

ROCCA DICKSON ANDREIS INC.

TEL. NO.: 905-652-8680 FAX NO. 905-652-8688

ATTENTION: BOND DEPARTMENT

TENDER BOND REQUEST FORM

Please fill out the form.

DATE: <input style="width: 80%;" type="text"/>	Requested by: <input style="width: 80%;" type="text"/>		
Phone: <input style="width: 80%;" type="text"/>	CLOSING DATE & TIME: <input style="width: 80%;" type="text"/>		
Fax: <input style="width: 80%;" type="text"/>	OBLIGEE (OWNER): <input style="width: 80%;" type="text"/>		
CONTRACTOR: <input style="width: 80%;" type="text"/>	JOB DESCRIPTION: <input style="width: 80%;" type="text"/>		
CONTRACT NO.: <input style="width: 80%;" type="text"/>	ESTIMATED PRICE: <input style="width: 80%;" type="text"/>		
BID BOND:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input style="width: 80%;" type="text"/>
	STIPULATED AMOUNT:		<input style="width: 80%;" type="text"/>
	SPECIAL FORM:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	PERCENTAGE AMOUNT:		<input style="width: 80%;" type="text"/>
AGREEMENT TO BOND:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input style="width: 80%;" type="text"/>
	PERFORMANCE BOND:		% <input style="width: 80%;" type="text"/>
	SPECIAL FORM:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	L&M PAYMENT BOND:		% <input style="width: 80%;" type="text"/>
MAINTENANCE (WARRANTY):	<input style="width: 80%;" type="text"/>		
ACCEPTANCE PERIOD (select period) :	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days <input type="checkbox"/> 120 days
PENALTY CLAUSE (LIQUIDATED DAMAGES):			<input style="width: 80%;" type="text"/>
TIME TO COMPLETE (IN MONTHS):	OWN SCHEDULE <input type="checkbox"/>	CONTRACT SCHEDULE <input type="checkbox"/>	
SUBLET (TYPE OF WORK & APPROX VALUE):	<input style="width: 80%;" type="text"/>		
WORK ON HAND: <small>TOTAL VALUE OF CURRENT OUTSTANDING WORK; BONDED & UNBONDED</small>	<input style="width: 80%;" type="text"/>		

**** ATTACH COPY OF BOND REQUIREMENTS AND SCOPE OF WORK**

Enter your comments in the space provided below:

Tell us how to get in touch with you:

Name

E-mail

Tel

FAX

Please contact me as soon as possible regarding this matter.

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