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PERFORMANCE BOND REQUEST FORM

**A COPY OF THE CONTRACT MUST ACCOMPANY ALL PERFORMANCE AND PAYMENT BOND REQUESTS
FAILURE TO SEND WILL DELAY THE PROCESSING OF YOUR REQUEST**

Date: _____ Contractor: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

NOTE: This form must be completed entirely. Incomplete forms will delay processing of your request.

Project name/description: _____

Date of bid opening: _____ Amount of bid: _____ % of _____

Obligee (owner): _____
Obligee's address: _____
City: _____ State: _____ Zip: _____

If Bid, List Name of Next Two Bidders:

NAME OF BIDDER	ADDRESS	PHONE	AMOUNT
1.			\$
2.			\$

Project No. _____

Security used for bid bond: Certified check Bid bond

Amount of contract: \$ _____ Date of contract: _____

Performance bond amount: \$ _____ Payment bond amount: \$ _____

Architect/engineer name: _____ Phone: _____

Address: _____ Fax: _____

Architect/engineer estimate: \$ _____ Profit estimate: \$ _____

Does the contract have a Maintenance Guarantee period? Yes No If so, how long? _____

Special bond forms required? Yes No (If yes, attach bond form)

Contractor's anticipated start date: _____ Est. completion date: _____

Time allowed to complete contract: _____ Penalty clause: _____ Per: _____

Subcontractors to Be Used On This Contract: Attach additional sheet, if necessary.

NAME	DESCRIPTION OF WORK	AMOUNT
		\$
		\$
		\$
		\$