

PROPOSAL FORM TO SURETY BOND

The Insurance Company handles this application confidential.

Seat office: *H-1126 Budapest,
Tartsay Vilmos u. 14.*
Tel: *+ 36 1 225 0038
 + 36 1 796 3508*
Fax: *+ 36 1 202 0674*

Contact Offic in Poland: *ul. Cybernetyki 7B
02-677 Warszawa*
Tel: *+48 799 926 114*



1. Basic data of the Company:

Name of the company:.....
Tax number:.....
Bank account numbers:.....

Contact person:.....
Phone number:.....
Fax number:.....
E-mail:.....

Company's address:.....
Work places:.....
.....

Website:

Core activities:.....
Date of foundation:.....
Number of employees:.....

To which company group belongs the applicant:.....
.....

Applicant' connection with other parties within the group
.....

Consolidated companies:
.....

Investments

Name of the company	stake	book value	voting stake	bank obligations
.....
.....
.....

Company ' legal form:.....

Name of the stakeholders and their stakes:	address
.....
.....
.....
.....
.....

2. Information about insurance intermediary:

2.a Has any insurance intermediary participated in connection with the surety insurance? (broker, agent, principal agent, multiple agent stb.)

Yes No

Name: EuroBond International Kft.
Address: 1126 Budapest, Tartsay Vilmos u. 14.
Phone number: 00 36 1 225 00 38
Fax number: 00 36 1 202 06 74

Pursuant to explicit information provided by EuroBond International Kft., acting as agent of the insurer, the company requesting surety insurance acknowledges that the premium rate indicated in the surety insurance master agreement to be concluded contains no commission (and in particular broker commission) in addition to the intermediary commission that EuroBond InternationalKft. is entitled to for its exclusive involvement in the conclusion of the surety insurance master agreement. Furthermore, the company requesting surety insurance acknowledges that EuroBond International Kft. shall in all instances be entitled to intermediary commission due until expiry of the surety bonds issued under the surety insurance master agreement. Accordingly, any commission claims made against the insurer acting as surety based upon, in connection with or arising out of the surety insurance master agreement or any surety bond(s) issued under the surety insurance master agreement cannot be enforced by any party other than EuroBond International Kft.

2.b Has any adviser participated in connection with the surety insurance?

Yes No

Name:.....
Address:.....
Phone number:.....
Fax number:.....

3. Information about the applicant:

Is there any fact, which affects negatively company' activity?

If yes, please specify:

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

Type of requested surety bond:	
Requested amount:	
Name and address of the beneficiary:	

Is there any legal procedure against the company, in which any of the D/O's are affected?

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

4. Financial tools used by the company:

Do you use factoring in order to finance your company?

If yes please specify:

.....

Do you use credit insurance to mitigate customer's non payment risk? If yes, please specify:

.....

Do you have a client who takes 10% or more from the yearly net sales?

Name of the client	Share from the turnover
.....
.....
.....

Do you have a business partner, who takes 10% or more from the yearly purchase?

Name of the client	Share from the turnover
.....
.....
.....

Credits, other obligations:

Credit lines

Creditor	Type of the credit	Amount	Purpose	Maturity	Collateral	Interest rat

Guarantee lines

Issuing bank	Type of the guarantee	Amount	Related project	Maturity	Collateral	Guarantee fee

5. Please specify if any of your assets are pledged with mortgage or optional purchase right as collateral of credit or guarantee lines.

6. Please specify your investments, which increase indebtedness during the insurance period.

7. Under balance sheet obligations:

8. Received guarantees and other obligations where the beneficiary is your company:

9. Revenues from abroad:

Incomes from the Euro zone:

Incomes from other countries:

10. What kind of plans do you have to mitigate losses, incur due to the change of the operation environment:

11. Other information:

Please specify the financial transactions and business relationships within the group.

Leasing contracts related to tangible assets:

Is there any law or operation conditions, which can significantly influence the profitability of the company?:

Classification of employees (Directors, officers, other labour)

Declaration:

IMPORTANT!

THE UNDERSIGNED AUTHORIZED EXECUTIVE OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EXECUTIVE OFFICER AGREES THAT IF THE INFORMATION BASED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER ON CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF.

Signed by: _____

Corporate Seal:

Title (Chairman or Chief Executive): _____

Date: _____

Insurance intermediary: _____

Address: _____

Enclosure:

Please submit with this Proposal Form:

- Annual Report from the last three years,
- Balance sheet, Profit and Loss,
- Account from the last quarter,
- Consolidated Annual Report from the last three years if company is obliged to prepare it.
- Business plans, cash flow plan,
- General introduction of the company (brochures, etc.),
- Articles of Association,
- References, introduction about works under procedure /backlog/ (volume, deadlines, art of the work, business partners, financial settlement),
- Internal audit in the company,
- Organigramm,
- In case of subsidy bond, business plan of the investment project;