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:$_________________________

1ST YEAR $_____________ 2ND YEAR $_____________ 3RD 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): 2ND: $_____________ NAME: __________________________

3RD: $_____________ 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: __________________________