

Specific Bond Application

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Applicant Details

Contractor Name			
Company Number			
eg ABN, ACN			
Business Address			
	Postcode	State	
Contact Name			
Title			
Phone	()	Fax	()

Bonds Required

Is there an existing QBE facility?	Yes	No	Facility Limit	\$	Presently drawn to	\$
Bond Type	Value*		Period (dates inclusive)			
Bid/Tender	\$			/	/	to / /
Performance	\$			/	/	to / /
Maintenance	\$			/	/	to / /
Retention	\$			/	/	to / /
Advance Payment	\$			/	/	to / /
Rental	\$			/	/	to / /
Other	\$			/	/	to / /

*Currency of bond/s (if other than Australian dollars)

Value of all outstanding bond/bank guarantees

Bank Guarantees \$ Insurance Bonds \$

Contract Details

Full Description of Contract						
Location of Contract						
Total Value of Contract	\$	Currency				
Contract Number						
Contract Dates	Start	/	/	Completion	/	/
	Practical Completion Date	/	/	Final Completion Date	/	/

QBE Surety Office Use Only

Checked/Authorised by

Contract Details (continued)

Is the maintenance/latent defects period to be covered under this bond? Yes No

Will the company assume any Design Exposure/Liability for this contract? Yes No

Name of Principal/Beneficiary

Company Number ACN/ABN

Address

Postcode

State

Name of Client's Representative/Project Manager

Contact Name

Address

Postcode

State

Phone

()

Fax

()

Has the company undertaken previous contracts for this client? Yes No

Has the company undertaken a contract of this type before? Yes No

Will the role be that of Head or Subcontractor?

Percentage to be contracted

%

Has the bond wording been specified? Yes No If yes, please provide a copy of the proposed bond wording.

Form of Contract ie. (AS2124, JCC, NZIA, NZS3910, Other)

Are force majeure risks excluded risks under contract? Yes No

Are there any cross security clause/s with any other contract/s in this contract? Yes No

Are nuclear risks excluded risks under the contract? Yes No

Please attached **a)** Your schedule of contracts in progress (preferably in the following format)

- Description of project
- Start Date
- Location
- Client/Principal
- Contract cost
- Value (\$) and percentage (%) completed
- Cost to complete
- Billings issued/received
- Finish Date (as contracted)
- Profit recognised to date

Please ensure that all additional information is attached to the application**b)** Extracts from the contract detailing the requirement for the Bond/s requested.**Privacy**

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a free copy you can phone us on 133 723 or request it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer or manage products or provide services.

Declaration - please complete the above Specific Bond Application before printing and signing below.

The undersigned hereby declares that the information and details provided herein are full and true answers and that it is understood the information provided will be used for the evaluation of this submission by the Surety. Further, the undersigned confirms that he/she is duly authorised to sign this questionnaire for and on behalf of the Applicant.

I/We also acknowledge that Brokerage may be payable to our broker in relation to the issuance of this/these Bond/s.

Authorised Signatory

Name

Title/Designation

Date

/ /

Insurance Brokers Details

Will your insurance Broker be representing you in this transaction? Yes No If yes, please complete details below.

Company Name

Contact Name

Address

Postcode

State

Phone

()

Fax

()