

# Contract Bond Proposal



Please use this form to request individual bonds if your company have a bond facility from us.

Please answer all questions fully. Details provided will be used in the bond wording.

1. Full name of Applicant: .....  
Address: ..... Person to Contact: .....  
..... Name: .....  
..... Position: .....  
..... Phone Number: Landline: .....  
Email Address: ..... Mobile: .....

2. Type of bond required  
 Performance  Advance Payment  Retention  Bid

3. Who is the bond in favour of?  
Name .....  
Address .....  
.....  
If the bond beneficiary is a Main Contractor who is the project Client?  
.....

4. Detailed description of works to be completed by the applicant including the location of the project site  
.....  
.....  
.....  
The applicant is  Main Contractor  Subcontractor  Specialist  Nominated subcontractor

5. Contract amount ..... Bond Amount .....

6. Have you or do you intend to apply for this bond from other surety companies? Yes/No  
Has any other surety or bank declined to provide this bond? Yes/No  
If so, please give details .....

7. Provide details of the bond requested.  
  
Attach the bond wording requested if one was included in the tender documents  
  
Expected start date ..... Expected Practical/ Substantial completion (PC) date .....  
Will the bond be released when PC is certified Yes/No  
If not when will the beneficiary release the bond .....  
Will the amount of the bond reduce when PC is certified Yes/No if yes give details .....

Advent Risk Management Limited, Clifton Mews, Off Lower Fitzwilliam Street, Dublin 2 D02 RH39

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8. Provide name and address of architect or quantity surveyor or engineer the Client design team you tendered to who can provide confirmation of the contract details

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Contact person ..... Email ..... Phone .....

9. State the form of contract / edition being used and any amendments to the standard form

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If the public works conditions (ROI) are being used attach part 1 and part 2 schedules

Amount of liquidated damages for delay in completion ..... Defects liability period .....

10. Have there been any material events or changes in the company financial position since the publication of the latest audited accounts Yes/No

If the answer is yes please give details: .....

Please submit a workload schedule, with this application, showing details of contracts in hand whether bonded or not. Workload schedule attached Yes / No

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 Advent Risk Management Limited to contact any source to obtain any information it may require in considering this application and understand that Advent Risk Management Limited reserves the right to decline this application without giving reasons. I have read and accept the Privacy Statement of Advent Risk Management Ltd, which is displayed in full on their website [www.adventrisk.ie](http://www.adventrisk.ie)

Signed: .....

Title/Position: ..... Date .....