



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

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

Rev. 06/2014

PERFORMANCE/PAYMENT BOND REQUEST FORM

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

From: Work on Hand (Bonded) \$

Phone: Email:

Obligee (Bond Payable To):

Address:

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):	<input type="text"/>	No. of Original Sets of Bonds Required:	<input type="text"/>
Contract Date:	<input type="text"/>	Contract Amount:	<input type="text"/>
Performance Bond Amount:	<input type="text"/>	Payment Bond Amount:	<input type="text"/>
Engineer's Estimate:	<input type="text"/>	Special Bond Form:	<input type="checkbox"/> Yes (attach form) <input type="checkbox"/> No
Anticipated Start Date*	<input type="text"/>	Est Completion Date**	<input type="text"/>
Penalties/Damages:	<input type="text"/>	Retainage (%)	<input type="text"/>
Warranty Period***	<input type="text"/>	Covered by Manufacturer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

*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	<input type="text"/>	Bid Amount:	\$ <input type="text"/>
2 nd Bidder	<input type="text"/>	Bid Amount:	\$ <input type="text"/>
3 rd Bidder	<input type="text"/>	Bid Amount:	\$ <input type="text"/>

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
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

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.

Submit