



INTERNATIONAL INSURANCE COMPANY (SL) LIMITED

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PROPOSAL FOR CONTRACT BOND INSURANCE

1. Name and address of the applicant.....
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2. Location of Office (House No.)
.....Telephone No(s).....
3. Name and address of Consultant
.....
4. Name and address of applicant's client
.....
5. Full description of contract and work to be carried out
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.....
6. Location of works
.....
7. Total contract value
8. Commencement and completion dates of contract
9. Date of establishment of Company
10. Has any Director or partner ever been bankrupt or compounded with his
creditors?.....
11. Has the Company ever experienced any difficulty in completing any Contract?
12. If yes, please give full details
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13. Please provide full details of your experience in this type of contract (copies of completion certificates to be attached)

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14. Type of bond required

15. Amount of Bond

16. Duration and effective date

17. Name of Applicant's Bankers

18. Please indicate if Company has enough funds to start the project or will work with a Bank loan. State Value

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19. Have you ever proposed for or been under any bond? If yes, please give full details as follows:-

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SURETY	TYPE OF BOND	VALUE OF BOND	NAME OF PROJECT

20. Has any proposal ever been refused? If yes, please give reasons:-

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21 Have you ever had a contract terminated by your client? If yes, please give details

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22 Is this bond the only security to be taken in respect of this contract? If no, please give name of any other surety and corresponding value(s)

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23 Indicate all contracts currently at hand: (Copies of Progress Report to be attached)

CLIENT	NATURE OF WORK	VALUE	COMMENCE DATE	COMPLETION DATE

24 Name of Applicant's representative who will be signatory to the bond:

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25. State principal contracts completed over the past five years (copies of completion certificates to be attached):

CLIENT	NATURE OF WORK	VALUE OF CONTRACT	COMMENCEMENT DATE	SCHEDULE COMPLETION DATE	ACTUAL COMPLETION DATE

26 What other contracts are currently tendered for and not yet awarded? Please state person/body for whom contract is to be undertaken and nature of works to be done.

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27. Please attach list of:

I. Equipment owned by you for use in connection with this project

II. Equipment you intend purchasing for this contract showing:-

- a) Item
- b) Description, size, capacity etc.
- c) Condition
- d) Age
- e) Value

28. a) Do you (or person executing the indemnity agreement have any free assets to be provided as collateral to the Bond.

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b) If yes, please state what and the estimated current market value.

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c) If no, can you provide a Counter Indemnity and by whom?

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Please note: Other things to be provided

- a) A copy of contract signed with applicant's client.
- b) Indemnity agreement
- c) Valuation report on property being offered as collateral
- d) Evidence of ownership of property offered as collateral

Declaration

I/We certify that the above statements represent the true position at the date shown in accordance with the information made available to me/us.

Signature of Proposer.....

Date.....

Sum Insured.....

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Premium Rate.....

Annual Premium.....

Additional Premium.....
(extra perils)

Total Premium.....

Amount Payable.....

Approved by.....