

Cell: +254 724 635 700/+254 733 635 700 Email: requests@monarchinsurance.co.ke

BOND - APPLICATION FORM

A. PARTICUL	ARS OF	PROPOSE	R				
1. Name of F	roposer	·•					
2. Trading as:							
3. Alternativ	e Conta	ct Persons					
4. Company							
5. PIN Numb	er.						
 Profession Postal Add 	/occup	ation					
7. Postal Ado	dress: P	. O Box		Code			
8. Town			County	,			
9. Telephone	Numbe	er/s					
10. Email Add	ress						
 B. PARTICUL i. Period subsequii. List oth ——— 2) DIRECTORS/SH 	of Insur uent per uer insur	ance: Fro	m: ich the r you d	e Insured s	hall pa	y, and tl	(both dates inclusive). And ne Company shall accept to ren
Surname	First	Names	Share	eholding %	Date o	of Birth	Residential Address
(If insufficient, pl	ease use	separate sh	eet of	paper)			
3) KEY PERSONNE	L						
Name of Person		Position		How Long	held	Residen	tial Address
				-			

2)

	1		 ı	
4) CURRENT WORKFORCE				
			_	
Position		Number		
Directors/Partners				
Senior Management				
Middle Management				
Office staff				
Casual workers			1	
Artisans			1	

5) THE BUSINESS

Total Number of workforce

a) What type of contracts are undertaken and approximate proportion of total turnover over the last twelve months?

TYPE	PROPORTION of turnover

b) Annual Turnover - Last 3 years

Year	Amount

Estimation -	Novt	12	Months	Turnover	
rsunnauon -	· IVCXI	1/	MOHILIS	TUTHOVET:	

c) Major Contracts ongoing

Nature of Contract	Employer	Contract Price	Value of Work Certified	Contract completion Date	Anticipated Completion Date

BOND APPLICATION FORM TMIC 2022/05

d)	Major	Contracts	Comp	leted
----	-------	-----------	------	-------

Employer	Nature of Work	Amount	Completion Date (Estimate)	Completion Date (Actual)	Remarks (If delays in completion - please state reasons. Details of disputes if any)
				_	

e) Details for the bond applied for.

Employer	Contractor &/ Subcontractor	Contract Name	Contract Amount	Bond amount	Completion Date (Estimate)	Beneficiary any	if

e) Retention Money Outstanding (if any)

Employer	Contract	Amount	Due Date

f) Major Plant/Machinery Used

Туре	Model	Year	Balance Outstanding	H P Lease	With Whom	Current Value

Notes:	 	 	

3

g) Major Supplies

Name	Since	Average Account	Amount of Credit	Remarks

6) GUARANTEE H	ISTORY				
a) Who has issue	d guarantees for yo	ou previously:			_
b) Total amount	of guarantees outs	tanding:		-	
c) What Collater	al security has bee	n provided and by	whom:		
	ntee issued to you ply details:				
7) FUTURE GUAR	ANTEES				
a) Value of guara	ntee required:				
b) What Liquid c	ollateral security c	an be offered (if 1	equired)		
Cash Spe	ecify amount				
Title deed	l (Attach copy)				
Logbook (Attach copy)				
Other, ple	ease specify:				
c) Please comple	ete and sign attach	ed individual and	corporate counter	indemnity forms.	
8) GENERAL					
firm/compa Shareholder there ever b	m/company or an ny, or any prio 's/Director's family een a petition for NO If yes, When_	or or present y ever been bank bankruptcy or win	shareholder/Directupt or made an ding-up against th	ctor or any mo arrangement with	ember of such
Has discharge be	en secured? YES	NO If yes, Wh	nen?		
b) Audited fi YES	nancial statements NO If not, w			Are the said staten	
c) At what stage	is profit taken on	contracts?			

BOND APPLICATION FORM TMIC 2022/05

d) Any brochures/Reports issued by	the contractor? If so, copies would assist.
e) Please provide name and address	of your Attorneys and Bankers:
9) DECLARATION	
material fact or circumstance that	nd particulars given herein are true and that I/WE have not concealed any tought to be communicated to insurers and that this application, if which any guarantee, surety or performance bond may be issued.
NAME	SIGNATURE:
DESIGNATION:	DATE

The liability of the Company does not attach until the proposal has been accepted and the premium paid.

BOND APPLICATION FORM TMIC 2022/05