



**TURNER &  
ASSOCIATES**  
insurance

*Mailing Address*  
P.O. Box 40  
Brunswick, GA 31521  
912-265-2840

## BOND REQUEST FORM

REQUEST FOR BOND: \_\_\_\_\_ Bid Bond                      \_\_\_\_\_ Performance & Payment Bond

Principal: \_\_\_\_\_

Obligee: \_\_\_\_\_

Obligee Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Bid Date: \_\_\_\_\_ Contract Date: \_\_\_\_\_

Estimated Bid Amount: \_\_\_\_\_

Time for Completion: \_\_\_\_\_ Penalty/Liquidated Damages: \_\_\_\_\_

Bid Bond Amount: \_\_\_\_\_

Maintenance/Warranty Period: \_\_\_\_\_

Payment Terms: \_\_\_\_\_ Retainage Amount: \_\_\_\_\_

Percentage of Work to be Sublet: \_\_\_\_\_

Any special equipment needs: \_\_\_\_\_

### IMPORTANT NOTE:

- Please attach a copy of the bid specifications for the Bid Bond
- Please attach a copy of the contract for the Performance Bond

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_