

Surety Bond

Corporate Questionnaire

A. INSURED INFORMATION

- | | |
|-------------------------------|----------------|
| 1. Company Name | |
| 2. Master Builders Member No. | 3. ABN |
| 4. Contact Person | 5. Job Title |
| 6. Email Address | |
| 7. Postal Address | |
| 8. State | 9. Postcode |
| 10. Telephone | 11. Fax Number |
| 12. Mobile | 13. Website |

B. FACILITY AMOUNT

1. Facility amount required? \$

C. KEY PERSONNEL

List details of the directors/shareholders and key personnel:

<table border="0" style="width: 100%;"> <tr><td style="background-color: #e1f5fe;">Name</td></tr> <tr><td style="background-color: #e1f5fe;">Residential Address</td></tr> <tr><td style="background-color: #e1f5fe;">Shareholding</td><td style="background-color: #e1f5fe;">%</td><td style="background-color: #e1f5fe;">Length of Service</td></tr> </table>	Name	Residential Address	Shareholding	%	Length of Service	<table border="0" style="width: 100%;"> <tr><td style="background-color: #e1f5fe;">Job Title</td></tr> <tr><td style="background-color: #e1f5fe;">Keyman Cover required</td><td style="background-color: #e1f5fe;">Yes</td><td style="background-color: #e1f5fe;">No</td></tr> </table>	Job Title	Keyman Cover required	Yes	No
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D. INDUSTRIAL RELATIONS

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Has any industrial action been initiated against your company in the last five years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Have any significant events occurred since the most recent financial statements that may have or had an adverse impact on the business? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Has the applicant ever previously been refused bonds or guarantees? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. If you have answered 'Yes' to the above questions, please provide details below | | | | |

E. LITIGATION AND DISPUTES

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Has the company, its parent, controlled or associated companies, directors, officers filed for bankruptcy or liquidation or had a receiver appointed? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Has the company entered into any compromise or scheme of arrangement with its creditors? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Has the company, its parent, or controlled or associated companies, directors or officers had any judgement awarded against them? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Has the company, its parent, or controlled or associated companies, directors, officers or owners entered into litigation or disputes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. If you have answered 'Yes' to the above questions, please provide MBIB with full details of the incident and/or case and comment on actual or expected outcome below | | | | |

F. INSURANCES

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Does the company carry the following insurance cover? | | | | |
| a. Professional Indemnity | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Directors and Officers Cover | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Errors and Omission/Design Liability Cover | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. General Liability Insurance | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

G. FINANCIAL MANAGEMENT AND CONTROLS

1. Does the company employ an accountant internally?

Yes

No

a. Company Accountants

b. Contact Name

c. Telephone

2. Does the company employ an accountant internally?

a. Company Accountants

b. Contact Name

c. Telephone

H. MANAGEMENT REPORTS

1. What is the frequency of the following management reports?

a. Management accounts

Monthly

Quarterly

Annually

b. Cash flow statements

Monthly

Quarterly

Annually

c. Project status reports

Monthly

Quarterly

Annually

2. Are the above reports reviewed at Board level?

Yes

No

I. CORPORATE DEBT AND LIABILITIES

a. Principal Bankers

b. Branch

c. How long has the company been with this bank? Years

Months

J. BANK FACILITIES

Bank Facility Types	Established Limit	Total Drawn	Expiry Date
a. Principal Bankers	\$		/ /
b. Letters of Credit	\$		/ /
c. Overdraft	\$		/ /
d. Short Term Loans	\$		/ /
e. Commercial Bills	\$		/ /
f. Leasing Finance	\$		/ /
g. Long Term Finance	\$		/ /
h. Other (please specify below)	\$		/ /
i.	\$		/ /

K. INTER COMPANY DEBT

1. Total owing to the company

a. By related entities

b. To related entities

L. OUTSTANDING SURETY BONDS

Source	Approved Facility	Current Balance Outstanding
	\$	\$
	\$	\$

1. Have any claims or attempted claims been made against any bonds/guarantees issued to the company/group or companies, or do circumstances exist that could lead to a claim against bonds/guarantees issued?

Yes	▶ Go to 2
No	▶ Go to M

2. If you have answered 'Yes' to the above question, please provide details below

M. OTHER NON-BANK FACILITIES

Facility Type	Established Limit	Total Drawn	Expiry Date
a. Hire Purchase	\$		/ /
b. Operating Leases	\$		/ /
c. Finance Leases	\$		/ /
d. Other (please specify below)	\$		/ /
	\$		/ /

N. CONTINGENT LIABILITIES (INDENTITIES, GUARANTEES ETC.)

Facility Type	Established Limit	Total Drawn	Expiry Date
a. Hire Purchase	\$		/ /
b. Operating Leases	\$		/ /
c. Finance Leases	\$		/ /
d. Other (please specify below)	\$		/ /
	\$		/ /

O. DOCUMENT CHECKLIST

Please also provide the following documentation to MBIB along with this completed questionnaire:

Three years audited (if applicable) financial statements/annual reports certified by directors

Company, management and ownership structure (organisation chart)

Cash flow projections

Corporate brochures, awards and accreditations

Schedule of past contracts

Detailing client name, description and locations of project, final value and date of completion)

Interim management accounts

Details of directors and management

Schedule of contracts in progress

IMPORTANT NOTICE

Before you enter into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984, to disclose every matter that you know or could be reasonably expected to know, is relevant to the underwriters decision whether to accept the risk of insurance and if so, on what terms. Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken
- that is common knowledge
- that the underwriter knows, or in the ordinary course of business ought to know
- as to which compliance with your duty is waived by the underwriters

NON DISCLOSURE

If you fail to comply with your Duty of Disclosure, the underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the underwriters may also have the option of avoiding the contract from its beginning.

PRIVACY

MBIB complies with the Privacy Act 1988 (and it's Australian Privacy Principles 'APP's) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Commonwealth legislation that regulates collection, storage, destruction, quality, use and disclosure of personal information and sensitive information, and ensures that you are given certain rights in respect of this information.

To view our full Privacy Statement visit our website at www.mbib.com.au

DECLARATION BY INSURED

I/We, apply to the Insurer for insurance as shown in this application, warrant that the information given herein is correct and hereby declare that:

- I/We have read and understood the Important Notice, have complied with the Duty of Disclosure and understand this application will form the basis of the Insurance Contract with the Insurer
- I/We understand that Works Limitations apply to the policy
- I/We acknowledge that answers in this application not in my/our handwriting have been checked and agree same are true and correct
- I/We understand that this application is subject to acceptance by the Insurer

Print Name

Signed

Date

If you are unable to digitally sign this document, please print, scan and return via email.

SUBMITTING THIS FORM

If you need assistance in completing this questionnaire or have any queries, please contact;



Bill Korakis, National Business Development Manager (Surety)

Telephone (02) 8586 3541

Mobile 0431 658 067

Email bkorakis@mbib.com.au

Post

Master Builders Insurance Brokers
52 Parramatta Road
Forest Lodge NSW 2037

Fax

(02) 9571 9940

Email

bkorakis@mbib.com.au