



BOND REQUEST/EXECUTION FORM

FAX TO: SKILLINGS-SHAW AND ASSOCIATES
485 MAIN STREET
P.O. BOX 481
LEWISTON, ME 04243-0481

FAX: (207) 753-7310
PHONE: (207) 753-7300

CONTRACTOR: _____

ADDRESS: _____

ORDERED BY: _____

PROJECT OWNER (OBLIGEE): _____

ADDRESS: _____

CONTRACT OR PROJECT NO. _____

PROJECT DESCRIPTION & LOCATION: _____

DATE BOND IS NEEDED BY: _____

DELIVERY INSTRUCTIONS

CALL WHEN READY PHONE # _____ REGULAR MAIL _____

OVERNIGHT FED EX# _____ UPS # _____ AIRBORNE # _____

BID BOND

BID DATE: _____

SPECIAL BOND FORM? _____ (PLEASE ATTACH)

ESTIMATE: _____

BID GUARANTEE: _____

COMPLETION TIME: _____

LIQUIDATED DAMAGES: _____

RETAINAGE: _____ %

AMT SUBCONTRACTED: _____ %

SUBCONTRACTED TRADES: _____

WORK ON HAND \$ _____ EST.

PERFORMANCE/PAYMENT BOND

CONTRACT DATE: _____

BOND DATE: _____

CONTRACT PRICE: _____

PERFORMANCE: _____ % PAYMENT: _____ %

NO. OF ORIGINALS: _____

PLEASE FURNISH A COPY OF THE CONTRACT

BID RESULTS

1st BID: _____

2nd BID: _____

3rd BID: _____

APPROVAL

SURETY COMPANY: _____

BID BY: _____ DATE: _____ PER: _____

CONDITIONS: _____