

BOND REQUEST / EXECUTION FORM

FAX TO: PHILLIPS INSURANCE AGENCY, INC.
97 CENTER STREET
CHICOPEE, MA 01013

FAX: (413) 592-8499
PHONE: (413) 594-5984

CONTRACTOR: _____

ADDRESS: _____

ORDERED BY: _____

PROJECT OWNER (OBLIGEE): _____

ADDRESS: _____

CONTRACT OR PROJECT NO.: _____

PROJECT DESCRIPTION & LOCATION: _____

DATE BOND NEEDED BY: _____

DELIVERY INSTRUCTIONS

CALL WHEN READY PHONE #: _____ REGULAR MAIL: _____

OVERNIGHT FED EX #: _____ UPS #: _____ AIRBORNE #: _____

BID BOND

BID DATE: _____

SPECIAL BOND FORM? _____ (PLEASE ATTACH)

ESTIMATE: _____

BID GUARANTEE: _____

COMPLETION TIME: _____

LIQUIDATED DAMAGES: _____

RETAINAGE: _____ %

AMT SUBCONTRACTED: _____ %

SUBCONTRACTED TRADES: _____

WORK ON HAND \$ _____ EST.

PERFORMANCE / PAYMENT BOND

CONTRACT DATE: _____

BOND DATE: _____

CONTRACT PRICE: _____

PERFORMANCE: _____ % PAYMENT: _____ %

NO. OF ORIGINALS: _____

PLEASE FURNISH A COPY OF THE CONTRACT

BID RESULTS

1ST BID: _____

2ND BID: _____

3RD BID: _____

APPROVAL

SURETY COMPANY: _____

BID BY: _____ DATE: _____ PER: _____

CONDITIONS: _____