



PRIME INSURANCE COMPANY LIMITED 38 Abdul Gamel Nasser Road, Ringway Estates-Osu, P.O. Box GP21222, Accra  
Tel. 021-229062,233499,234078,7012075, Telefax 021-224507

**BOND PROPOSAL FORM**  
(PLEASE COMPLETE THIS FORM IN BLOCK LETTERS)

1. Business Name & Address \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile number: \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_ Tel.: \_\_\_\_\_ Mobile number: \_\_\_\_\_

2. Name and Address of Applicant's Clients: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

3. Full description of contract and work to be carried out: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Location of work site(s) \_\_\_\_\_

5. Total contract value: \_\_\_\_\_

6. Commencement and completion dates of contract: \_\_\_\_\_

7. Dates of establishment of Company: \_\_\_\_\_

8. Has any director or partner ever been bankrupt or compounded with his creditors

9. Has the Company ever experienced any difficulty in completing any contract? Yes  No   
If yes please give full details: \_\_\_\_\_

b. Please provide Statement of Account of the Company for the past three years.  
Please provide full details of your experience in this type of contract (copies of completion certificates over the Past 3 years to be attached) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Type of bond required: \_\_\_\_\_



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12. Amount of Bond: \_\_\_\_\_

13. Duration and effective date: \_\_\_\_\_

14. Name and Address of Applicant's Bankers: \_\_\_\_\_  
\_\_\_\_\_

15. Please indicate if company has enough funds to start the project or will work with a loan. State values:  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever proposed for or been under any bond? If yes, please state:

(i) Surety (ies) \_\_\_\_\_

(ii) Type of Bond(s) \_\_\_\_\_

(iii) Name of Project(s) \_\_\_\_\_

17. Has any proposal ever been refused? Yes  No

If yes please give reason: \_\_\_\_\_  
\_\_\_\_\_

18. Have you ever had a contract terminated by your clients? Yes  No

If yes give details: \_\_\_\_\_

19. Is this bond the only security to be taken in respect of this contract? Yes  No

If no, please give name of any other surety and corresponding value(s)

Corresponding value(s) of Bond(s) \_\_\_\_\_

20. Indicate all contracts currently at hand

CLIENT	NATURE OF WORK	VALUE	COMMENCEMENT DATE	COMPLETION DATE



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21. Name applicant's representative who will be signatory to the bond:

22. What other contracts are currently tendered and not yet awarded. Please state person/body for whom contract is to be undertaken and nature of work to be done.

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23. Please attach lists of:

- (I) Equipment owned by you for use in connection with this project.
- (ii) Equipment you intend purchasing for this contract showing
  - (a) Item                      (b) Description, size, capacity etc.                      (c) Condition

24. Applicant's free assets (evidence of ownership to be provided):

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- 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) Contractors All Risk Policy

Please Note: Other things to be provided

Declaration: I/ We hereby confirm that the above statements represent the true position at the date shown in accordance with the information made available to me/us.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR PRIME INSURANCE COMPANY OFFICE USE:**

Ref No. _____ Agency: _____ <hr/> APPROVAL	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">PREMIUM</td> <td style="width: 40%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Type of bond</td> <td style="border-bottom: 1px solid black;">Rate (%)</td> <td style="border-bottom: 1px solid black;">Amount (GH₵)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right; border-top: 3px double black;">_____</td> </tr> </table>		PREMIUM		Type of bond	Rate (%)	Amount (GH₵)			_____
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		_____								