

**VANGUARD ASSURANCE COMPANY LIMITED**

INSURANCE HOUSE - DERBY AVENUE

P. O. Box 1868, ACCRA

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QUESTIONNAIRE AND PROPOSAL FOR PERFORMANCE / BID BOND1. (a) Name of Contractor (In full):
_____(b) Address:
_____(c) Occupation:
_____(d) Telephone Number:
_____2. Location of Office:
_____3. Description of Contract:
_____4. Location of Contract:
_____5. Period of Contract:
_____6. Date of Commencement of Contract:
_____7. Date of Completion of Contract:
_____8. Name and Address of Principal:
_____9. Estimated Contract Value:
_____10. Amount of Bond Required:
_____11. Source of Funding:
_____12. Name and Address of Consulting Engineers:
_____13. Name and Address of Bankers:

14. Is the Contractor familiar with this type of contract (if yes produce evidence of past performance)

 yes no15. How many years has your organisation been in business under the present name:

16. List below the Construction Project your organisation has underway as of this date:

Owner	Type of Work	Location of Work	Contract Price	Uncompleted Portion

17. Give details of Counter Guarantee being produced:

Declaration

I/We declared that the above statements are true and that we have not withheld or concealed any material information and I/We hereby agree that this declaration shall be on the basis of the Contract between us and the Vanguard Assurance Company Limited and I/We are willing to accept Bond subject to your terms and conditions.

Signature

Date

Agency