

# RDA INC.

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

ATTENTION: BOND DEPARTMENT

## FINAL BOND REQUEST FORM

DATE:

Requested by:

Phone:

CONTRACTOR:

Fax:

CONTRACT DATE:

OBLIGEE (OWNER)   
MAILING ADDRESS:

JOB DESCRIPTION:

CONTRACT NO.:

CONTRACT PRICE:

ARCHITECT/ENGINEER:   
(NAME & ADDRESS)

PERFORMANCE BOND:  %

L&M PAYMENT BOND:  %

SPECIAL FORM  ( ) YES ( ) NO

MAINTENANCE (WARRANTY):

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

BIDDERS (WITH NAMES & PRICES)

2<sup>nd</sup> Bidder

3<sup>rd</sup> Bidder

INSURANCE REQUIREMENTS:   
(Include Additional Insureds)

Submit Bond Request