

Bid / Performance / Advance Payment / Retention Bond Application Form

1. Type of bond required

Performance Advance Payment Retention 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 Managing Contractor Nominated Sub Contractor
 Domestic Sub Contractor Works Contractor Supplier

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 _____

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** **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

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? Yes No

If so, please give name and result

15. Declaration

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 reserves the right to decline this application without giving a reason.

Signature _____

Name of Signatory _____

Title / Position _____ Date _____

Contact us

London
Fitzwilliam House
10 St. Mary Axe
London EC3A 8BF
londonbonds@hccint.com
main +44(0)20 7702 4700

Leicester
The Grange
Rearsby
Leicester LE7 4FY
bonds@hccint.com
main +44 (0)1664 423300

Manchester
Lancastrian Office Station
Talbot Road, Stretford
Manchester M32 0FP
manchesterbonds@hccint.com
main +44 (0)161 848 7413

Ireland
Summit House
Embassy Office Park
Kill, Co. Kildare
irelandbonds@hccint.com
main +353 (0)45 886993

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HCC International Fitzwilliam House, 10 St. Mary Axe, London EC3A 8BF, United Kingdom
main +44 (0)20 7702 4700 facsimile +44 (0)20 7626 9990

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