

Tonry Insurance Group

300 Congress Street Quincy, MA 02169 / Tel. 617-773-9200 / Fax: 617-773-9920

BID BOND REQUEST FORM

GC Bid Bond Request with Filed Sub-Bids

**** BE SURE INFORMATION IS EXACTLY AS STATED IN SPECS ****

Today's Date: _____

Contractor (Name of Bidder) _____
Full Company Name

Project Owner or Obligee: _____

Owner or Obligee Address: _____

Project Name or Description: _____
This is what is shown on the bid bond, it must be exactly the same as shown in the project specs

Project No(s): _____
If known, if not enter "unknown"

Project Location: _____

Brief Description of Work: _____

Bid Bond for _____ % of Bid Amount / or Flat \$ _____

GC Bid Date: _____ GC Bid Time: _____

Estimated Total Amount of GC Bid: \$ _____ Engineer's Estimate: (if known) _____

% Subcontracted and Trades: _____

Sub Bid Date: _____ Sub Bid Time: _____

Section No.	Title	Bid Amount

Liquidated Damages: \$ _____ Retainage: \$ _____
If none, enter "none" If none, enter "none"

Contractor Warranty/Maintenance required over standard 1 year: Yes / No

If yes, how many additional warranty/maintenance years: _____
(all performance/payment bonds include 1 year of warranty/maintenance for no additional fee)

Estimated Start Date of Project: _____

Estimated Completion Date of Project: _____

Requested By: _____

Phone Number: _____

E-Mail: _____