

**BOND APPLICATION**  
( FOR CORPORATION-PARTNERSHIP )

TO: PACIFIC UNION INSURANCE COMPANY  
Unit 2401, 24<sup>th</sup> Flr. Antel Corporate Center,  
121 Valero St. Salcedo Village, Makati City  
Tel. # 845-10-33 to 37/ Fax # 845-3272

The undersigned hereby applies for a surety bond described as follows:

KIND OF BOND : \_\_\_\_\_ AMOUNT P \_\_\_\_\_  
OBLIGEE : \_\_\_\_\_  
CONDITIONS OF THE BOND : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We are submitting to you the following information about ourselves which you may consider in the processing of this application.

You are hereby authorized to obtain such other information you may wish to secure about ourselves pertaining to the data hereunder furnished you. We hereby affirm that the following answers are the truth without reservation and agree that documents shall remain your property whether or not the bond shall be granted or not.

PLEASE FILL UP ALL BLANKS. ALL ANSWERS MUST BE MADE IN FULL TO RECEIVE PROMPT ACTION AND IF THE ANSWER BE "NONE" WRITE SO. KINDLY PRINT OR TYPE YOUR ANSWERS.

- 1. Name of Company: \_\_\_\_\_ TIN No. \_\_\_\_\_
- 2. Business Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_
- 3. If a CORPORATION:
  - 3.1 When incorporated? \_\_\_\_\_
  - 3.2 Total paid up Capital P \_\_\_\_\_
  - 3.3 Please attach
    - Articles of Incorporation & By Laws
    - SEC Certification of Registration
    - List of key personnel
    - Three (3) years Audited Financial Statement
  - 3.4 Name of Authorized bond signatory: \_\_\_\_\_  
 Designation: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Res. Cert. "A" \_\_\_\_\_ Place & Date Issued: \_\_\_\_\_  
 (Please attach --- Corporate Authority to sign bonds)
- 4. IF A PARTNERSHIP:
  - 4.1 When Organized? \_\_\_\_\_
  - 4.2 Total paid up capital: P \_\_\_\_\_
  - 4.3 Is partnership general or limited? \_\_\_\_\_ if limited, please explain fully \_\_\_\_\_
  - 4.4 Name of Partners and address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - 4.5 Please attach copy:
    - Partnership Agreement
    - SEC Certificate of Registration
    - Three (3) years Audited Financial Statements
  - 4.6 Name of authorized Bond Signatory: \_\_\_\_\_  
 Designation: \_\_\_\_\_ TIN: \_\_\_\_\_  
 Res. Cert. "A" \_\_\_\_\_ Place & Date Issued: \_\_\_\_\_  
 (Please attach --- Partnership Authority to sign bond)
- 5. How many years has your organization been in business under its present business name? \_\_\_\_\_
- 6. If a contractor:
  - Please attach copy ---
  - List of completed & On-going projects (Name of owner, contract price, type of work, location & date completed)
  - Contract for bond applied, list of previous and present suppliers, list of tools, equipments and machineries owned.

7. In what other lines of business do you have a financial interest? \_\_\_\_\_

8. Real Estate Owned:

<i>Date Acquired</i>	<i>Location</i>	<i>Area</i>	<i>Assessed Value Land – Improvements</i>	<i>Encumbrance</i>	
				<i>Amount</i>	<i>Held by</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If additional space is needed, continue on separate sheet)

9. Personal Property Owned:

<i>Date Acquired</i>	<i>Location</i>	<i>Description</i>	<i>Fair Market Value</i>	<i>Encumbrance</i>	
				<i>Amount</i>	<i>Held by</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If additional space is needed, continue on separate sheet)

10. Trade References:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. BANK ACCOUNTS, Where kept: Savings: \_\_\_\_\_ P \_\_\_\_\_  
Savings: \_\_\_\_\_ P \_\_\_\_\_

12. Please indicate at what banks you have established lines of credit; what is the extent and on what basis have they been granted?  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there any judgments, suits or claims pending against you, or against any member of your firm, or any of your officers? \_\_\_\_\_ If so, give particulars  
\_\_\_\_\_

14. Are you acting as surety or bondsman for others, or as indorser on their notes or accounts? \_\_\_\_\_

15. Are you having any controversy with any one over any contract? \_\_\_\_\_

16. Are you, or any members of your firm, or any of your officers engaged in any other lines of business?  
\_\_\_\_\_. If so, please specify: \_\_\_\_\_

17. Have your, or any members of your firm, or any of your officer ever failed in business or compromised with creditors? \_\_\_\_\_

18. Has any surety company ever paid a loss on you, or any members of your firm, or any of your officers?  
\_\_\_\_\_. If so, state name of surety company and give full particulars. \_\_\_\_\_

19. Please list insurance carried by your organization, including life insurance on the lives of officers and payable to Company, Partnership or Business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Have you secured a bond before? \_\_\_\_\_ If yes, please fill up the following details:

<i>Bonding Company</i>	<i>Amount</i>	<i>Obligee</i>	<i>Period of Bond</i>	<i>Date Terminated</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The above and foregoing statements and representations are true and correct to the best of my knowledge and belief and are made for the purpose of inducing your goodselves to approve and execute the above bond I am applying for.

\_\_\_\_\_  
Name of Company  
By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Designation

**CO-SIGNER'S STATEMENT**

Makati City, Philippines

Date \_\_\_\_\_

I am agreeable to sign with the applicant \_\_\_\_\_ covering P/N bond/Bond applied for by him from your company in the amount of P \_\_\_\_\_ in favor of \_\_\_\_\_ . I am aware of the responsibility which I will assume in signing with \_\_\_\_\_. I am aware that you will rely on the truth of the following statement in consideration thereof.

I authorized you obtain such information as you may require concerning the statements made hereunder and agree that this document shall remain your property whether or not the bond is granted.

**\*ALL THE FOLLOWING QUESTIONS MUST BE ANSWERED – IF NONE, NOTE “NONE”\***

Name \_\_\_\_\_ Community Tax Cert. \_\_\_\_\_ issued at \_\_\_\_\_

On \_\_\_\_\_ ACR \_\_\_\_\_

Business Address \_\_\_\_\_ Tel No. \_\_\_\_\_

Residence Address \_\_\_\_\_

Salaries, Wages per year P \_\_\_\_\_ Income from business P \_\_\_\_\_

Amount per year P \_\_\_\_\_ Married/Single \_\_\_\_\_

Living with husband or wife \_\_\_\_\_ Number of dependents \_\_\_\_\_

**If employed please rate:**

**If in business for self, please rate:**

Name of Employer \_\_\_\_\_ Firm or Trade Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Tel Nos. \_\_\_\_\_ Tel Nos. \_\_\_\_\_

No. of years with employer \_\_\_\_\_ Kind of business \_\_\_\_\_

Kind of business of employer \_\_\_\_\_ How long \_\_\_\_\_ Capital Invested \_\_\_\_\_

Position occupied by co-maker \_\_\_\_\_ Sole Owner or partner \_\_\_\_\_

Name & Title of superior \_\_\_\_\_ Trade references \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ How long \_\_\_\_\_

Bank Account – Where Kept:

Current \_\_\_\_\_ Savings \_\_\_\_\_

Real Estate Owned – PLEASE SUBMIT XEROX COPY OF TCTS (FRONT & BACK PAGE)

Title No.	Date Acquired	Location	Area of Land	Assessed Value Land Improvements	Encumbrance Amount/Held By
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life Insurance Co. \_\_\_\_\_ Amount P \_\_\_\_\_

Co-signer will state whether applicant is related to him and if so in what manner \_\_\_\_\_

How long he has known \_\_\_\_\_ Co-signer will state whether he has ever been a borrower or co-maker on a personal note at any bank \_\_\_\_\_

Name of references \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

I affirm and certify that the foregoing representations are true, correct and accurate.

*NOTE: PLEASE SUBMIT THIS WITH YOUR LATEST INCOME TAX RETURN*

\_\_\_\_\_  
Signature of Co-signer

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, affiant exhibiting to me his/her Community Tax Cert No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc. No. \_\_\_\_\_ Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_ Series of 20 \_\_\_\_\_

**NOTARY PUBLIC**