



**AMERICAN  
PATRIOT**  
INSURANCE AGENCY, INC

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Westchester, IL 60154  
800-894-9091

**SURETY SOLUTIONS**  
FOR THE PROFESSIONAL CONTRACTOR

## PERFORMANCE BOND REQUEST FORM

**IF THERE ARE ANY SPECIAL BOND FORMS INCLUDED IN THE SPECS OR WITH THE AWARD LETTER, PLEASE ATTACH.** *(A \$50 Fee will be charged for any reprocessing of special forms.)*

**Contractor's Company Name** \_\_\_\_\_

**Obligee** \_\_\_\_\_

(Entity you're doing work for)

**Address of Obligee**  
\_\_\_\_\_  
\_\_\_\_\_

**Phone # of Obligee** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Complete description of work** (Not project title)  
\_\_\_\_\_  
\_\_\_\_\_

**Contract #** \_\_\_\_\_

Proposed or Actual Date of Contract \_\_\_\_\_

Amount of Contract \$ \_\_\_\_\_

Amount of Requested Bond \$ \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

Penalties for Delay \_\_\_\_\_

Payment Terms \_\_\_\_\_

**Job Cost Breakdown** \_\_\_\_\_

% Profit \_\_\_\_\_

% Materials \_\_\_\_\_

% Labor \_\_\_\_\_

% Subcontractors \_\_\_\_\_

% Overhead \_\_\_\_\_

# PERFORMANCE BOND REQUEST FORM

Date by which you must receive bond \_\_\_\_\_

**METHOD OF DELIVERY** (Overnight charges will be at your expense)

Regular mail if processed on or before \_\_\_\_\_ (date)

Federal Express    UPS    Airborne    Priority    Account # \_\_\_\_\_  
(Choose carrier)

(Shipping fees only may be billed to a major credit card – complete card # and exp. date below)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address for Card \_\_\_\_\_

Master Card    Visa    AMX    V Code \_\_\_\_\_