Price:		
Bond Amount:		
Period of Insurance:	From:	To:
Maintenance Period:	From:	To:

Other Information:

Was Contracted awarded by Tender?
Name & Address of Architect/Engineer/Consultant:
Is there a retention for maintenance?
If so, what percent?
Are increased costs reimbursed?
Have you previously had contracts with Principal?
Do you own all plant & equipment required to complete contract?

- Subjected to that the Client should hypothecate one or more of their properties equivalent or more to the Insured Bond Amount to the Insurer as a security for any contingencies upon acceptance of the quotation till the end of the policy period (Including Maintenance Period if any)

Declaration: I undersigned, after enquiry, declare as follows: (a) I am authorized to make this declaration. (b) I acknowledge the information provided on this proposal is true, factual and correct & authorize inquiries by Allied Insurance Company of the Maldives for the purpose of approving this application. (c) I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the particulars or statements contained in this declaration. (d) I acknowledge that this information is required by Allied Insurance Company of the Maldives, (which will be retained by Allied Insurance), in order to decide whether to accept this proposal. I also understand that the Privacy Act 1993, entitles me to have access to and request the correction of this information. (e) Although the signing of the declaration does not bind the Applicants to effect a Bond, the Applicants acknowledge that the particulars and statements contained in this proposal shall be basis of the contract should a Bond be issued, and further the Applicants acknowledge that this proposal and declaration will be incorporated into the policy.

Signature: Date:

Documents required: ☐ Recent 3 years of Financial Accounts: Management Accounts and Balance Sheet (audited preferably) ☐ Company Profile (or similar)

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY