

Bond Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____

(If assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Type of Bond Required

Performance Advance Payment Retention Bid

Beneficiary Details

Name: _____

Address: _____ Postal Code: _____

Are you:

Main Contractor Managing Contractor Nominated Sub Contractor

Domestic Sub Contractor Supplier Works Contractor

Contract/Project Details:

Name: _____

Location: _____

Description: _____

Contract Price: _____

Bond Amount: _____

Period of Insurance: From _____ To: _____

Maintenance Period: From _____ To: _____

Other Information:

Was Contract awarded by Tender? _____

Name and Address of Architect/Engineer/Consultant: _____

Is there a retention for maintenance? _____

If so, what percent? _____

Are increased costs reimbursed? _____

Have you previously had contracts with Principal? _____

Do you own all plant & equipment required to complete contract? _____

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer

Company Stamp: