

## BOND APPLICATION FORM

### DETAILS

**1) THE APPLICANT**

a) Name: \_\_\_\_\_

b) Trading as: \_\_\_\_\_

c) Physical Address: \_\_\_\_\_

d) postal Address: \_\_\_\_\_

e) Contact Numbers:

Telephones: \_\_\_\_\_ ii) Email: \_\_\_\_\_

f) Date of Company Registration: \_\_\_\_\_

g) Company Registration Number: \_\_\_\_\_

**2) DIRECTORS/SHAREHOLDERS/PARTNERS**

Surname	First Names	Shareholding %	Date of Birth	Residential Address

(If insufficient, please use separate sheet of paper)

3) KEY PERSONNEL

Name of Person	Position	How Long held	Residential Address

4) CURRENT WORKFORCE

Total No: \_\_\_\_\_

Made up as follows

Managerial: \_\_\_\_\_

Artisans: \_\_\_\_\_

Laborers: \_\_\_\_\_

5) THE BUSINESS

a) What type of contracts are undertaken and approximate proportion of total turnover

TYPE	PROPORTION

b) Annual Turnover – Last 3 years

Year	Amount

Estimation – Next 12 Months:.....



c) Retention Money Outstanding (if any)

Employer	Contract	Amount	Due Date

d) Major Plant Used

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

Notes:

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e) Major Supplies

Name	Since	Average Account	Amount of Credit	Remarks

**GUARANTEE HISTORY**

c) Who has issued guarantees for you previously: \_\_\_\_\_

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d) Total amount of guarantees outstanding: \_\_\_\_\_

e) What Collateral security has been provided and by whom: \_\_\_\_\_

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f) Has any guarantee issued to you been called up? Yes  No

If yes, please supply details: \_\_\_\_\_

6) FUTURE GUARANTEES

a) Estimated Annual requirements: \_\_\_\_\_

b) What Liquid collateral security can be offered (if required)

\_\_\_\_\_  
\_\_\_\_\_

c) Are directors/Shareholders/Partners prepared to sign a personal counter indemnity?

Yes  No

7) GENERAL

a) Has this firm/company or and firm/company whose business/assets were incorporated into this firm/company, or any prior or present shareholder/Director or any member of such Shareholder's/Director's family ever been bankrupt or made an arrangement with Creditors or has there ever been a petition for bankruptcy or winding-up against them? Yes/No  
if so,

When \_\_\_\_\_

Has discharge been secured? Yes/No if so, When? \_\_\_\_\_

b) Audited financial statements for the last 3 years are required. Are the said statements attached? Yes/No

If not, when will they be available? \_\_\_\_\_

c) At what stage is profit taken on contracts? \_\_\_\_\_

d) Any brochures/Reports issued by the contractor? If so, copies would assist.

e) Please provide name and address of your Attorneys and Bankers:

\_\_\_\_\_

## DECLARATION

I/WE declare that the statements and particulars given herein are true and that I/WE have not concealed any material fact or circumstance that ought to be communicated to insurers and that this application, if accepted, will form the basis upon which any guarantee, surety or performance bond may be issued.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

### Summary of Bond requirements:

1. Introductory/forwarding letter - for 1st time bond and new client
2. Board approval for obtaining the bond
3. Copy of PIN certificate - for 1st time bond and new client
4. The Directors/Partners copies of PIN and ID's - for 1st time bond and new client
5. CR12 Form
6. Memorandum and Articles of Association - for 1st time bond and new client
7. Duly executed Counter Guarantee Agreement forms
8. Details of Contract or Contract documents
9. Bond Wording or Completed bond forms
10. Most Recent Audited Accounts for the last 2 years
11. Collateral Securities– security value equal to or higher than 40% for physical securities or 20% cash deposit.
12. Recent valuation report for the property or vehicle by reputable valuer
13. Signatories on the bond – Two directors (For Customs Bond) as shown in the Memo & Articles/CR 12 - specimen signatures to be availed
14. Accommodating business i.e. must have supporting business which should include CAR/EAR/WIBA/EL/PA/Fire/Burglary/Motor Insurances

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Regulated by the Insurance Regulatory Authority

