

RETENTION BOND APPLICATION FORM

(Please complete all questions on this form & return with the documents listed)

Details of Company:

Name of Contractor: _____

Trading Address: _____

Registered Address: _____
(If different) _____

Contact Name: _____ **e-mail:** _____

Tel: _____ **Mobile:** _____

Holding Group/Parent Company: _____

Holding Group/Parent Company Address: _____

3 Most Senior Directors (Limited Companies) OR 3 Most Senior Partners (Partnerships):

Full Names: (1) _____ **(2)** _____ **(3)** _____

Home Address: _____

Mobile Tel No: _____

Title/Position: _____

le chéile

Group

History/Background:

Formation date: _____ **Company Number:** _____

Accountants: _____

Solicitors: _____

Bank Details: _____

Details of Banking Facilities: _____

Overdraft Facility Limit: €/£ _____ **Date Agreed:** __/__/__

Current Sum of Overdraft: €/£ _____

Facilities secured by: _____

Where have you secured bonds previously? _____

Contract Details:

Name and Address of your Employer/Beneficiary: _____

Description and Location of Works: _____

Contract Price: €/£ _____ **Build Period:** _____

Retention % to PC: _____ **Maintenance Period:** _____

Retention % to end of Maintenance: _____

At Practical Completion: €/£ _____

le chéile

Group

At end of Maintenance: €/£ _____

Estimated Retention Amounts:

Details of Liquidated Damages/Penalties: _____

Is Price Variation Allowed for? (Please fill in fields below):

Labour: _____

Materials:

Retention Start Date: ____/____/____

Payment Frequency: _____

Retention End Date: ____/____/____

Contract/Agreement Date: ____/____/____

Contract/ Agreement No: _____

Type of Contract –JCT 81/JCT.IFC 84 or other:

Subcontractors Details:

Details of Works to be Sub Contracted:

Details of Sub Contracts for which Sub Contractors provide Bonds:

Commercial General Insurance Renewal Date: ____/____/____

le chéile

Group

Commercial General Insurance company policy is with: _____

Standard Disclosure

Has the applicant or any of its Directors or Partners ever required a Surety to make a payment under or Bond Or Guarantee? YES: _____ NO: _____

Has the applicant ever been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or has any Director or Partner been a Director or Partner of a firm or company to which a receiver, liquidator or administrator has been appointed? YES: _____ NO: _____

Has your company ever had any Judgements or adjudications awarded against it? YES: _____ NO: _____

NB : If you answer YES to any of the above please provide details including dates, values, reasons and outcome on a separate page.

IMPORTANT:

Broker of Record Declaration:

Please note I/We have appointed Le Chéile Financial Services Ltd as our broker of record for all matters pertaining to this quote. Please give them every assistance in carrying out their duties on our behalf.

I/We hereby declare that the above Statement of Needs are true and complete and that I/We have not concealed any material information, fact or circumstance which could be capable of being viewed as material to any decision making in respect of underwriting this risk. I/We understand that I/We have a duty to disclose any and all facts which may be material to any underwriting decision.

I hereby give permission for the Sureties/ Le Chéile Group to perform credit checks on our behalf:

Signed: _____ **Name:** _____

Position: _____ **Date:** ____/____/____

NB **Please return this application with the following**

- Bond Wording
- Up to date Management Accounts
- Audited Accounts (two financial years)