

COLONIAL SURETY COMPANY

BID BOND REQUEST

FAX NO. (866) 449-8004

DATE: _____

INVOICE #: _____

BID BOND #: _____

PRINCIPAL NAME & ADDRESS : _____

OWNER\OBLIGEE NAME&ADDRESS: _____

JOBDESCRIPTION: _____

BID DATE: _____ TIME OF BID _____ PERCENTAGE OF BID: _____

ESTIMATED CONTRACT PRICE: _____

ESTIMATED TIME OF COMPLETION: _____ % of Work Subbed Out: _____

LIQUIDATED DAMAGES: _____

CURRENT WORK ON HAND: _____

ANY SPECIAL BID FORMS: _____ CONSENT OF SURETY: _____

PLEASE CIRCLE : MAIL PICK UP FEDEX UPS AIRBORNE (ACCT. # _____ OR BILL)

COMMENTS: _____

PLEASE LIST PRIOR BID RESULTS _____

* _____ *

Below to be used by Colonial Office only:

APPROVED BY: _____ DATE: _____ BASIS: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____