

## HCC INTERNATIONAL - CREDIT & SURETY DIVISION

### PERFORMANCE / ADVANCE PAYMENT / RETENTION / BID BOND APPLICATION FORM

1. Type of bond required
- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Performance | <input type="checkbox"/> Advance Payment |
| <input type="checkbox"/> Retention   | <input type="checkbox"/> Bid             |

2. Full name of Applicant: \_\_\_\_\_

3. Who is the Beneficiary of the Bond? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

4. Detailed description of main contract works and their location: \_\_\_\_\_

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

5. Are you:
- |                          |                          |                         |                          |
|--------------------------|--------------------------|-------------------------|--------------------------|
| Main Contractor          | <input type="checkbox"/> | Managing Contractor     | <input type="checkbox"/> |
| Nominated Sub Contractor | <input type="checkbox"/> | Domestic Sub Contractor | <input type="checkbox"/> |
| Works Contractor         | <input type="checkbox"/> | Supplier                | <input type="checkbox"/> |

6. Contract Price    £ \_\_\_\_\_

\* Main Contract / Sub Contract / Works Contract

\* Delete where appropriate

7. Bond Amount    £ \_\_\_\_\_

- 8.
- a. Main Contract:
- |                          |                          |
|--------------------------|--------------------------|
| Commencement Date: _____ | Completion Date: _____   |
| Contract Period: _____   | Defects Liability: _____ |

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

Commencement Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Defects Liability: \_\_\_\_\_

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9. Liquidated Damages for Non-Completion: \_\_\_\_\_

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10. Percentage of Retentions: \_\_\_\_\_

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11. 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:

\_\_\_\_\_

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12. a. Form of Bond required by Beneficiary  enclosed  to follow  none specified

b. When will bond be released:

Practical Completion of Main Contract  Practical Completion of Sub Contract/Works Contract   
Making Good Defects of Main Contract  Making Good Defects of Sub Contract/Works Contract

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13. Name and address of Architect or Quantity Surveyor or Engineer:

\_\_\_\_\_  
\_\_\_\_\_ Phone No.: \_\_\_\_\_

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

\_\_\_\_\_

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I declare that the above statements and particulars are true and that to the best of my knowledge I have not withheld any information which could materially affect this application. I authorise HCC International Insurance Company PLC to contact any source to obtain any information it may require and understand that HCC International Insurance Company PLC reserve the right to decline this application without giving a reason.

Signed: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

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