

# PERFORMANCE BOND – BOND REQUEST FORM



Please complete all sections as fully as possible using BLOCK CAPITALS and continue on a separate sheet if required. Please do not leave any questions unanswered.

## 1. APPLICANT NAME

Applicant Company Name in full:

## 2. BOND BENEFICIARY DETAILS

Who is the Beneficiary of the Bond?

Name:

Address:

Postcode:

Telephone Number:

Fax Number:

E-Mail:

If above is a Main Contractor/Management Contractor who is the Employer?

## 3. DETAILED DESCRIPTION OF MAIN CONTRACT WORKS AND THEIR LOCATION

If Bond relates to Sub Contract/Works Package please give description of works to be undertaken:

Are you:

Main Contractor

Managing Contractor

Nominated Sub Contractor

Domestic Sub Contractor

Works Contractor

Supplier

## 4. CONTRACT PRICE DETAILS

4.1. Contract Price \$

\*Main Contract / Sub Contract / Works Contract \*Delete where appropriate.

4.2. State if contract is

Fixed

Fluctuating

If contract price is fluctuating, state method of calculation and details:

4.3. If contract price is fixed, state percentage added to labour and materials in tender to allow for inflation:

4.4. State amount of contract relating to:

Practical completion sums:

\$

Provisional Sums:

\$

Contingency sums:

\$

## 5. CONTRACT DETAILS

5.1. Main Contract –Works to be undertaken are as follows:

Commencement Date:

Completion Date:

Contract Period:

Defects Liability:

5.2. Sub Contract/Works Contract (only complete this section if Bond relates to Sub Contract/Works Contract):

Commencement Date:

Completion Date:

Contract Period:

Defects Liability:

5.3 Liquidated Damages for Non-Completion:

5.4 Percentage of Retentions:

5.5 Method and Terms of Payment:

5.6 Does the contract include the following clauses? (please tick)

Force Majeure

Yes

No

Arbitration

Yes

No

Other Penalty

Yes

No

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

If 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:

5.8 Architect/Engineer in charge:

Name:

Address:

Postcode:

Telephone Number:

5.9 Quantity Surveyor:

Name:

Address:

Postcode:

Telephone Number:

5.10 Details of other tenders for this Contract:

**6. SUB-CONTRACTING**

6.1. Will you be using sub-contractors?

Yes  No

If Yes, please provide further details:

6.2. Will you obtain bonds from your sub-contractors?

Yes  No

If Yes, please provide further details:

## 7. BOND DETAILS

7.1 Bond Type:

7.2 Bond Amount: \$

7.3 When will the Bond be released: (please tick)

On Practical Completion of Main Contract

On Practical Completion of Sub Contract/Works Contract

On Making Good Defects of Main Contract

On Making Good Defects of Sub Contract/Works Contract

## 8. GENERAL INFORMATION

Does the content of this contract or sub-contract match the usual activity of your company? Yes  No

If No, please provide further details:

Have you or any associated or subsidiary company previously traded with this customer? Yes  No

If Yes, please provide further details:

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

## 9. DECLARATION

I/We declare that the above statements and particulars are true and that to the best of my/our knowledge I/we have not withheld any information which could materially affect this application.

I/We authorise Arti Reinsurance to contact any source to obtain any information they may require and understand that Arti Reinsurance reserve the right to decline this application without giving a reason.

Signed:

Title /Position:

Date:

**Please return to: Arti Reinsurance Co. at the address below.**

**ARTI REINSURANCE CO.**

Arnavutkoy Mahallesi Sucubahce Sokak No:44

34345 Arnavutkoy-Besiktas ISTANBUL / TURKEY

www.artire.com.tr

