

# JACK WOLFE INSURANCE, INC.

146 HEKILI STREET, SUITE 102

KAILUA, HAWAII 96734

Phone: (808) 261-7922

Fax: (808) 262-2030

## BID BOND REQUEST

CONTRACTOR: \_\_\_\_\_

EXACT NAME & ADDRESS OF OBLIGEE: \_\_\_\_\_

DATE & TIME OF BID: \_\_\_\_\_

ESTIMATED CONTRACT PRICE: \_\_\_\_\_

BID GUARANTEE (PLEASE CHECK): 5%  20%  OTHER  \_\_\_\_\_

SPECIAL BOND FORM REQUIRED?  YES (If Yes, attach form)  NO

DOD DFARS CLAUSE STATEMENT REQUIRED?  YES  NO

EXACT JOB TITLE: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

COMPLETION TIME: \_\_\_\_\_ ESTIMATED START DATE: \_\_\_\_\_

LIQUIDATED DAMAGES: \$ \_\_\_\_\_ (calendar/working day)

ANY WARRANTIES EXCEEDING 2 YEARS?  YES (If Yes, attach details)  NO

ANY HAZARDOUS MATERIAL?  YES  NO (If Yes, % of JOB \_\_\_\_\_ TYPE \_\_\_\_\_)

(PERCENT OR DOLLAR AMOUNT)

LABOR: \_\_\_\_\_

MATERIAL: \_\_\_\_\_

EQUIPMENT: \_\_\_\_\_

MAJOR SUBCONTRACTORS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OVERHEAD & PROFIT \_\_\_\_\_

TOTAL \_\_\_\_\_

REMARKS: \_\_\_\_\_

TO INSURE THE PROPER EXECUTION OF YOUR BID BOND PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY. IF THIS FORM IS NOT COMPLETED PROPERLY WE CANNOT ASSURE YOU THAT YOUR BID BOND WILL BE IN COMPLIANCE WITH THE OWNERS REQUIREMENTS.

THE SURETY RESERVES THE RIGHT NOT TO HONOR ANY BID BOND ISSUES WHERE, SUBSEQUENT TO THE BID, ADVERSE CONDITIONS IN THE PLANS AND SPECIFICATIONS ARE IDENTIFIED.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

JWII USE ONLY \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_