AGS SURETY.COM
INSURANCE AND BONDING

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: AGS SURETY.COM

Bid Date: INSURANCE 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

P.O. Box 751883, Las Vegas, NV 89136 Ph: (800) 223.0370 ~ Fax: (800) 355.6596