

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

Facility amount required?

C. KEY PERSONNEL

List details of the directors/shareholders and key personnel:

| | |
|--|---|
| <input type="text" value="Name"/> | <input type="text" value="Job Title"/> |
| <input type="text" value="Residential Address"/> | |
| <input type="text" value="Shareholding"/> % <input type="text" value="Length of Service"/> | <input type="text" value="Keyman Cover required"/> <input type="text" value="Yes"/> <input type="text" value="No"/> |
| <input type="text" value="Name"/> | <input type="text" value="Job Title"/> |
| <input type="text" value="Residential Address"/> | |
| <input type="text" value="Shareholding"/> % <input type="text" value="Length of Service"/> | <input type="text" value="Keyman Cover required"/> <input type="text" value="Yes"/> <input type="text" value="No"/> |
| <input type="text" value="Name"/> | <input type="text" value="Job Title"/> |
| <input type="text" value="Residential Address"/> | |
| <input type="text" value="Shareholding"/> % <input type="text" value="Length of Service"/> | <input type="text" value="Keyman Cover required"/> <input type="text" value="Yes"/> <input type="text" value="No"/> |
| <input type="text" value="Name"/> | <input type="text" value="Job Title"/> |
| <input type="text" value="Residential Address"/> | |
| <input type="text" value="Shareholding"/> % <input type="text" value="Length of Service"/> | <input type="text" value="Keyman Cover required"/> <input type="text" value="Yes"/> <input type="text" value="No"/> |

D. INDUSTRIAL RELATIONS

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

Yes

No

2. Have any significant events occurred since the most recent financial statements that may have or had an adverse impact on the business?

Yes

No

3. Has the applicant ever previously been refused bonds or guarantees?

Yes

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?

Yes

No

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

Yes

No

3. Has the company, its parent, or controlled or associated companies, directors or officers had any judgement awarded against them?

Yes

No

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

Yes

No

5. 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

Yes

No

b. Directors and Officers Cover

Yes

No

c. Errors and Omission/Design Liability Cover

Yes

No

d. General Liability Insurance

Yes

No

G. FINANCIAL MANAGEMENT AND CONTROLS

Company Accountants

Contact Name Telephone

Company Lawyers

Contact Name Telephone

Does the company employ an accountant internally?

Yes

No

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

1. Principal Bankers

2. Branch

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

J. BANK FACILITIES

| Bank Facility Types | Established Limit | Total Drawn | Expiry Date |
|---------------------------------|-------------------|-------------|-------------|
| 1. Principal Bankers | \$ | | / / |
| 2. Letters of Credit | \$ | | / / |
| 3. Overdraft | \$ | | / / |
| 4. Short Term Loans | \$ | | / / |
| 5. Commercial Bills | \$ | | / / |
| 6. Leasing Finance | \$ | | / / |
| 7. Long Term Finance | \$ | | / / |
| 8. Other (please specify below) | \$ | | / / |
| 9. | \$ | | / / |

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 |
|---------------------------------|-------------------|-------------|-------------|
| 1. Hire Purchase | \$ | | / / |
| 2. Operating Leases | \$ | | / / |
| 3. Finance Leases | \$ | | / / |
| 4. Other (please specify below) | \$ | | / / |
| | \$ | | / / |

N. CONTINGENT LIABILITIES (INDEMNITIES, GUARANTEES ETC.)

| Nature of Exposure | In Favour Of | Amount Exposure |
|--------------------|--------------|-----------------|
| | | \$ |
| | | \$ |
| | | \$ |

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;



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