SOUTH COAST SURETY
The Bond Only Agency

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CONTRACT STATUS INQUIRY

Contractor: _____

Job Title: _____

_____

Bond No.: _____ **Original Contract Amount:** $_____

Effective Date: _____ **Contract No.:** _____

IF THE CONTRACT HAS NOT BEEN COMPLETED:

Percentage of Completion: _____%

Total Amount Paid To Date: $_____

Current Contract Amount: $_____
(Including Change Orders)

Is Job On Time: ☐ **Yes** ☐ **No**

Is Job Performance To Your Satisfactory: ☐ **Yes** ☐ **No**

IF THE CONTRACT HAS BEEN COMPLETED:

Date of Completion: _____/_____/_____

Date of Final Payment: _____/_____/_____

Total Contract Amount: $_____

Was Job Completed On Time: ☐ **Yes** ☐ **No**

Was Job Performed To Your Satisfaction: ☐ **Yes** ☐ **No**

Additional Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

***Completed By:** _____ **Date:** _____
(for obligee) (Please Print)

Signature: _____ **Title:** _____

Phone No. (_____) _____ **Fax No.** (_____) _____

*Status needs to be completed by the obligee.