



SURETY BONDS

United Casualty and Surety Insurance Company
292 Newbury St Box 105, Boston, MA 02115
Phone: (617) 471.1112 Fax: (617) 471.1116

FINAL BOND REQUEST

DATE: NEW ACCOUNT EXISTING ACCOUNT

PRINCIPAL:

ADDRESS:

OBLIGEE:

ADDRESS:

JOB DESCRIPTION: CONTRACT NO:

LOCATION:

CONTRACT AMOUNT: \$

BOND AMOUNT: PERFORMANCE: LABOR & MATERIAL:

NUMBER OF ORIGINALS REQUIRED: If Obligee has its own form, it must be submitted with request.

PERCENTAGE SUBCONTRACTED: %

BID TABULATION: 1st / 2nd / 3rd

HOW VERIFIED:

DATE OF CONTRACT: HAS WORK STARTED: Yes / No PERCENTAGE COMPLETE: %

TIME TO COMPLETE: START DATE: COMPLETION DATE:

LENGTH OF WARRANTY: PENALTY:

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

UNCOMPLETED UNITED CASUALTY & SURETY WORK ON HAND: \$ IF NO UNITED CASUALTY WORK ON HAND, STATE.

BOND SHOULD BE SENT TO: PRINCIPAL / BROKER
Pick-up Email
First Class Mail 2-Day Priority
Fedex (Include Fedex No.) Priority / Standard