



Pate Bonding, Inc.
 1276 So. Robert Street
 West St. Paul, MN 55118

(651) 457-6842
 (651) 457-7531 Fax
 www.patebonding.com

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PERFORMANCE/PAYMENT BOND REQUEST FORM

Your Company Name (Contractor): _____ Today's Date: _____

From: _____ Work on Hand (Bonded) \$ _____

Phone: _____ Email: _____

Obligee (Bond Payable To): _____

Address: _____
Street City State Zip

Contact Name (phone or email): _____
(Project Manager, Contracting Officer, City Clerk, etc...)

PLEASE ATTACH CONTRACT

Legal Project Name and Description of Work (Including Project Numbers):

Job Location (City/State): _____ No. of Original Sets of Bonds Required: _____

Contract Date: _____ Contract Amount: _____

Performance Bond Amount: _____ Payment Bond Amount: _____

Engineer's Estimate: _____ Special Bond Form: Yes (attach form) No

Anticipated Start Date* _____ Est Completion Date** _____

Penalties/Damages: _____ Retainage (%): _____

Warranty Period*** _____ Covered by Manufacturer? Yes No

*If the project has started, a Letter from the Obligee is required stating the percentage of satisfactory work completed and that to the best of the Obligee's knowledge there are no problems or liens filed. **A surcharge may apply if the project runs longer than 12 months. ***One (1) year warranty is included in the base bond premium. Additional surcharges may apply for extended warranty/maintenance requirements longer than one year.

Architect/Engineer: _____ Phone: _____

Address: _____ Contact _____ Email: _____

BID RESULTS – If not already provided

Low Bidder _____ Bid Amount: \$ _____

2nd Bidder _____ Bid Amount: \$ _____

3rd Bidder _____ Bid Amount: \$ _____

Comments/Explanation of Bid Spread (if GREATER than 10%):

Only Bidder Bid Spread Greater Than 10% There was NO bid bond issued (i.e. subcontract or negotiated contract)

IF ANY OF THE ABOVE BOXES ARE CHECKED, PLEASE COMPLETE THE JOB BREAKDOWN BELOW

Job Breakdown:

Materials	Labor	Equipment	Subcontractors/Suppliers*	Gross Profit
\$	\$	\$	\$	\$
<small>*List of subcontractors or suppliers on this Contract (attach additional sheet if necessary)</small>				
Subcontractor/Supplier	Address	Phone	Amount	Bonded (if yes, with whom)
			\$	
			\$	
			\$	
			\$	

Delivery Instructions*: Mail Fax E-mail Hold for Pick Express Mail Other: _____
 (Check One) Courier FedEx UPS Please provide your account number _____

*Bonds will be returned via the US Postal Service unless indicated otherwise.