



Surescape Insurance Services
 7800 South Elati St Suite 100
 Littleton, CO 80120
 (303) 225-8030 Phone
 (303) 225-8034 Fax

PERFORMANCE AND PAYMENT BOND REQUEST

FAX TO 303-225-8034

Contractor: _____ Phone: _____

Contract: _____

Name and Address of Obligee (Owner/General Contractor): _____

Description and Location of Project (Including (Sub)Contract/Project NO.) _____

Name and Address of Architect/Engineer: _____

Contract Price: \$ _____ *Number of Copies: _____

Time for Completion: _____ Liquidated Damages: \$ _____

Maintenance/Warranty Period: _____

Was a Bid Bond Required for this project? If so, what was the bid date?: _____

Bid Results:	1.	_____	\$ _____
	2.	_____	\$ _____
	3.	_____	\$ _____
		Engineer's Estimate	\$ _____

Please list any subcontractors that will be bonded:

1. _____
2. _____
3. _____

If this is *private* work, how is the project being financed?: _____

Along with this request, please fax the entire contract, including all attachments/exhibits, any insurance information from the General Conditions and the Sepcial Conditions, including any applicable insurance forms.

**IF SPECIAL (SUB) PERFORMANCE AND PAYMENT BONDS ARE REQUIRED, PLEASE PROVIDE A COPY OF THE BOND FORMS.*