



**DONEWELL**  
 INSURANCE COMPANY LIMITED  
 "If it must be done, it must be Donewell"

**CONTRACTOR’S QUESTIONNAIRE FOR BID, PERFORMANCE & MAINTENANCE BOND**

SUBMITTING CONTRACTOR/PRINCIPAL .....  
 ADDRESS ..... Tel No.....  
 DATE ..... Location of Offices .....

1. State whether: (Please cancel that inapplicable).

- A Company ..... give date of registration .....
- A Partnership ..... give date of formation .....
- An Individual ..... give date of business commencement .....

2. SUM TO BE GUARANTEED (Please cancel that inapplicable).

BID BOND (IF SPECIFIED) GH¢.....  
 PERFORMANCE BOND (SHOULD BE FULL CONTRACT PRICE) GH¢.....

3. PERIOD OF CONTRACT .....

4. EXPECTED DATE OF COMPLETION .....

5. NAME & ADDRESS OF OBLIGEE (BENEFICIARY OF CONTRACT)  
 .....  
 .....  
 .....

6. If a Company list executives as follows:-

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>AGE</u>
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7. Purpose of Bond/Job Description:  
 .....  
 .....

8. How many years has your organisation been in business under your present business name?  
 .....

9. How many years’ experience has your organisation had in construction work of a type similar to the Contract?

- (a) as a General contractor .....
- (b) as a Sub-Contractor .....

10. List below the construction projects your organization has under way as of this date: If space provided is not sufficient, attach a complete list hereto.



.....  
.....  
.....  
.....

16. In what other lines of business are you financially interested?.....

.....  
.....  
.....

17. What is the construction experience of the principal individuals of your organisation?

<u>Ind. Name</u>	<u>Present Pos./office</u>	<u>Yrs. of Const. Experience</u>	<u>Type of Work</u>	<u>In what Capacity</u>
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

18. Give experience information of your Superintendants and other key employees:

<u>Ind. Name</u>	<u>Present Pos./office</u>	<u>Yrs. of Const. Experience</u>	<u>Past Employer</u>	<u>In what Capacity</u>
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

19. List below the equipment that you own: If space provided not sufficient, attach a complete list hereto:

<u>Item</u>	<u>Description, Size Capacity, Year, etc</u>	<u>Condition</u>	<u>Year of Service</u>
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.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

20. Insurance carried by your organisation, including life insurance on the lives of officers and payable to Company, Partnership or Business.

<u>Type</u>	<u>Company</u>	<u>Limits of Coverage</u>	<u>Terms</u>
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.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

21. Give name and address of Supply House with whom you deal:

.....  
.....  
.....  
.....  
.....

22. (i) Who are your Bankers?

.....  
.....

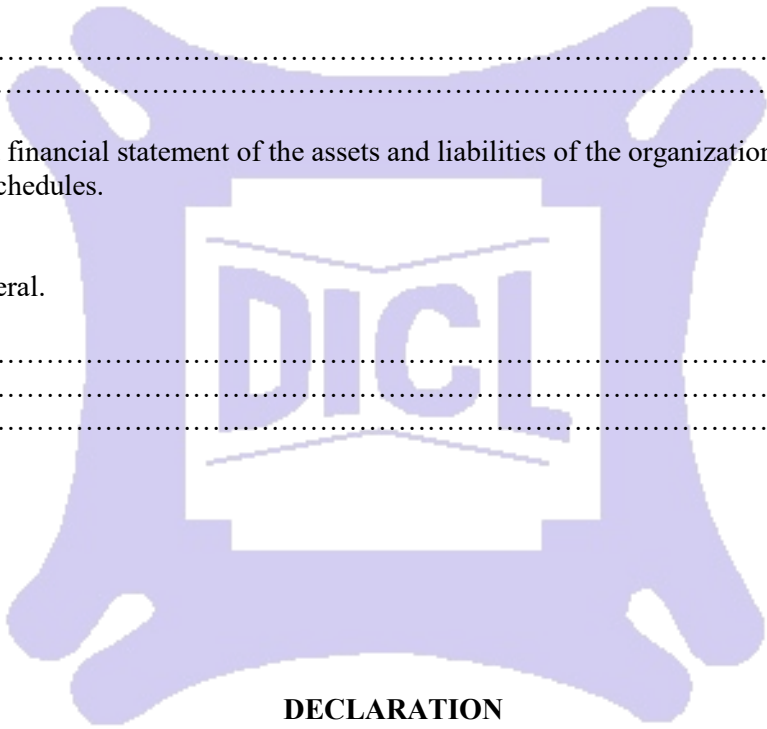
(ii) Please indicate any lines of credit you may have with your Bankers.

.....  
.....

23. Attach current audited financial statement of the assets and liabilities of the organization, as well as the two previous audits with schedules.

24. Indicate type of collateral.

.....  
.....  
.....



**I hereby declare and warrant that the above questions are fully and truthfully answered that I have not withheld or concealed any circumstance affecting the proposed insurance and I hereby agree that declaration shall be deemed to be of a promissory nature and effect and basis of the contract between me and the Donewell Insurance Company Limited, and I am willing to accept a Bond subject to the terms and conditions prescribed by the company therein and to pay the premium thereon.**

SIGNATURE .....

DATE.....

BROKER/AGENT NO .....

SIGNATURE.....



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Branch ..... Policy No. ....

Agent / Broker : - Name ..... No.: .....

Period: From ..... To .....

**QUESTIONNAIRE FOR ADVANCE PAYMENT / MOBILIZATION BOND**

APPLICANT .....

ADDRESS .....

OCCUPATION .....

TELEPHONE NUMBER OFFICE ..... RESIDENCE/LOCATION .....

1. TOTAL SUM OF CONTRACT .....

2. SUM TO BE GUARANTEED .....

3. DURATION & EFFECTIVE DATE OF GUARANTEE .....

4. NAME OF PRINCIPAL .....

ADDRESS OF PRINCIPAL .....

5. PURPOSE OF GUARANTEE .....

.....  
 .....

6. STATE WHETHER (Please cross out if not applicable)

A COMPANY ..... DATE OF REGISTRATION .....

A PARTNERSHIP ..... DATE OF FORMATION .....

AN INDIVIDUAL ..... DATE OF COMMENCEMENT OF BUSINESS.....

7. IF COMPANY PLEASE LIST EXECUTIVES AS FOLLOWS:-

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>AGE</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

8. IF A PARTNERSHIP PLEASE LIST PARTNERS AS FOLLOWS:-

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>AGE</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

9. HOW MANY YEARS HAS APPLICANT BEEN IN THIS TYPE OF BUSINESS?

.....

10. HOW MANY SUCH FINANCIAL OBLIGATIONS HAS APPLICANT SUCCESSFULLY DISCHARGED?

.....

11. PLEASE GIVE DETAILS OF DISCHARGED OBLIGATIONS HAS FOLLOWS:-

<u>LOAN AMOUNT</u>	<u>DATE RECEIVED</u>	<u>DATE DISCHARGED</u>
.....	.....	.....
.....	.....	.....

12. HAS APPLICANT EVER FAILED TO DISCHARGE ANY FINANCIAL OBLIGATION

.....

13. PLEASE SUPPLY DETAILS OF ALL BANK ACCOUNTS AS FOLLOWS AND ATTACH CURRENT BANK STATEMENT AND AUDITED ACCOUNT.

(OBLIGEE'S CONSENT MAY BE REQUIRED FOR INDEPENDENT VERIFICATION)

<u>BANK</u>	<u>ACCOUNT NO</u>	<u>LAST BALANCE</u>	<u>DEBIT/CREDIT</u>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

14. PLEASE INDICATE AVAILABLE COLLATERAL – IF REAL ESTATE ATTACH TITLE DEED.

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15. INDICATE OTHER INSURANCES WITH DONEWELL INSURANCE COMPANY LIMITED

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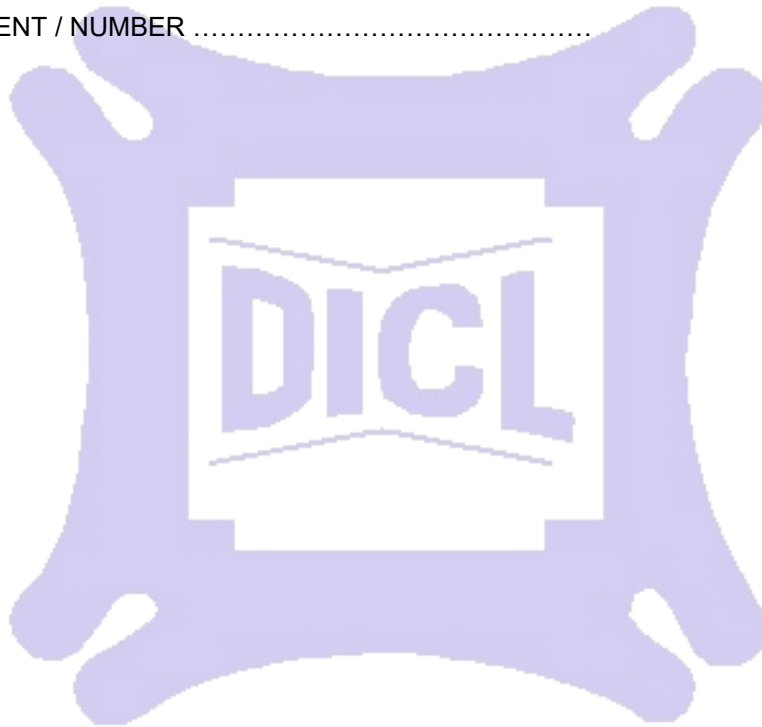
16. WHO INTRODUCED YOU TO THE DONEWELL INSURANCE COMPANY LIMITED

.....

SIGNATURE OF APPLICANT .....

DATE .....

SIGNATURE OF AGENT / NUMBER .....





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**TEMPORAL RE-EXPORTATION BOND – PROPOSAL FORM AND QUESTIONNAIRES**

1. Name of Company and Agency .....
2. Address .....
3. When was your Company or Agency Established? .....
4. Has the Company been continuously in operation since its establishment? If not state reasons for disruption stoppages in operation on attached sheet: .....
5. Has the Management of the Company been through its existence the same? If no state reasons for the change on attached sheet: .....
6. What is the Legal Status of your Company (tick appropriate answer)  
(a) Business Name Registration  
(b) Partnership  
(c) Limited Liability Company  
(d) Others (state or describe this) .....
7. Who is/are the director(s) or manager (s) of the Company? .....
8. How long has the Managing Director/person responsible for the company or the Chief Officer been in clearing business .....
9. What is the registered capital if any? .....





15. (a) Who have been your major clients in the past five years?

- i).....  
.....
- ii).....  
.....
- iii).....  
.....
- iv).....  
.....
- v).....  
.....

16. Do you have any bond (s) with any other insurance company or bank? State company/bank and the value(s) guaranteed:

.....  
.....

17. Have your business operations been a subject matter of any legal enquiry, Police investigation or any investigation by any state organ. If so state the full facts on any extra sheet and attach.

.....  
.....  
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.....

18. Has your Company or Agency ever been accused of any infringement against customs regulations leading to the payment of any penalty or prosecution? If so state the full facts on and sheet any attach.

.....  
.....  
.....  
.....

19. If so how many times in the past five years and what was the nature of the offence (s) (provide particulars on a sheet attach)

.....  
.....  
.....  
.....  
.....

20. State amount of penalty paid for each offence on the attached sheet: .....

.....

21. Amount of bond required: .....

.....

I (*Full Name*): .....

Holding the position of (official designation) .....

.....

having been given the authority by the proposer (*Full Name of person's company seeking the guarantee*).....

.....

to complete this proposal form do hereby warrant that the information contained in this form and all documents annexed are true and constitute the basis of this contract of insurance namely the Bond.

**Signed** : .....

.....

**Date**: .....



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**CUSTOMER HOUSE AGENT BOND – PROPOSAL FORM AND QUESTIONNAIRS**

- 1. Name of Company and Agency .....
- 13. Address .....
- 14. When was your Company or Agency Established? .....
- 15. Has the Company been continuously in operation since its establishment? If not state reasons for disruption stoppages in operation on attached sheet: .....
- 16. Has the Management of the Company been through its existence the same? If no state reasons for the change on attached sheet:.....
- 17. What is the Legal Status of your Company (tick appropriate answer)
  - (a) Business Name Registration
  - (b) Partnership
  - (c) Limited Liability Company
  - (d) Others (state or describe this) .....
- 18. Who is/are the director(s) or manager (s) of the Company? .....
- 19. How long has the Managing Director/person responsible for the company or the Chief Officer been in clearing business .....
- 20. What is the Registered capital if any? .....

21. (a) Does your Company or Agency operate Stevedoring as well as clearing?.....

(b) If yes does the Company or Agency have transit warehouse in the port? .....

22. Name of Bankers if any: .....

23. (a) Please state the type of goods cleared and the volume of business your Company handled for the past five years.

i).....

ii) .....

iii).....

iv).....

v).....

(b) Total value involved: .....

13. Please state our gross receipts on the goods cleared in the past five years:-

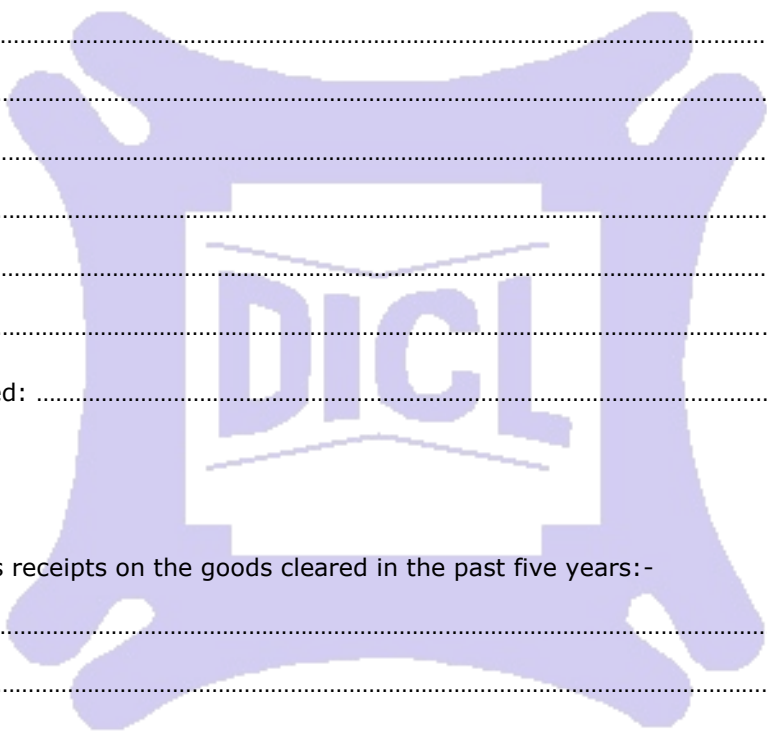
i).....

ii).....

iii).....

iv).....

v).....



14. (a) Estimated gross tonnage of goods to be cleared within the next 12 months: .....  
(b) Estimated total value involved: .....

15. (a) Who have been your major clients in the past five years?

19.....

.....

19.....

.....

19.....

.....

19.....

.....

19.....

.....

22. Do you have any bond (s) with any other insurance company or bank. State company/bank and the value(s) guaranteed:

.....

.....

23. Have your business operations been a subject matter of any legal enquiry, Police investigation or any investigation by any state organ. If so state the full facts on any extra sheet and attach.

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.....

24. Has your Company or Agency ever been accused of any infringement against customs regulations leading to the payment of any penalty or prosecution? If so state the full facts on and sheet any attach.

.....

.....

.....

.....

.....

25. If so how many times in the past five years and what was the nature of the offence (s) (provide particulars on a sheet attach)

.....  
.....  
.....  
.....  
.....

26. State amount of penalty paid for each offence on the attached sheet: .....

.....

27. Amount of bond required: .....

.....

I (*Full Name*): .....

Holding the position of (official designation) .....

.....

having been given the authority by the proposer (*Full Name of person's company seeking the guarantee*).....

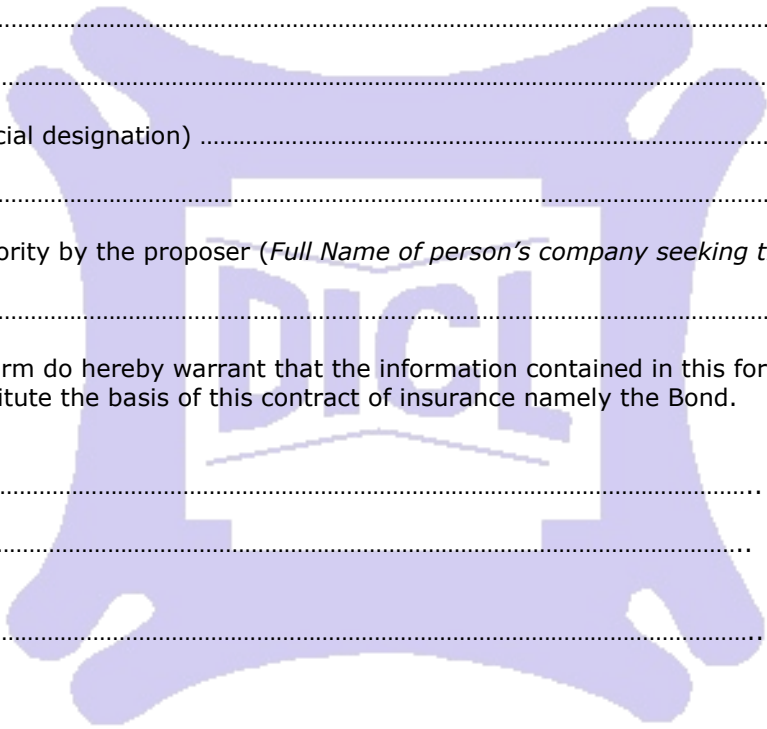
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to complete this proposal form do hereby warrant that the information contained in this form and all documents annexed are true and constitute the basis of this contract of insurance namely the Bond.

**Signed** : .....

.....

**Date**: .....





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**PROPOSAL FOR MARINE CARGO INSURANCE**

1. Name of Proposer.....
2. Address .....
3. Telephone Number .....

**GOODS TO BE INSURED**

Insurance Interest and Invoice Value .....

How packed .....

Marks and Numbers .....

Sum to be insured: GH¢..... Duty GH¢..... = GH¢.....

**VOYAGE**

From: ..... To: .....

Transshipment at: .....

Name of Vessel: .....

Sailing Date: .....

Cover required: .....

**D E C L A R A T I O N**

I/We hereby warrant the truth of the above statements and particulars and agree that they shall form the basis of any contract between me/us and the Company.

I/We understand and accept that the person completing this Proposal is acting as my agent and I/We accept responsibility for his actions in this capacity.

SIGNED : ..... DATE : .....

AGENCY: .....



FOR COMPANY USE ONLY

	RATE	PREMIUM
Marine .....		
War .....		
Total .....		
Excl .....		
Accepted .....		

