

# 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  
AGENCY, INC.  
10201 Fairfax Blvd., Suite 500  
Fairfax, VA 22030  
703-352-7333 (Office)  
703-352-7340 (Main Fax)  
Email To:  
[mtyree@insassoc.com](mailto:mtyree@insassoc.com) or  
[kbaker@insassoc.com](mailto:kbaker@insassoc.com)

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

*For Insurance Associates, Inc. use only*

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

\* **Check Time Limit Surcharge**