

Surety Bonds
PROPOSAL FORM



Please read the following information carefully before completing this proposal form. This should help present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form.

Where a question is not applicable to your particular circumstances, please write N/A

If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form

Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance,

If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities

Section 1 – Client Details

Name of applicant and correspondence address:

Post Code

Registered address

Post Code

Company Number

Date firm established/Incorporated.

Contact Name

Telephone No

Fax No

Email

Web address

www.



If part of a Group, please give details of ultimate Parent and Structure

If not a company/corporation, please give details

Partner/Proprietor

Home Address

Section 2 – Broker Details

Name of Broker and correspondence address:

Post Code

Telephone (office and DD)

Email

Fax

Section 3 – Bond(s) requirement

1) Type of Bond (Please supply wording)

Amount of Bond

Beneficiary of Bond

Description of the works/contract form

Commencement

Date _____



2) Type of Bond (Please supply wording)

Amount of Bond

Beneficiary of Bond

Description of the works/contract form

Commencement

Date_____

3) Type of Bond (Please supply wording)

Amount of Bond

Beneficiary of Bond

Description of the works/contract form

Commencement

Date_____

Section 3 – Bank Details

Bank Name

Address

In what name are the account(s)?

What are the authorised limits in respect of:

Type	Balance	Type	Balance
Overdraft	£	Invoice Discounting	£
Term Loan	£	Stocking Facility	£
Guarantees	£	Other	£

What are the present balances on the account(s)?

Type	Balance	Type	Balance
Overdraft	£	Invoice Discounting	£
Term Loan	£	Stocking Facility	£
Guarantees	£	Other	£

Has the bank granted all facilities applied for in the last three years? YES/NO

If NO, please give details.

In order to complete this proposal please supply the following information:

- Audited /Accounts for the last 3 years
- Management figures to a recent date
- Budget for this current financial year
- Cash flow for the current year
- Diagram of Group Structure
- Please give details of any material events or changes since the publication of the audited/accounts

Section 4 – Declaration

I/We declare that every statement and particular contained within this proposal form:

- which is a statement of fact, is substantially correct, and
- which is matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I/we undertake to provide details of all such changes to the Insurer in order to comply with my/our obligation to provide a fair presentation of the risk to be insured under the insurance policy.

Signature:

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Position:

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Date:

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This insurance will not commence until Euna Underwriting has indicated acceptance of the Proposal. Euna Underwriting reserves the right to decline any Proposal.

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Registered in England and Wales – Number 09154730 at One Fleet Place London EC4M 7WS
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