



**Corporate Questionnaire Information Checklist**

**IMPORTANT – Please ensure that all relevant sections of the application have been completed and supporting documentation listed below is attached.**

**Please provide:**

- 3 years audited (if applicable) financial statements/annual reports.
- Interim management accounts.
- Cash flow projections.
- Corporate brochures, awards and accreditations.
- Company ownership, management and corporate structure (organisation charts).
- Details of directors and management (including a resume of experience).
- Schedule of contracts in progress.
- Schedule of past contracts detailing: client name, description and location of project, final value and date of completion.
- Statement of assets and liabilities of the shareholders of the business/company (not applicable for public listed entities).

**PLEASE NOTE: Where the applicant forms part of a larger group of companies, consolidated financials for the group and each individual entity are required.**

**Questionnaire – Company Details**

Contractor Name			
Company Number (ACN)			
Where Incorporated		Year Business commenced	
Nature of Business			
Geographical location of Operation			
Does company act in a trustee capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**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 <input type="checkbox"/> No <input type="checkbox"/>			

# Trade Guaranty + Surety Limited Performance Bond Questionnaire



## Corporate Debt and Liabilities

Principal Bankers		
Branch		
Period with Bank	Years	Months

## Bank Facilities

Bank Facilities	Limit	Total Drawn	Expiry Date
Bank Guarantee	\$	\$	/ /
Letters of Credit	\$	\$	/ /
Overdraft	\$	\$	/ /
Short Term Loans	\$	\$	/ /
Commercial Bills	\$	\$	/ /
Leasing Finance	\$	\$	/ /
Long Term Finance	\$	\$	/ /
Other	\$	\$	/ /

How are the above facilities secured?

## Outstanding Surety Bonds

Issued by	Approved Facility	Current Balance Outstanding
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

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 of Principals of the Applicant?

Yes  No

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

# Trade Guaranty + Surety Limited Performance Bond Questionnaire



## Key Personnel

Name	Title	% Shareholding	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"/>

## Industrial Relations

Has any industrial action been initiated against your company in the last five years?  
If 'Yes', please give details.

Yes  No


## 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, 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 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.**

## Insurances

Does the company carry the following Insurance cover?	Limit of Indemnity		
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"/>	\$

# Trade Guaranty + Surety Limited Performance Bond Questionnaire



## 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	\$ / /	/ /

## Inter Company Debt

Total owing to the company:

\$

BY related entities

\$

TO related entities

\$

## Contingent Liabilities (indemnities, guarantees, etc)

Nature of Exposure	In Favour of	Amount of Exposure
		\$
		\$
		\$
		\$
		\$

## Declaration

The undersigned hereby declares that the information and details provided herein are full and true answers and that it is understood the information provided will be used for the evaluation of this submission by the Surety. Further, the undersigned confirms that he/she is duly authorised to sign this questionnaire for and on behalf of the applicant.

I/We also acknowledge that Brokerage may be payable to your broker in relation to the issuance of this/these Bond/s.

Authorised Signatory \_\_\_\_\_ Name \_\_\_\_\_

Title/Designation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_