

# BID/CONTRACT BOND ORDER FORM

Date: \_\_\_\_\_

Caller: \_\_\_\_\_

Your Firm: \_\_\_\_\_

Obligee (bond payable to): \_\_\_\_\_

Obligee Address: \_\_\_\_\_

Dual Obligee  
(only if required)

Dual Obligee Address \_\_\_\_\_

Bid/Contract Date: \_\_\_\_\_ No. of Originals Required: \_\_\_\_\_

Bond Amount: Bid % \_\_\_\_\_ Performance % \_\_\_\_\_ Payment % \_\_\_\_\_

**Owner Specified Bond Forms:** \_\_\_\_\_ Is Letter of Intent Required? \_\_\_\_\_

Bid/Solicitation/Contract No.: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

Bid Estimate/Contract Price: \$ \_\_\_\_\_ Work on Hand: \$ \_\_\_\_\_

Start Date: \_\_\_\_\_ \*Completion Date: \_\_\_\_\_

Liquidated Damages: \$ \_\_\_\_\_ Maintenance Period: \_\_\_\_\_

Retention: \_\_\_\_\_

Miscellaneous  
: \_\_\_\_\_

Pick Up or Mail: \_\_\_\_\_ When bid results are available please fax/phone to Insurance Associates

Send To: INSURANCE ASSOCIATES, INC.  
21 Church Street, Suite 100  
Rockville, MD 20850  
301-838-9400 (Office)  
301-838-0679 (BOND FAX)  
301-838-9095 (Main Fax)  
Email To: [swillett@insassoc.com](mailto:swillett@insassoc.com),  
[brendap@insassoc.com](mailto:brendap@insassoc.com) and  
[bsaintfelix@insassoc.com](mailto:bsaintfelix@insassoc.com)

BID RESULTS (name of contractor and amount):  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

*For Insurance Associates, Inc. use only*

Surety: \_\_\_\_\_ Approval: \_\_\_\_\_

\* **Check Time Limit Surcharge**