BOND REQUEST/EXECUTION FORM

FAX TO: SKILLINGS SHAW & ASSOCIATES FAX: (207)753-7310 46 46 WRIGHT’S LANDING ROAD PHONE: (207)753-7300

P.O. BOX 1090

LEWISTON, ME 04211-1090

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#

**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:

SURETY COMPANY: BID BY: DATE: PER: CONDITIONS:

**Bonds…**just **Bonds!**