

Tonry Insurance Group

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

FINAL BOND REQUEST FORM

Performance & Payment

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

ALL FINAL BOND REQUEST'S SHOULD BE SENT WITH A COPY OF THE AWARD LETTER & CONTRACT (IF CONTRACT HAS NOT BEEN SIGNED A DRAFT IS OK)

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: _____

Section No.(s) and Trade(s): *if subcontractor* _____

Bid Date: _____ Contract Amount: \$ _____ Contract Date: *(if known)* _____

Performance Bond Amount: \$ or % _____ Payment Bond Amount \$ or % _____
3 Low Bidders (if any)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Liquidated Damages: \$ _____ Retainage: \$ _____
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: _____

Number of Original Bonds Required: _____

Requested By: _____

Phone Number: _____

E-Mail: _____