

MOSIER INSURANCE AGENCY

Please Fax Requests To (619) 334-1192

Along with Bond Forms

Estimator:

FOR **BID BOND** REQUESTS-COMplete SECTIONS 1-2-3
FOR **FINAL BOND** REQUESTS-COMplete SECTIONS 1-3-4

(1)

PRINCIPAL:

OBLIGEE:

JOB DESCRIPTION:

INVITATION/CONTRACT #

LOCATION (CITY):

STATE:

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BID REQUEST

(2)

BID DATE:

TIME:

EST. CONTRACT AMOUNT:

BID BOND PERCENTAGE:

BID BOND AMOUNT:

AMOUNT SUBCONTRACTED:

PERCENTAGE BONDED BACK:

WORK SUBCONTRACTED IF TOTAL MORE THAN 20% &
PERCENTAGE OF EACH SUBCONTRACTOR:

FINAL BOND REQUIREMENTS

(3)

PERFORMANCE PERCENTAGE:

LABOR & MATERIALS PERCENTAGE:

TIME TO COMPLETE:

START DATE:

COMPLETION DATE:

LENGTH OF WARRANTY:

LIQUIDATION DAMAGES:

FINAL BOND REQUEST

(4)

CONTRACT AMOUNT:

PERCENTAGE SUB-CONTRACTED:

PERFORMANCE AMOUNT:

LABOR & MATERIALS AMOUNT:

DATE OF CONTRACT:

HAS WORK STARTED? YES: NO:

PERCENTAGE COMPLETED:

SUBS TO BE BONDED BACK? YES: NO:

IF YES TYPE OF SUB TRADES:

BID SPREAD: 1ST: 2ND:

3RD: 4TH:

BID RESULTS VERIFIED BY/FROM:

Remarks: