



# ROAD AND SEWER BONDS

APPLICATION FORM

V2

**DEVELOPMENT SITE**

Development Name	<input type="text"/>		
Policy Reference Number	<input type="text"/>		
Street Name	<input type="text"/>	City	<input type="text"/>
County	<input type="text"/>	Post Code	<input type="text"/> <input type="text"/>

**CONTACTS**

**Local Authority / Water Company**

Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/>
Telephone	<input type="text"/> <input type="text"/>	Email Address	<input type="text"/>
	<small>Area code</small>		

**Developer / Builder**

Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/>
Telephone	<input type="text"/> <input type="text"/>	Email Address	<input type="text"/>
	<small>Area code</small>		

Description of Works to be bonded	<input type="text"/>
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Type of Agreement	<input type="text"/>	Value of Bond	£ <input type="text"/>
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How many plots are to be serviced by this bond?	<input type="text"/>
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Part	Estimated Date Part Completed	Bond Reduced Value

Maintenance Period  
This is normally a 12 month period.  
If different please confirm

Anticipated Release Date

 /  / 

**Please note that the Anticipated Release Date must be completed. If this question is not completed, the form will not be reviewed and will be returned to the Developer to be revised and re-submitted.**

### CHECKLIST

Please enclose with this completed application form the following	
Originals and copies as required by the Policyholder of the proposed Bond and / or Agreement, in a form ready for execution.	
A site plan, which clearly identifies the units to be served by the Bond and / or Agreement	

**Please note that the name of the surety used within the Bond must be MD Insurance Services Ltd. If MD Insurance Services Ltd. is not the name of the surety on the document, the document will not be reviewed and will be returned to the Developer to be revised and re-submitted.**

### AGREEMENT

I/We declare that to the best of my/our knowledge and belief, the information I/we have given is correct and complete in every detail and I/we have not withheld any material fact.

I/We understand that the signing of this form does not bind us to effecting products under LABC Warranty but agree that this proposal and the statements made therein shall form the basis of the contract between me/us and the Underwriter, MD Insurance Services Ltd and any of its subsidiaries.

I/We understand that the signing of this form also confirms that I/we have read and understand the LABC Warranty Road and Sewer Bond Rules in force at the date of this application and agree to comply with these Rules. Please refer to [www.labcwarranty.co.uk/bonds](http://www.labcwarranty.co.uk/bonds) for further details.

Signed

Name

For and on behalf of

Date  /  /

**Please return this form to:**

LABC Warranty, 2 Shore Lines Building, Shore Road, Birkenhead, Wirral CH41 1AU  
T: 0845 054 0505 F: 0845 054 0501 E: [info@labcwarranty.co.uk](mailto:info@labcwarranty.co.uk) W: [www.labcwarranty.co.uk](http://www.labcwarranty.co.uk)

**A:** 2 Shore Lines Building, Shore Road  
Birkenhead, Wirral, CH41 1AU

**T:** 0845 054 0505  
**F:** 0845 054 0501

**E:** [enquiries@labcwarranty.co.uk](mailto:enquiries@labcwarranty.co.uk)  
**W:** [www.labcwarranty.co.uk](http://www.labcwarranty.co.uk)



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