

GENERAL SURETY BOND APPLICATION FORM (Construction and Non-Construction)
 New Renewal Existing Policy Number:

NOTICE TO THE APPLICANT

Please fill in all the blanks. All answers should be made in full to avoid delays in evaluation. On questions where "none" or "not applicable" is the answer, please indicate accordingly. Kindly print or type your answers and use additional paper if necessary

Date: _____
DD/MMM/YYYY

BOND INFORMATION

Limit of Liability Required:	Period of Cover From: DD/MMM/YYYY	To: DD/MMM/YYYY
Type of Bonds Required (please check):		
<input type="checkbox"/> Bid Bond	<input type="checkbox"/> Performance Bond	<input type="checkbox"/> Payment of Salaries and/or Materials Bond or Payment Bond
<input type="checkbox"/> Downpayment Bond or Advance Payment Bond	<input type="checkbox"/> Guaranty/Warranty Bond	

Who requires the submission of the preceding bond?:

APPLICANT'S INFORMATION

Name of Entity:			
Business Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Incorporation No.:	Country of Incorporation:	Date of Incorporation: DD/MMM/YYYY	
Name of Authorized Representative / Transactor / Signee:			
Mobile No.:	E-mail Address:	Date of Birth: DD/MMM/YYYY	
Nature of Business:	Website Address:		

ULTIMATE BENEFICIAL OWNER'S INFORMATION

Name:			
Last Name	First Name	Middle Name	Suffix
Mailing Address:			
Block/Lot/Phase No./Floor No./Unit No.	Street	Village/Subdivision/Condo Building	Barangay
City/Municipality	Province/State	ZIP Code	
Mobile No.:	E-mail Address:	Date of Birth: DD/MMM/YYYY	
Citizenship/Nationality:	Source of Funds: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Salary		

NAMES OF PRESENT AND INCUMBENT MEMBERS OF BOARD OF DIRECTORS OR PARTNERS

NAME	% OF OWNERSHIP
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	

FINANCIAL DATA

	CURRENT YEAR	PREVIOUS YEAR	VARIANCE
TOTAL CURRENT ASSETS			
TOTAL ASSETS			
TOTAL CURRENT LIABILITIES			
TOTAL LIABILITIES			
NET WORTH			
GROSS INCOME			
NET INCOME			
CASH FLOW FROM OPERATIONS			

MAJOR CLIENTS AND PROJECTS FOR THE PAST 2-5 YEARS

NAME OF CLIENTS	PROJECT DETAILS AND AMOUNT OF CONTRACTS
a.	
b.	
c.	
d.	
e.	

If you own real estate properties, please give the following particulars: (if a land, state if titled or unregistered, whether residential, commercial or agricultural and also the land area hereof. If a building, state number of storeys, nature of occupancy (residential, store, bodega, etc.) and type of construction (concrete, timber, light material, etc.)

DESCRIPTION	LOCATION	AREA	ASSESSED VALUE	MARKET VALUE

Are there any charges, judgments, suits or claims pending against you, or against any member of your firm, or any of your officers? If so, please give particulars:

YES NO

Have you secured bonds before? YES NO If so, please provide the following information.

SURETY COMPANY	TYPE OF BOND	AMOUNT	OBLIGEE	EXPIRY DATE <small>DD/MMM/YYYY</small>
a.				
b.				
c.				
d.				
e.				

Has any Surety Company ever paid a loss for the firm or any member of the firm? YES NO
If so, please state the name of the Surety Company and give full details:

DOCUMENTARY REQUIREMENTS

1. Photocopy of Contract to be guaranteed by the Bond (Construction Agreement, Purchase Order, etc)
2. Photocopy of the comparative latest Audited Financial Statements
3. Company Profile
4. Photocopy of the Articles of Incorporation and By-Laws
5. Photocopy of Business Permit
6. Photocopy of PCAB License (if a Constructor)
7. Photocopy of Specific Board Resolution for authorized company officers to sign for and on behalf of the company
8. Two co-signers preferably majority stockholders of the company
 - a. In compliance with the Republic Act No. 9160 or Anti-Money Laundering Act of 2001, as amended, and the Know Your Client (KYC) requirement of the Insurance Commission, please provide scanned or photocopy of any 2 of the following valid IDs of the signatory/ies:
 - i. Drivers' License
 - ii. Passport
 - iii. TIN
 - iv. SSS ID/Unified Multi-Purpose ID
 - v. PRC ID
 - vi. IBP ID.

IMPORTANT NOTICE

A bond is a contract of suretyship. Any payment or disbursement made by the FPG Insurance Co., Inc. (hereinafter called the Surety) in the future in connection with the Bond to be issued to the applicant, including its renewals, extensions or substitutions, either in the belief that the Surety was legally obligated to make such payment or in the belief that said payment was necessary in order to avoid greater losses or obligations for which the Surety might be liable by virtue of the terms of the Bond issued, including its renewals, extensions or substitutions, shall be recovered against the applicant in full, otherwise known as the Principal, in accordance with the provisions of the New Civil Code and the Indemnity Agreement.

DECLARATION

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce the Surety to execute or procure the execution of Surety bonds, and any extension, or renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he understands that suretyship is a form of credit, and hereby authorizes Surety, or its authorized agent to gather information it considers necessary for evaluating whether or not credit should be granted.

Name of Applicant/s or Authorized Signatory of Applicant	Valid ID	Signature	Date Signed DD/MMM/YYYY

AGREEMENT

I HEREBY DECLARE and warrant the answers given above in every respect true and correct; and have not withheld any information likely to effect acceptance of this proposal; I further agree that this proposal declaration shall be the basis of the contract between FPG Insurance and me.

During the effectivity of the contract/policy, the customer/client agrees to the following:

(1) In case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to the fault of the client, the company may apply the following:

a. Measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD Measures have been successfully conducted; and

b. In case the foregoing is successful, terminate business relationship. The exercise of the company of this measure shall only be entitle the client/customer to receive the unused portions of premium or withdrawal value, if any, whichever is applicable.

(2) Be bound by obligations set out in relevant United Nations Security Council Resolution relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including freezing and unfreezing actions as well as prohibition from conducting transaction with designated persons and entities.

Applicant's Signature

DD/MMM/YYYY
Date

DATA PRIVACY CONSENT FORM

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.