

ROCCA DICKSON ANDREIS INC.

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

ATTENTION: BOND DEPARTMENT

TENDER BOND REQUEST FORM

DATE:

Requested by:

Phone:

Fax:

CONTRACTOR:

CLOSING DATE & TIME:

OBLIGEE (OWNER)

JOB DESCRIPTION:

CONTRACT NO.:

ESTIMATED CONTRACT PRICE:

BID BOND: () YES () NO

STIPULATED AMOUNT:

PERCENTAGE AMOUNT:

SPECIAL FORM: () YES () NO

AGREEMENT TO BOND: () YES () NO

PERFORMANCE BOND: %

L&M PAYMENT BOND: %

SPECIAL FORM: () YES () NO

MAINTENANCE (WARRANTY):

ACCEPTANCE PERIOD (select period): 30 days 60 days 90 days 120 days

PENALTY CLAUSE (LIQUIDATED DAMAGES):

TIME TO COMPLETE (IN MONTHS):

() OWN SCHEDULE () CONTRACT SCHEDULE

HOLDBACK AMOUNT:

SUBLET (TYPE OF WORK & APPROX VALUE):

WORK ON HAND:

TOTAL VALUE OF CURRENT OUTSTANDING WORK; BONDED & UNBONDED

** ATTACH COPY OF BOND REQUIREMENTS AND SCOPE OF WORK