

7255 W. 98th Terrace, Suite 170
 Overland Park, KS 66212-2200
 913-385-7760
 866-385-7760
 Fax 913-937-9486



CONTRACT BOND REQUEST

Date: _____ Request By: _____

Name of Contractor/Applicant: _____

Name of Obligee: _____ Contact Individual: _____ Phone _____
(Party bond runs to)

Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Description of Contract: _____

Location: _____

Project # _____ County: _____ Route: _____

Contract Date: _____

Contract Amount: _____ Bid Amount: _____

Performance Bond Amount: _____ Second Bidder: _____

Payment Bond Amount: _____ Third Bidder: _____

Work start date: _____ Completion Date: _____

Liquidated Damage: _____ per day: _____ Repair/Maintenance Period: _____

(not manufacturer's warranty)
 An additional premium applies for maintenance periods > 1year

JOB BREAKDOWN

Labor % or \$: _____ Materials % or \$: _____ Subcontract % or \$: _____ Profit % or \$: _____

SUBCONTRACTORS

Subcontractor Name/Address	Estimated Amount	Trade	Bonded With Whom

Asbestos? Yes No

Special Bond Form: Yes No **If yes, please attach form**

Number of executed copies: _____