



Contract Bond Request Form

SESSION 7

**SMALL CONTRACTORS INITIATIVE:
BONDING & ACCESS TO CAPITAL**

To: _____ Today's Date: _____

From: _____

Contractor: _____

Obligee (Bond Payable To): _____

Address: _____

Legal Project Name (including any identifying numbers): _____

Job Location: _____

Scope of Work: _____

Estimated Start Date: _____ Work On Hand As Of: \$ _____

Completion Time: _____ Penalties/Damages: \$ _____

Special Bond Forms? Yes (attach forms) No Retainage: 0 % _____

Warranty Period: _____ Covered By Manufacturer? Yes No

Job Breakdown: **Labor:** _____ % or \$ **Materials:** _____ % or \$

Subcontracts: _____ % or \$ **Profit:** _____ % or \$

List Major Subcontractors	Amount	Sub Bonded?
_____	\$0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
_____	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Architect/Engineer _____ Phone: _____

Special Hazards: _____

BID BOND INFORMATION

Bid Date and Time: _____ Estimated Bid: \$ _____

Bid Bond Amount: _____ % or \$ Bid Opening Location: _____

BID RESULTS

Low Bidder: _____ Bid Amount: \$ _____

2nd Bidder: _____ Bid Amount: \$ _____

3rd Bidder: _____ Bid Amount: \$ _____

Do you expect to be awarded the contract? Yes No

Comments: _____

PERFORMANCE & PAYMENT BOND INFORMATION

Contract Date: _____ Contract Amount: \$ _____

Performance Bond Amt: _____ % Payment Bond Amt: _____ % Number of Executed Sets: _____

Please include a certificate of insurance with the bond: Yes (attach requirements) No

NOTE: Please attach a copy of the bid specs or contract. Failure may result in the delay of delivery of the bond.