



UNITED CASUALTY AND SURETY INSURANCE COMPANY
US Casualty and Surety Insurance Company
United Surety Insurance Company

303 Congress Street, Suite 502, Boston, MA 02210

BID BOND REQUEST

DATE: _____ NEW ACCOUNT _____ EXISTING ACCOUNT _____

BID DATE: _____ TIME: _____

PRINCIPAL: _____

ADDRESS: _____

OBLIGEE: _____

ADDRESS: _____

JOB
DESCRIPTION: _____

INVITATION NO: _____

LOCATION: _____

ESTIMATED CONTRACT AMOUNT: \$ _____ PERCENTAGE SUBCONTRACTED: _____%

BID BOND PERCENT REQUIRED: _____% NUMBER OF ORIGINALS REQUIRED: _____

BOND SHOULD BE SENT TO: _____ PRINCIPAL / _____ BROKER
DELIVERY METHOD: _____ Pick-up _____ Email _____
_____ First Class Mail _____ 2-Day Priority
_____ Fedex (Include Fedex No. _____) _____ Priority / _____ Standard

FINAL BOND REQUIREMENTS:

PERFORMANCE: \$ _____ LABOR & MATERIAL: \$ _____

TIME TO COMPLETE: _____ START DATE: _____ COMPLETION DATE: _____

LENGTH OF WARRANTY: _____ PENALTY: _____

UNCOMPLETED WORK ON HAND (Unbonded) \$ _____ TOTAL CONTRACT PRICE OF WORK ON HAND \$ _____

Email to contractuw@unitedcasualty.com