

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.):							
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15. Type of Bond required	d:						
16. Amount of Bond:							
17. Duration and effective	e date:						
18. Name of Applicant's E	Bankers:						
19. Please indicate if the (State Values Please):	company has enough func	ls to start the project or will	work with a bank loan.				
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				

6. State pri	incipal contracts comp):	leted over the	e past 5 (five) years	(copies of comple	tion certificates
LIENT	NATURE OF WORK	VALUE OF CONTRACT	COMMENCEMENT DATE	SCHEDULE COMPLETION	ACTUAL COMPLETION
				DATE	DATE
7. What oth	her contracts are curre act is to be undertaker	ently tendered and nature o	for and not yet awa f works to be done.	rded? Please stat	e person/body f
	attach list of:				

(d) Age (e) Value

29. Applicants free assets to be provided as collateral to the Bond (only landed Property acceptable for a bonds except Bid Bonds under 3 million Cedi):	all
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 accordance with the information made available to me/us.	in
Signature of Proposer: Date:	