

LEX

Risk Solutions

Associated with Lloyd's brokers

BOND APPLICATION FORM

1. Type of bond required

- Performance Advance Payment Other
 Retention Bid

2. Full Name and Address of Applicant:

3. Who is the Beneficiary of the Bond?

Name:

Address:

Phone Number:

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 Managing Contractor
Nominated Sub Contractor Domestic Sub Contractor
Works Contractor Supplier

6. Contract Price £/€

7. Bond Amount £/€

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a. Main Contract

Commencement Date:

Complete Date: _____

Contract Period:

Defects Liability: _____

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

Commencement Date: _____ Complete Date : _____

Contract Period:

Defects Liability: _____

9. Liquidated Damages for Non-Completion: _____

10. Percentage of Retentions: _____

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:

12.

a. Form of Bond required by Beneficiary enclosed to follow non 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

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

_____ Phone No. _____

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

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 authorize Lex Risks Solutions to contact any source to obtain any information they may require.

Signed: _____ Title/Position: ____

Date: _____

WORK IN PROGRESS REPORT

BOND(S): **Performance**

Name and Address of Bond Holder/Contractor	Report Date	Uncompleted Contracts

Contract Description / Bonded Amount / Bonded Date	Contract Price Including Approved Change Orders	Original Estimate of Gross Profit	Total Amount Billed to Date including Retainage	Total Costs Incurred to Date	Estimated Cost to Complete Remaining Work	Revised Estimate of Gross Profit	Estimated Completion Date (Mo./Yr.)

****Please provide a copy of the Practical Completion Certificate or a MGOD Cert for the jobs listed above if available.***

CONTRACTS COMPLETED TO DATE

Contract Description and Location	Final Contract Price	Original Estimate of Gross Profit	Total Cost	Final Gross Profit (or Loss)

Do Billings include Claims or Disputed Items? **YES** **NO**

Are any contracts behind Schedule or subject to penalty? **YES** **NO**

If yes, attach a complete explanation



Completed by:	
Name:	
Position:	Date:
Telephone:	Email: