

Lesron Insurance Agency, Inc.

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Date_____

CONTRACTOR'S INFORMATION			BID BOND REQUEST FORM			
Contractor's Name						
Owner/Obligee						
Contract/Solicitation Number _	Bid Date		_ Time of Bid		AM/PM	
Job/Project Description						
BID BOND DETAILS						
Estimated Contract Price \$	Bid Bond Pe	rcentage 5%	10%	15%	20%	
Liquidated Damages	Warranty Provisions					
Completion Time	Calendar Days or Working Days					
Date work expected to begin_	Current Work on Hand					
BOND FORMS						
BOND FORMS ATTACHED	BOND COMPANY FORMS GOVERNMENT FORMS				RMS	
DELIVERY						
HOLD FOR PICKUP	REGULAR MAIL					
FEDERAL EXPRESS	Shipment Method → Priority Standard 2nd Day					
For Federal Express deliver	ies please provide account numb	er				
SPECIAL INSTRUCTIONS BELOW						