

## PERFORMANCE BOND APPLICATION

### FULL NAME OF APPLICANT:

Contact Person:	Email:
Phone:	Fax:

### DETAILS OF BOND REQUIRED:

Full Name of party in whose favour Bond is to be issued:
Address of party in whose favour Bond is to be issued:

Value of Bond Required:		Commencement Date:		Finish Date:	
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Contract Price:	
Was Contracted awarded by Tender?	
If yes, please provide details of other Tenders	
Contract Name/No. as per Contract Documents	
Name & Address of Architect/Engineer/Consultant	
Maintenance Period:	
Location of Contract work:	
Description of work:	
Do standard conditions apply?	
Is there a retention for maintenance?	
If so, what percent?	
Are increased costs reimbursed?	
Have you previously had contracts with the Principal?	
Do you own all plant & equipment required to complete contract?	

**Please include the following information with your application**

- \* Latest set of Financial Accounts: Management Accounts and Balance Sheet to date (audited preferably)
- \* Company Profile (or similar)

Has there been, or is there likely to be, any change in the financial situation or capital structure of your organisation, not reflected in the financial statements attached?

If Yes, please advise full details:

Yes	No
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Are there any material facts or circumstances which could affect your organisations ability to meet all it's debts as and when they fall due?

If Yes, please advise full details:

Yes	No
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### DECLARATION

**I the undersigned, after enquiry, declare as follows:**

- (a) I am authorised to make this declaration.
- (b) I acknowledge the information provided on this proposal is true, factual and correct & authorise inquiries by CBL Insurance Limited 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 CBL Insurance Limited, (which will be retained by CBL Insurance Limited), 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 the 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.

\_\_\_\_\_  
Name of Principal or Director

\_\_\_\_\_  
Signature of Principal or Director

\_\_\_\_\_  
Date

Send this completed application form together with any relevant documentation to:  
 CBL Insurance Limited, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.  
 Phone 09 303 4770, Fax 09 300 5046 Email: inquiry@cblinsurance.com

**PERSONAL STATEMENT OF FINANCIAL POSITION AT / / 20\_\_**

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:																																																																																																																																																																
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Signed & Dated by Applicant / / 20\_\_

Signed & Dated by Joint Applicant / / 20\_\_

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