



SURETY BONDS

United Casualty and Surety Insurance Company

292 Newbury St Box 105, Boston, MA 02115

Phone: (617) 471.1112 Fax: (617) 471.1116

BID BOND REQUEST

DATE: _____ NEW ACCOUNT _____ EXISTING ACCOUNT _____

BID DATE: _____ TIME: _____

PRINCIPAL: _____

ADDRESS: _____

OBLIGEE: _____

ADDRESS: _____

JOB DESCRIPTION: _____

_____ INVITATION NO: _____

LOCATION: _____

ESTIMATED CONTRACT AMOUNT: \$ _____ PERCENTAGE SUBCONTRACTED: _____ %

BID BOND PERCENT REQUIRED: _____ % NUMBER OF ORIGINALS REQUIRED: _____

BOND SHOULD BE SENT TO: _____ PRINCIPAL / _____ BROKER

DELIVERY METHOD: _____ Pick-up _____ Email _____

_____ First Class Mail _____ 2-Day Priority

_____ Fedex (Include Fedex No. _____) _____ Priority / _____ Standard

FINAL BOND REQUIREMENTS:

PERFORMANCE: \$ _____ LABOR & MATERIAL: \$ _____

TIME TO COMPLETE: _____ START DATE: _____ COMPLETION DATE: _____

LENGTH OF WARRANTY: _____ PENALTY: _____

UNCOMPLETED WORK ON HAND (Unbonded) \$ _____ TOTAL CONTRACT PRICE OF WORK ON HAND \$ _____