



5979 N.W. 151ST STREET • SUITE 202 • MIAMI LAKES, FLORIDA 33014
PHONE: 305-517-3803 • FAX: 305-328-4838
www.altersurety.com

BOND REQUEST

DATE TRANSMITTED: _____ ATTENTION: _____

CONTRACTOR: _____

TRANSMITTED BY: _____

PHONE NO.: _____

EMAIL: _____

PROJECT OWNER/GENERAL CONTRACTOR: _____

PROJECT TITLE AND BRIEF DESCRIPTION: _____

BID DATE: _____

PROJECT NO.: _____

BID BOND % OR FLAT AMOUNT _____ %

ESTIMATED CONTRACT PRICE: \$ _____

COMPLETION TIME: _____ Days

COMPLETION PENALTY: _____

LIQUIDATED DAMAGES _____

NUMBER OF ORIGINALS: _____

SPECIAL BOND FORM REQUIRED: Yes: No: (If yes, please attach)

PLEASE ATTACH COPY OF THE INVITATION TO BID AND REQUIRED BOND FORMS

Special Instructions: _____

FOR INTERNAL USE ONLY:

Approved by: _____ Date: _____

Prepared by: _____ Date: _____

Delivery by: _____ Date: _____

Bid Results:

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____