

**PACIFIC UNION INSURANCE COMPANY
PRIVATE BOND**

Application Form (Corporation/Partnership)

FORM NUMBER

BND-FORM-PRIV-02

Please fill out the form truthfully. Additional information or documents may be requested any time for review as part of the application process. If in any case, answer cannot fit in the space provided, applicant shall attach the same to the application form.

REGISTERED COMPANY NAME

TAX IDENTIFICATION NO. (TIN)

[Blank input field for Registered Company Name]

[Blank input field for Tax Identification No. (TIN)]

BUSINESS ADDRESS

TEL NO.

[Blank input field for Business Address]

[Blank input field for Tel No.]

NATURE OF BUSINESS

[Blank input field for Nature of Business]

YEAR INCORPORATED/ESTABLISHED

PAID UP CAPITAL (PHP)

INDICATE MAJOR STOCKHOLDER/S (WITH %)

[Blank input field for Year Incorporated/Established]

[Blank input field for Paid Up Capital (PHP)]

[Blank input field for Indicate Major Stockholder/s (With %)]

NAME OF AUTHORIZED BOND SIGNATORY

DESIGNATION

[Blank input field for Name of Authorized Bond Signatory]

[Blank input field for Designation]

TAX IDENTIFICATION NO. (TIN)

OTHER LINES OF BUSINESS ENGAGED IN

[Blank input field for Tax Identification No. (TIN)]

[Blank input field for Other Lines of Business Engaged In]

LIST OF REAL PROPERTIES OWNED

DATE ACQUIRED	LOCATION	AREA (SQM)	ASSESSED VALUE (PHP)	ENCUMBRANCES

LIST OF OTHER PROPERTIES OWNED

KIND	ACQUIRED VALUE	YEAR ACQUIRED	PRESENT VALUE

TRADE REFERENCES

COMPANY NAME	ADDRESS	CONTACT PERSON	POSITION	CONTACT NO.

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CREDITORS (BANK, FINANCING, OR PRIVATE)

NAME	YEAR APPROVED	LOAN AMOUNT RELEASED	PRESENT BALANCE (PHP)
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BANK ACCOUNTS

BANK	PRESENT BALANCE (PHP)
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ARE YOU OR ANY MEMBERS OF YOUR FIRM EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS?

ARE THERE ANY JUDGMENTS, SUITS OR CLAIMS PENDING AGAINST YOU, OR AGAINST ANY MEMBER OF YOUR FIRM, OR ANY OF YOUR OFFICERS? YES OR NO? IF SO, PLEASE ELABORATE.

ARE YOU ACTING AS A SURETY OR BONDSMAN FOR OTHERS, OR AS AN ENSORSER ON THEIR NOTES OR ACCOUNTS? YES OR NO? IF SO, PLEASE SPECIFY.

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 THE SURETY COMPANY AND PROVIDE FULL DETAILS.

INDICATE BELOW ANY BOND YOU HAVE SECURED IN THE PAST

BONDING COMPANY	AMOUNT (PHP)	OBLIGEE	PERIOD OF BOND	DATE TERMINATED
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LIFE INSURANCE (INCLUDING ON THE LIVES OF OFFICERS PAYABLES TO THE COMPANY)

COMPANY	AMOUNT	BENEFICIARY

ADDITIONAL RELEVANT INFORMATION ABOUT THE APPLICANT CAN BE INDICATED HERE

TYPE OF BOND	AMOUNT
BOND IN FAVOR OF	FOR THE PURPOSE OF
CONDITIONS/UNDERTAKING OF THE BOND:	

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DATA PRIVACY CONSENT

I acknowledge that **PACIFIC UNION INSURANCE COMPANY** may collect, use, process, and share my/our personal information to their shareholders, duly authorized representatives, business partners, adjusters, and other third parties for purposes such as but not limited to underwriting, claims, business analysis, compliance with regulatory requirements, and any other legitimate business purpose.

I also authorize **PACIFIC UNION INSURANCE COMPANY** to verify and investigate the information I have given, including the documents submitted. That **PACIFIC UNION INSURANCE COMPANY** may retain my/our personal information as long as my/ our business transaction with **PACIFIC UNION INSURANCE COMPANY** is still in full force and effect and in case of termination for a period of five (5) years from the date of termination. I/we acknowledge and agree to the data of privacy provisions stated above.

I hereby provide my/our consent by affixing my signature in this form.

I HEREBY CERTIFY that the above information AND ALL OTHER SUBMITTED DOCUMENTS are TRUE, COMPLETE and CORRECT.

NAME & DESIGNATION NAME OF COMPANY	SIGNATURE
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SUBSCRIBED AND SWORN to before me in Makati City, Philippines this ___ day of _____, 20___, affiant exhibiting to me his/her Community Tax Certificate No. _____, issued at _____, on _____, 20___, and TIN - _____.

Doc No. _____ Book No. _____
Page No. _____ Series of 20_____

NOTARY PUBLIC
Until December 31, 20___

GENERAL REQUIREMENTS CHECK LIST

- ARTICLES OF INCORPORATION & BY LAWS
- COMPANY PROFILE
- COPY OF BUSINESS PERMIT/MAYOR'S PERMIT/
BARANGAY CLEARANCE
- BIR CERTIFICATE OF
REGISTRATION
- CERTIFICATE OF BUSINESS REGISTRATION (DTI OR SEC)
- LIST OF KEY PERSONNEL
- LATEST GIS, THREE YEARS OF AUDITED FINANCIAL STATEMENTS, LATEST INCOME TAX RETURN (ITR)
- CORPORATE AUTHORITY TO SIGN BONDS (SECRETARY'S
CERTIFICATE / BOARD RESOLUTION)
- COPY OF THE CONTRACT/PURCHASE ORDER/ NOTICE OF AWARD OR NOTICE TO PROCEED FOR THE BOND
APPLIED (IDENTIFY WHERE UNDERTAKING OF THE BOND IS SPECIFICALLY STIPULATED)
- AT LEAST 2 CO-SIGNORS WITH PROOF OF CAPACITY
INCLUDING FINANCIAL STATEMENTS

SPECIFIC REQUIREMENTS

- CERTIFICATE OF COMPLETION (FOR
RETENTION OR WARRANTY)
- INVITATION TO BID (FOR BIDDER'S
BOND)

ADDITIONAL REQUIREMENTS IF APPLICANT IS A PARTNERSHIP:

- PARTNERSHIP AGREEMENT
- NAME OF PARTNERS AND ADDRESS

IF APPLICANT IS A CONTRACTOR:

- LIST OF COMPLETED & ON-GOING PROJECTS (NAME OF OWNER, CONTRACT
PRICE, TYPE OF WORK, LOCATION AND DATE OF (TARGET) COMPLETION)
- LIST OF PREVIOUS AND PRESENT SUPPLIERS, LIST OF
TOOLS, EQUIPMENTS AND MACHINERIES OWNED

RECEIVED BY (BRANCH/OFFICE): _____

RECEIVED BY (HEAD OFFICE): _____

DATE: _____

DATE: _____