

Underwriting Australia Pty Ltd

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Performance Bond Corporate Questionnaire Facility Application

Corporate Questionnaire

IMPORTANT – Please ensure that all relevant sections of the application have been completed and supporting documentation is attached. In addition, when completing the application please respond with a TICK when answering Yes/No questions. Phone us if you require clarification or assistance.

Questionnaire – Company Details

Contractor Name

Company Number

Street Address

Postcode:

Postal Address

Postcode:

Contact Name

Title

Telephone

Mobile

Email

Year business commenced

Nature of business

Geographical location of operation

Does company act in a trustee capacity?

Yes

☐

No

☐

If so please provide full details:

Management Reports

Management accounts	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half yearly <input type="checkbox"/>	Annually <input type="checkbox"/>
Cash flow statements	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half yearly <input type="checkbox"/>	Annually <input type="checkbox"/>
Projects status reports	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half yearly <input type="checkbox"/>	Annually <input type="checkbox"/>

Are the above reports reviewed at Board level? Yes ☐ No ☐

Corporate Debt and Liabilities

Principal Bankers	Branch
<input type="text"/>	<input type="text"/>

Period with Bank years months

Facility Required

Facility amount requested \$

Type of Bond/s required

Bank Facilities

Bank Facilities	Established Limit	Total Drawn	Expiry Date
Bank Guarantee	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Letters of Credit	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Overdraft	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Short Term Loans	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Commercial Bills	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Leasing Finance	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Long Term Finance	\$ <input type="text"/>	\$ <input type="text"/>	/ /
Other	\$ <input type="text"/>	\$ <input type="text"/>	/ /

How are the above facilities secured?

Outstanding Surety Bonds

Issued by	Approved Facility	Current Balance Outstanding
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

If insufficient space please attach a listing.

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

Yes ☐ No ☐

Have there ever been claims on any Bonds or Guarantees issued on behalf of Entities associated with Directors or Principals of the Applicant?

Yes ☐ No ☐

If 'Yes' to either question, please attach details.

Insurances

Does the company carry the following insurance cover?

Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Directors and Officers Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Errors and Omission/Design Liability Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Limit of Indemnity

\$
\$
\$
\$
\$

Financial Management and Controls

Name of Accounting Firm

Contact Name

Telephone

Does the company employ an accountant internally?

Yes ☐ No ☐

Other Non Bank Facilities

Value Utilised

Expiry Date

Hire Purchase	\$	/ /
Operating Leases	\$	/ /
Finance Leases	\$	/ /
Other	\$	/ /

Contingent Liabilities (indemnities, guarantees, etc)

Nature of Exposure

In Favour of

Amount of Exposure

		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Key Personnel

List details of directors and key personnel below. (Attach separate sheet if insufficient space).

Name	Title	Date of Birth	Shareholding in Company	Length of Service (in years)	Keyman Cover in Place		
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		/ /			Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Industrial Relations

Has any industrial action been initiated against your company in the last five years?

Yes ☐ No ☐

If 'Yes', please give details. (Attach separate sheet if insufficient space).

Litigation and Disputes

Has the company, its parent, controlled or associated companies, directors, officers filed for bankruptcy or liquidation or had a receiver appointed?

Yes ☐ No ☐

Has the company entered into any compromise or scheme of arrangement with its creditors?

Yes ☐ No ☐

Has the company, its parent, or controlled or associated entities, directors or officers had any judgment awarded against them?

Yes ☐ No ☐

Has the company or its parent, controlled or associated companies, directors, officers or owners entered into litigation disputes?

Yes ☐ No ☐

PLEASE NOTE: If answered 'Yes' to any of the above questions, please attach full details of the incident and/or case and comment on actual or expected outcome.