

SHEA SURETY INSURANCE SERVICES

FINAL BOND ORDER FORM

Principal _____ Date _____
_____ Contact _____
_____ Phone _____

TYPE OF BOND REQUIRED:

_____ % Performance, No. of signed copies _____ Contract Amount _____
_____ % Payment, No. of signed copies _____ Contract Number _____
_____ % Maintenance, No. of signed copies _____ Contract Date _____

Guarantee/Warranty Period _____

Obligee _____
(who requires bond _____
& their address) _____

Description _____
of work to be _____
performed _____

Start Date: _____ Completion Time: _____ days

Penalty \$ _____ per day Starting _____

Payments: Monthly progress billings? **Y** _____ **N** _____ Other _____

Retention \$ _____ or % _____

Estimated Gross Profit \$ _____ or % _____

Current work on hand (backlog) \$ _____

Bid Results	Contractor	Amount
(Next 3 lowest)	1. _____	\$ _____
	2. _____	\$ _____
	3. _____	\$ _____

PLEASE ATTACH A COPY OF THE CONTRACT, AS WELL AS ANY SPECIAL BOND FORMS PROVIDED BY THE OBLIGEE.

If you have questions, please contact Jim Shea 408-626-6112 or Dianna Guzman 408-626-6109