

Advance Payment 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.

Details of Applicant

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Occupation/Designation: _____

Date of Birth: _____

Nationality: _____

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

DETAILS OF THE 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:.....

Contract Price:	
Was Contract 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 Contract Work:	
Description of Work:	
Do standard conditions apply?	
Is there any retention of maintenance?	
If so, What percent?	
Are increased costs reimbursed?	
Have you previously had contracts with the principle??	
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) and auditors report

*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? YES-NO

Are there any material facts or circumstances which could affect your organisation's ability to meet all its debts as and when they fall due?

If yes, Please advise full details YES-NO

DECLARATION

I the undersigned, after enquiry, declare as follows

- I am authorised to make this declaration.
- I acknowledge the information provided on this proposal is true, factual and correct & authorised inquires byfor the purpose of approving this application.
- I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the particulars or statement.
- I acknowledge that this information is required by,(which will be retained by), 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.
- Although the signing of the declaration does not bind the application 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 in to the policy.

/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 I and confirm that I 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)

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Name of the principal or Director Signature of principal or Director Date

Office use only
Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: