

CONTRACTORS BEST INSURANCE SERVICES, INC.

Performance / Payment Bond Request

PRINCIPAL INFORMATION

Principal: _____
(Name as it is to appear on bond. Individual/Firm's legal name)

Address: _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____

Contact Person: _____ **Fed X #** _____

OBLIGEE INFORMATION

Obligee: _____

Address: _____

Contact Person: _____ **Telephone:** (____) _____ - _____

BOND INFORMATION

Bid Amount: \$ _____ **Date Needed** _____

Job Description (as it is to appear on bond): _____

_____ **Project #** _____

Engineers Estimate: \$ _____ **Limited Warranty** _____

Liquidated Damages: \$ _____ **per** _____

Start Date: _____ **Completion Date:** _____

Subcontractor: YES NO **Percentage Subbed:** _____ %

Percentage of Payment Bond ____ % **Percentage of Performance Bond** ____ %

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

- Copy of the Contract
- Special Bond Forms
- Bid Results from the Obligee

DELIVERY METHOD REQUESTED

Date Received: _____ **Date Needed:** _____

Delivery Instruction:

1. Regular Mail 2. Client pick up 3. Fed Ex (8:30am 10:30am 3pm) 4. Other

Send To: _____

20335 Ventura Blvd, Ste 426A, Woodland Hills, CA 91364

Office (818)348-4900 FAX: (866)309-9237

www.ContractorsBestIns.com