

UNIVERSAL SERVICE AGENCY, INC.
501 OFFICE CENTER DRIVE, SUITE 128 FT WASHINGTON PA 19034-3208
215-646-2400 PHONE BOND REQUEST FORM 215-646-4275 FAX

CONTRACTOR (YOUR NAME) _____
Phone: _____ Fax: _____
ADDRESS _____
(Street address) (City) (State) (Zip)

BOND INFORMATION

Obligee (company you're doing the work for) _____ Phone # _____
ADDRESS OF OBLIGEE _____
(Street address) (City) (State) (Zip)
Bid Date _____ Time of Bid _____ A.M. / P.M. Contract Date _____
Description of work (not title of project) _____
Location of work _____
Contract Number: _____ Penalty: _____ Payment Terms: _____
Est start time: _____ Est completion time: _____ Maintenance period: _____
Est Contract price: \$ _____ X _____ % required for bond (i.e., 5%, 10%, 100%) = Bond Amount \$ _____

Cost breakdown: \$ _____ labor estimate
 \$ _____ material's estimate
 \$ _____ subcontractors? Amount that can be bonded
 \$ _____ profit estimate

ANY SPECIAL BOND FORMS REQUIRED IN SPECS? If so, please attach.

MAILING PROCEDURES

To whom (individual's name and company): _____
At what address: _____
(Street address) (City) (State) (Zip)
Phone Number: _____
Date by which you must receive the bond: _____ Regular Mail if processed on or before what date? _____

If no number is given, the bond will be sent via regular mail

Overnight service: UPS FED X AIRBORNE Account number: _____

YOUR BID REQUEST WILL HAVE TO BE SENT TO THE SURETY FOR APPROVAL AND, THEREFORE, MUST BE SUBMITTED AT LEAST 5 DAYS PRIOR TO THE DATE YOU WISH TO RECEIVE IT.

SUBMIT A CURRENT WORK ON HAND FORM WITH YOUR BOND REQUEST.