



SURETY BONDS

United Casualty and Surety Insurance Company

1250 Hancock Street, Suite 803N, Quincy, MA 02169

Phone: (617) 471.1112 Fax: (617) 471.1116

FINAL BOND REQUEST

DATE: _____ NEW ACCOUNT _____ EXISTING ACCOUNT _____

PRINCIPAL: _____

ADDRESS: _____

OBLIGEE: _____

ADDRESS: _____

JOB DESCRIPTION: _____

CONTRACT NO: _____

LOCATION: _____

CONTRACT AMOUNT: \$ _____

BOND AMOUNT: \$ _____

PERFORMANCE: \$ _____

LABOR & MATERIAL: \$ _____

NUMBER OF ORIGINALS REQUIRED: _____

If Obligee has its own form, it must be submitted with request.

PERCENTAGE SUBCONTRACTED: _____ %

BID TABULATION: 1st _____ / 2nd _____ / 3rd _____

HOW VERIFIED: _____

DATE OF CONTRACT: _____ HAS WORK STARTED: _____ Yes / _____ No PERCENTAGE COMPLETE: _____ %

TIME TO COMPLETE: _____ START DATE: _____ COMPLETION DATE: _____

LENGTH OF WARRANTY: _____ PENALTY: _____

UNCOMPLETED WORK ON HAND (Unbonded) \$ _____ TOTAL CONTRACT PRICE OF WORK ON HAND \$ _____

UNCOMPLETED UNITED CASUALTY & SURETY WORK ON HAND: \$ _____ IF NO UNITED CASUALTY WORK ON HAND, STATE.

BOND SHOULD BE SENT TO: _____ PRINCIPAL / _____ BROKER
_____ Pick-up _____ Email _____
_____ First Class Mail _____ 2-Day Priority
_____ Fedex (Include Fedex No. _____) _____ Priority / _____ Standard