



GTPS Insurance Agency

1311 S Neil St,
P.O. Box 1007
Champaign, IL 61824-1007

Phone: 217-373-6856
Toll Free: 800-359-9529
Fax: 217-373-68577

Fax To: _____

Co: _____

From: _____

BOND REQUEST FORM

Date: _____

- Bid Bond
- Bid Letter
- Performance & Payment Bond

Broker: _____

NAME OF CONTRACTOR: _____

ADDRESS: _____

NAME OF OBLIGEE: _____

ADDRESS: _____

DESCRIPTION OF WORK AND LOCATION: _____

Invitation or Project Number: _____

Bid Date: _____ Contract or Bid Bond Amount: \$ _____

Contractor's Estimate: \$ _____ Payments: _____ Retainage: _____ %

Form of Bond: Co Federal State Local Other

Number of copies required: _____

Work subcontracted: \$ _____ Work on hand: \$ _____

Completion time: _____ Penalties: \$ _____

Architect/Engineer: _____

Special Instructions: _____

Approved by: _____ Surety: _____ Date: _____