

HCC SURETY GROUP

BOND REQUEST FORM

If final bond please provide a copy of the contract

Name of **PRINCIPAL** (Contractor): _____
Address: _____

Name, Address, of **OBLIGEE**: _____
(Obligee is who is requiring the bond) _____

OBLIGEE

Contact Person: _____
Phone Number: _____
Fax Number: _____

Bid Date: _____ Bid Time _____ Bid Bond % _____
Performance Bond % _____ Payment Bond % _____ Project No.: _____

Contractor's Bid Estimate: \$ _____ (Remember: All of our bid bonds are capped.)
Engineer's Estimate: \$ _____

Project Description/Title: (please type "exactly" as it appears on your proposal):

Location: _____

Start Date: _____ Completion Date: _____

Liquidated Damages: \$ _____ (Calendar/Working Days)

Percentage of Work Subcontracted: _____ Length of Warranty: _____

If final bond, please provide bid results:

1.) _____ 2.) _____ 3.) _____ 4.) _____

Work on Hand - Description:	Contract Amount:	Amount Complete:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Pending Bids:	Bid Date:	Bid Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL WORK ON HAND & PENDING BIDS: \$ _____

Are Special Bond Forms Required: _____ YES _____ NO (If yes, please include bond form)

Does your bond need to be: **Mailed**____ **Picked up**____ **Overnighted**____
(If bond needs to be overnighted, please print your Fed-Ex Account # _____)

ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM

Phone : (310) 649-0990 Fax: (310) 645-9274
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