



**THE SERVICE INSURANCE COMPANY, INC.**  
 (d/b/a Service Guarantee and Surety Company in DC, DE, NC and SC)  
 Service Guarantee and Surety Company  
 (used in FL by: The Service Insurance Company, Inc.)  
 Service Guarantee and Surety Co. (used in VA by: The Service Insurance Company, Inc.)  
**80 Main Street, SUITE 330, West Orange, NJ 07052**  
**Phone: (973) 731-7650 Fax: (973) 731-7889**  
[WWW.SERVICEINSURANCECOMPANY.COM](http://WWW.SERVICEINSURANCECOMPANY.COM)

**BOND REQUEST FORM**

**\*\*\*PLEASE ATTACH ANY SPECIAL BOND FORMS\*\*\***

*\*\* You must check all bonds and related documents prior to bid.. The Service Insurance Company is not liable for rejected bonds \*\**

PRINCIPAL (applicant): \_\_\_\_\_ DATE: \_\_\_\_\_

OBLIGEE (who bond is for): \_\_\_\_\_ OBLIGEE EMAIL: \_\_\_\_\_

JOB DESCRIPTION & LOCATION: \_\_\_\_\_

**BID BOND ONLY**

TOTAL BID / CONTRACT AMOUNT: \$ \_\_\_\_\_ BID PERCENTAGE \_\_\_\_\_ %

CONTRACT TERM / TIME ESTIMATED TO COMPLETE: \_\_\_\_\_ BID DATE: \_\_\_\_\_

LIQUIDATED DAMAGES FOR DELAY \_\_\_\_\_ MAINTENANCE PERIOD \_\_\_ 1 YEAR \_\_\_ 2 YEAR

IF MULTIPLE YEAR CONTRACT, TOTAL VALUE: \$ \_\_\_\_\_

1<sup>ST</sup> YEAR \$ \_\_\_\_\_ 2<sup>ND</sup> YEAR \$ \_\_\_\_\_ 3<sup>RD</sup> YEAR \$ \_\_\_\_\_

DO YOU HAVE ANY PENDING LOW BIDS OR BONDS ISSUED BY ANOTHER SURETY:  
 YES \_\_\_\_\_ NO \_\_\_\_\_ DETAILS: \_\_\_\_\_

**PERFORMANCE BONDS ONLY (please attach award letter)**

PERFORMANCE BOND AMOUNT: \$ \_\_\_\_\_ BID BOND NUMBER: \_\_\_\_\_

BID RESULTS (AMOUNT & NAME): 2<sup>ND</sup>: \$ \_\_\_\_\_ NAME: \_\_\_\_\_

3<sup>RD</sup>: \$ \_\_\_\_\_ NAME: \_\_\_\_\_

START DATE: \_\_\_\_\_ FINISH DATE: \_\_\_\_\_

HAS WORK STARTED? \_\_\_\_\_ PERCENTAGE COMPLETE: \_\_\_\_\_ %

DO YOU HAVE ANY PENDING LOW BIDS OR BONDS ISSUED BY ANOTHER SURETY:  
 YES \_\_\_\_\_ NO \_\_\_\_\_ DETAILS: \_\_\_\_\_

**MAINTENANCE BONDS ONLY**

PERFORMANCE BOND NO.: \_\_\_\_\_

ORIGINAL CONTRACT AMOUNT: \$ \_\_\_\_\_ CHANGE ORDERS \$ \_\_\_\_\_ FINAL CONTRACT AMOUNT: \_\_\_\_\_

WORK ACCEPTANCE DATE: \_\_\_\_\_ BY WHOM? (ATTACH LETTER) \_\_\_\_\_

MAINT. BOND (% OF CONTRACT): \_\_\_\_\_ % LENGTH OF TERM: 1 Year \_\_\_\_\_ 2 Year \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or person who files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law. The applicants and indemnitors certify the truth of all statements in the application and authorize the Company to verify this information and to obtain additional information from any source including obtaining personal credit reports.

PRINCIPAL OR AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_