



PROGRESSIVE INSURANCE BHD (19002-P)

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Tel: 03-21188000 Fax: 03-21188100 (Claims), 21188101/02 (Finance/MIS/Technical), 21188103 (HRA) & 21188098 (KLO/H&S)
Website: www.progressiveinsurance.com.my

AGENCY NO:

BRANCH NETWORK

BUTTERWORTH	2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +60 4397 7128	Fax: +60 4397 7126
JOHOR BAHRU	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +60 7227 0991/2	Fax: +60 7227 0996
MELAKA	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +60 6288 3831	Fax: +60 6288 3832
KOTA KINABALU	Ground Floor & 7th Floor, Wisma Perkasa, Jalan Gaya, Kota Kinabalu, Sabah, P.O. Box 13936, 88845 Kota Kinabalu, Sabah.	Tel: +60 8824 4216	Fax: +60 8821 8004
KUCHING	Sublot 11&12, Lots 9966 & 9967, First Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +60 8257 2019/30/31	Fax: +60 8257 2013
SANDAKAN	1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.	Tel: +60 8923 8810	Fax: +60 8923 7709

CONTRACT GUARANTEE PROPOSAL FORM

MAKLUMAT PENTING / IMPORTANT NOTICES

KENYATAAN MENURUT SEKSYEN 149(4) AKTA INSURANS, 1996. Anda perlu memberitahu di dalam borang cadangan ini, secara penuh dan jujur, segala fakta-fakta yang anda tahu atau patut tahu, jika tidak polisi yang dikeluarkan lanjutan darinya boleh menjadi tidak sah.

STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT, 1996. You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

WARANTI PREMIUM

Perhatian anda dibawa kepada waranti premium 60 hari berkenaan dengan polisi ini. Syarat penting dan mutlak khusus bagi kontrak insurans ialah bahawa premium kena dibayar mestilah dibayar dan diterima oleh penanggung insurans dalam masa enam puluh (60) hari dari tarikh permulaan polisi / pengendorsan / sijil pembaharuan.

Jika syarat ini tidak dipatuhi maka kontrak ini dibatalkan secara automatik dan penanggung insurans adalah berhak terhadap premium prorata dalam tempoh mereka menanggung risiko.

PREMIUM WARRANTY

Your attention is drawn to the 60 days premium warranty attached to the policy. It is a fundamental and absolute special condition of this contract of Insurance that the premium due must be paid and received by the Insurer within sixty (60) days from the inception date of this policy / endorsement / renewal certificate.

If this condition is not complied with then this contract is automatically cancelled and the Insurer shall be entitled to the pro-rata premium for the period they have been on risk.

BORANG INI TELAH DITERJEMAHKAN DARI BAHASA INGGERIS. JIKA TERDAPAT SEBARANG KERAGUAN ATAU KONFLIK DI ANTARA BAHASA INGGERIS DAN VERSI YANG DITERJEMAHKAN, VERSI BAHASA INGGERIS AKAN DIGUNAKAN UNTUK MENYELESAIKAN KERAGUAN TERSEBUT.

Note: Please attach a sheet of paper to give information wherever space provided is insufficient.

1. Full Name of Applicant Contractor: _____	
Registered Address: _____	
Business Address: _____	
Telephone No. (office/residence/handphone): _____	
2. Business Registration Certificate No/Company No: Where and when registered: _____	
3. Principal Office and branches: _____	
4. Nature of constitution (State whether Public Limited Co., Private Limited Co., Partnership or Sole proprietorship): _____	
5. If Limited Co., state: _____	
Authorised Capital: _____	
Issued Capital: _____	
Paid up Capital: _____	
List Major shareholders holding more than 10% of issued capital:	
	Name & Address
	% holding
(a)	
(b)	
(c)	
6. If Limited Co., advise which officers are authorised and required to sign guarantee in accordance with Co.'s Memorandum & Articles of Association. _____	

7. Please give details of all Partners or Directors as follows:					
	Name & Address	Age	I.C. No	Occupation	% share in Co.
i					
ii					
iii					
8. Are any of the directors, partners, owners, senior executives of applicant connected now or were connected before with any construction company? If so, give details:					
	Name of person	Position in applicant's firm	Name and address of the other contractor	Nature of connection with that company	Status of the other contractor at present
9. Is the applicant company connected with any other contractor as parent-subsidary, associate company, close business partner, etc? If so, please give details:					
	Name and address of the other contractor	Their area of activity	Their annual turnover	Nature of relationship	
10. How long has applicant been in this business? _____					
11. Is applicant surety for any other person? If so, please give full particulars. _____					
12. Has applicant ever been declared bankrupt or has any winding - up petition or order been made against the applicant or made a composition or arrangement with its creditors or at any time been unable to pay any of its debts when due? If so, give particulars. _____					
13. Has applicant ever defaulted in any contract? If so, give particulars. _____					
14. Amounts of debentures, mortgages, bank overdrafts outstanding in name of company and in case of firm or proprietorship in name of owner, partners and spouses. _____					
15. Details of freehold or leasehold property in name of company or owner or partners and spouses/nominees and details of outstanding charges on those properties. _____					
16. Equipments owned by applicant:					
	Description	Purchase Date	Purchase Price	Present Value	Hire Purchase or other finance or other encumbrances
17. What are the other assets or liabilities of the applicant? _____					

18. Please specify which of the above mentioned assets are offered as collateral in support of the bond being requested, if any.

19. Particulars of Company's bankers:

Name of bank	Branch	Account No.	When opened	Overdraft or other facilities enjoyed and amount of facility (RM)

20. What is the present bank balance?
Please attach true copies of your bank statement for the latest 3 months.

21. Operating results during latest 3 years:

Year	No. of contracts performed	Annual Turnover	Operating Profit	No. and total value of contracts now on hand

22. Experience of the applicant in performance of contracts similar to the present one:

Name of contract	Date completed	Contract value	Any outstanding problems or disputes?

23. Complete list of works completed since commencement of business or during preceding 5 years?

Principal	Location and nature of contract	Date commenced	Date completed	Contract value	Any problems?

24. Complete list of contracts now on hand and not yet completed:

Principal	Location and nature of contract	Date commenced	Expected completion date	Contract value	Extent of work completed

Whether work is progressing as scheduled?	Any problems relating to the contract	Guarantees or Bonds outstanding Amount	Guarantor

Please enclose certified statements showing latest status of work on each project.

25. Jobs tendered for at present:

Principal	Location and nature of contract	Contract value	Amount of bid	Guarantees	
				Amount	Guarantor

26. Is Applicant approved as a Government Contractor?
If so, which category? Since when?

In respect of present contract for which guaranty is requested:

27. Name and address of Principal:

28. Financial position of the Principal:

29. Will the Principal finance this project from:

- (a) Own resources
- (b) Bank advances already committed
- (c) External finance expected to be arranged
- (d) Sale of the property to buyers after completion of construction
- (e) Any other means

Please give as much details as possible.

30. Nature and value of Bond requested and what percentage of contract value it represents:

31. Are any liquidated damages/penalties provided for in the event of default or delay in completion?
If so, please give details.

32. Does the contract contain any force majeure clause relieving the contractor of responsibility for delays or defaults caused by natural calamities or political risks? If so, please attach an extract.

33. Does the performance of this contract require purchase of substantial new equipment? If so, please give particulars, value and show it will be financed.

34. Described the precise nature of this contract.

35. Does the contractor undertake any obligations or liabilities other than those directly relating to the execution of the contract work?
For example,

- a) Responsibility to clear the site of squatters or other obstructions
- b) Responsibility to obtain Government sanctions or approvals
- c) Responsibility to find finance for the project
- d) Responsibility to find tenants or purchasers.

If so, please give details.

36. What is the place and site of work? Will contractor have full control of site and unrestricted access to it?

37. Relevant dates:

Date of invitation to tender:
 Last date for receipt of tender:
 Date of commencement of work:
 Date of completion of work:
 Date of final termination of responsibility of contractor:

38. What is the contract price?
 Is it negotiated price, open tender or sealed tender?

Highest tender?
 Lowest tender?
 Second Lowest tender?
 Your tender?

39. Is a price variation and/or contingency sum clause included in the contract?
 If so, please attach an extract.

40. Payment schedule for the contract.
 Please give details.

41. Percentage of retention money.

42. What proportion of this contract will be sub-contracted out?
 Please give details.

Nature of work	Value	Name and address of Sub-contractor	Nature of security given by sub-contractor for due performance	Targetted Completion Date

43. Are any of the sub-contractors nominated by the Principal? If so, will the applicant be held responsible for default by such sub-contractor?
 If so, does the main contract provide the liberty to replace the sub-contractor?

44. What is the standing and performance record of the sub-contractor? Will the sub-contractor provide a bond or surety to guaranty his performance?

45. Details of Finance arrangements made by applicant to perform the contract:

46. Details of insurances arranged for this contract:

<u>Class</u>	<u>Sum Insured</u>
Fire	Estimated Wages:
CAR	
W.C. / E.L.	Per accident:
T.P.L.	Per annum:

47. Please give list of your major suppliers of material for the performance of this contract:

Material	Suppliers and address	Estimated Value	Credit terms agreed

PENGAKUAN DARI EJEN/PEGAWAI / DECLARATION BY AGENT/OFFICERS

Saya yang bertandatangan dibawah telah melihat sendiri Kad Pengenalan yang asal dan mengenai pasti diri pemohon melalui Kad Pengenalan atau lain-lain dokumen seperti _____

I have sighted the original NRIC and verified the identity of the proposer through the use of NRIC or other documents such as _____

Nama dan tandatangan Ejen / Pegawai
Name and signature of Agent / Officer

No. Kad Pengenalan / NRIC No.

Perhatian / Note :

Satu salinan Kad Pengenalan mestilah diperolih dari pemohon jika premium melebihi RM50,000.00 untuk polisi insurans perseorangan sahaja. /
A copy of the NRIC must be obtained from the proposer, for individual insurance policies only, where the premium is more than RM50,000.00.

CARA PEMBAYARAN / MODE OF PAYMENT

Bayaran tunai / payment by cash RM _____

Bayaran cek dibayar kepada / Payment by cheque made payable to : **Progressive Insurance Bhd** No. Cek / Cheque No. _____ RM _____

Saya dengan ini membenarkan Progressive Insurance Bhd mengenakan caj premium berikut akaun VISA / MasterCard saya: RM _____
I hereby authorise Progressive Insurance Bhd to charge to my VISA / MasterCard account my premium of:

No. Kad Kredit / Credit Card No.

Bank Pengeluar / Issuing Bank

Tarikh luput kad / Card expiry date

Tandatangan Pemegang Kad / Cardholder's Signature

Tarikh / Date