

DALEGROUP

INSURANCE & BONDS

DALE GROUP BID BOND REQUEST FORM

Contractor: _____
Obligee: _____
Address: _____
(Street Address) (City) (State) (Zip Code)
Complete Job Description: _____

Bid Date: _____ Time of Bid Opening: _____
Project Completion Time: _____ Penalties per day: _____
Estimated Contract Price: _____ Percentage of Bid: _____
Maintenance Period: _____ Anticipated Start Date: _____

KINDLY FORWARD ANY SPECIAL BID OR CONSENT FORMS.

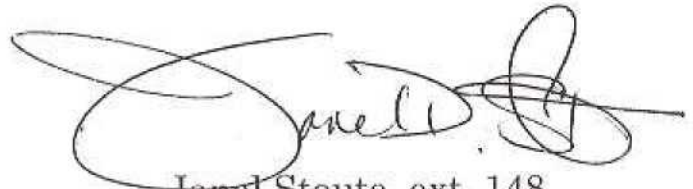
BID BREAKDOWN WITH SUBCONTRACT PERCENTAGES

Your own forces: _____ Site Work: _____
Concrete/Masonry: _____ Electric: _____
Plumbing: _____ HVAC: _____
Environmental (Asbestos/Lead): _____ Demolition: _____
Overhead Profit: _____

Should you have any questions please contact:



Krystal Cuddihy, ext. 147
Account Manager



Janel Stoute, ext. 148
Account Manager