



# REQUEST FOR BID BOND

DATE OF APPROVAL:

<b>TO:</b> QUIGLEY INSURANCE SERVICES 30011 IVY GLENN, SUITE 207 LAGUNA NIGUEL, CA 92677 949-503-1660 (OFFICE) 949-503-1447 (FAX)	<b>FROM:</b>
---	--------------

PLEASE SEND A BID BOND IN THE AMOUNT OF   %   ON THE FOLLOWING PROJECT:

PROJECT INFORMATION			
OWNERS NAME:		IFB OR PROJECT NUMBER:	
BID DATE:	BID TIME:	PERFORMANCE:      %	PAYMENT:            %
PROJECT NAME:		PROJECT LOCATION:	
PROJECT DESCRIPTION/SCOPE OF WORK:			
IS THE OWNERS BID FORM REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>*IF YES, PLEASE ATTACH THE FORM TO THIS REQUEST</b>			
ENGINEER'S ESTIMATED COST OF PROJECT: \$ _____			
CONTRACTOR'S ESTIMATE INCLUDING ALTERNATES: \$ _____			
<b>*CALL FOR APPROVAL IF YOUR ACTUAL BID EXCEEDS 10% ABOVE APPROVED AMOUNT</b>			
NUMBER OF DAYS TO COMPLETE THE WORK: _____ <input type="checkbox"/> CALENDAR DAYS <input type="checkbox"/> WORKING DAYS			
LIQUIDATED DAMAGES PER DAY: \$ _____ TOTAL WORK ON HAND: \$ _____			
WARRANTY PERIOD ONE YEAR OR LESS?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>*IF THE WARRANTY PERIOD IS MORE THAN ONE YEAR, WE WILL NEED UNDERWRITING APPROVAL PRIOR TO BID.</b>			
REQUESTED BY:			