SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
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BOND PROPOSAL FORM

1. Name of Applicant :_____

2. Address of the applicant: _____

3. Location of Office (House): _____

4. Tel. No:_____ Email: _____

5. Name and address of applicant's client: _____

_____

6. Name and address of the Consultant: _____

_____

7. Full description of contract and work to be carried out: _____

_____

8. Location of works: _____

9. Total value: _____

10. Commencement and completion dates of contract: _____

_____

11. Date of Establishment of Company: _____

12. Has any director or partner ever been bankrupt or compound with his creditors? _____

13. Has the Company ever experienced any difficulty in completing any contract? If yes, please give full details:

_____

_____

_____

_____

_____

14. Please provide full details of your experience in this type of contract (copies of completion certificates to be attached.):

15. Type of Bond required: _____

16. Amount of Bond: _____

17. Duration and effective date: _____

18. Name of Applicant's Bankers: _____

19. Please indicate if the company has enough funds to start the project or will work with a bank loan. (State Values Please):

20. Have you ever proposed for or been under any bond? If yes, please give details as follow:

SURETY	TYPE OF BOND	VALUE OF BOND	NAME OF PROJECT

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

22. Have you ever had a contract terminated by your client? If Yes PLEASE GIVE DETAILS:

23. 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) of Bond(s):

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

CLIENT	NATURE OF WORK	VALUE	COMMENCEMENT DATE	COMPLETION DATE

25. Name of Applicant's representative who will be signatory to the Bond:

26. State principal contracts completed over the past 5 (five) years (copies of completion certificates to be attached):

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

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

28. Please attach list of:

(i) Equipment owned by you for use in connection with the project.

(ii) Equipment you intend purchasing for this contract showing:

(a) Item

(b) Description, Size, Capacity, etc.

(c) Condition

(d) Age

(e) Value

29. Applicants free assets to be provided as collateral to the Bond (only landed Property acceptable for all bonds except Bid Bonds under 3 million Cedi):

_____

_____

30. (Bid Bond Only): Indicate Collateral Security to be used if Performance Bond will be required:

_____

_____

_____

PLEASE NOTE: Other things to be provided:

(a) A copy of contract signed with applicant's client.
(b) Audited accounts for the past three years.
(c) Counter Indemnity
(d) Valuation Report on property being offered as Counter Indemnity.
(e) Evidence of ownership of property offered as Counter Indemnity.
(f) Contractors All Risks Policy.
(g) List of the Management and Technical Staff showing their qualifications and experience.

DECLARATION:

I/We hereby 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: _____