

7255 W. 98th Terrace, Suite 170
Overland Park, KS 66212-2200
913-385-7760
866-385-7760
Fax 913-937-9486



Date: _____ Request By: _____

Name of Contractor: _____

Name of Obligee/Party Accepting Bid: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Description of Contract: _____

Location: _____

Project # _____ County: _____ Route: _____

Date of Bid Opening: _____ Time: _____

Amount of Bid: _____ Percent of Bid: 5% 10% 15% 20%

Other: _____

Work start date: _____ Completion Date: _____

Liquidated Damage: _____ per day: _____ Repair/Maintenance Period: _____
(not manufacturer's warranty)
An additional premium applies for maintenance periods > 1year

SUBCONTRACTORS

Subcontractor Name/Address	Estimated Amount	Trade	Bonded With Whom

Asbestos? Yes No

Special Bond Form: Yes No **If yes, please attach form**

Number of executed copies: _____