

INSURANCE AND FINANCIAL SERVICES, LTD.
P.O. BOX 970, HOCKESSIN, DE 19707-0970
302-239-2355 FAX 302-239-5722

INFORMATION NEEDED FOR BID BONDS

BID DATE: _____ TIME: _____

CONTRACTOR'S NAME: _____

OWNER: (NAME): _____

(ADDRESS): _____

(CITY): _____

(STATE): _____ (ZIP CODE): _____

BID OR CONTRACT #: _____

DESCRIP OF JOB: _____

BOND AMOUNT: \$ _____ OR % REQUIRED _____

TOTAL ESTIMATED CONTRACT AMOUNT: _____

ANTICIPATED START DATE: _____

TIME OF COMPLETION: _____

IS TIME OF COMPLETION STATED IN CONTRACT? _____YES _____NO

ANY PENALTY FOR DELAY? _____YES _____NO IF SO, WHAT IS THE
PENALTY? _____

IS BOND FORM SUPPLIED? _____YES _____NO

THANK YOU!!!