



SOUTH COAST SURETY INSURANCE SERVICES, INC.

The Bond Only Agency

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DOI Lic# 0B57612

FINAL BOND REQUEST FORM

When ordering Performance/Payment bonds please provide ALL of the requested information. Please submit your request as early as possible so that there is enough time to address any questions or additional requirements the underwriter may have for an approval. **BE SURE TO SEND/FAX COPY OF AWARD LETTER, CONTRACT, (IF AVAILABLE), WARRANTY REQUIREMENT and BID RESULTS IF NOT ALREADY PROVIDED TO US. AWARD LETTER OR CONTRACT MUST SPECIFY CONTRACT AMOUNT.** Thank You.

Principal _____

(You, the Contractor)

Obligee (Name & Address) _____

(The person or entity requiring the bond)

Owner (if different from Obligee) _____

Project Title _____

(Exactly as shown on Contract Docs.)

Project Description _____

(Scope of Work)

Contract/Solicitation No. _____ **Awarded from Bid** ___ **Contract Negotiated** ___ **Other** ___

Contract Amount \$ _____ **Subcontract: Yes** _____ **No** _____

Bonds: Performance % ___ **Amount \$** _____ **Payment %** ___ **Amount \$** _____

Bond Form: Special (Obligee or Govt.) ___ **Standard (AIA or Surety Co.)** ___ **Number of Originals** ___

Liquidated Damages or Penalties \$ _____ **per c/day** _____ **w/day** _____ **other** _____

Completion Time: _____ **c/days** _____ **w/days** _____ **Estimated Profit \$** _____

Estimated Start Date: _____ **Estimated Completion Date:** _____

Warranty Period _____ **Asbestos removal: Yes** _____ **No** _____

Percent Subcontractors _____ **% Percent (%) of Sub breakdown** _____

Current Work in Progress \$ _____ **# of Jobs** _____

For South Coast Surety / Underwriter Use Only:

Approved _____ **Declined** _____ **Date** _____ **By:** _____ **Approval Conditions:** _____