



Bonds ■ Benefits ■ Insurance ■ Risk Management

AN EMPLOYEE-OWNED COMPANY

# BID BOND REQUEST FORM

PO Box 51019, IDAHO FALLS, ID 83405-1019

PHONE 208-522-5656 FAX 208-524-5721

Surety: \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 LOA: \_\_\_\_\_

**Contractor:** \_\_\_\_\_  
 \_\_\_\_\_

**Obligee:** \_\_\_\_\_  
 (Owner or General if a Sub) \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Solicitation Number:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_  
 \_\_\_\_\_

**Bid Bond Form (Provide a copy from the Spec)** \_\_\_\_\_

**Max. Bid Amount:** \$ \_\_\_\_\_ **Bid Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Bid Bond:** \_\_\_\_\_ % **Perf Bond:** \_\_\_\_\_ % **Pay Bond:** \_\_\_\_\_ %

**Completion Time:** \_\_\_\_\_ **Penalty:** \_\_\_\_\_ **Maint. Period:** \_\_\_\_\_

**Total Work on Hand:**

**Work in Process As Of:** \_\_\_\_\_ \$ \_\_\_\_\_

**Awarded Since:** (Add any projects awarded after the Work in Process Date) \$ \_\_\_\_\_

**Apparent Low:** (Add any projects you are low on but have not been awarded) \$ \_\_\_\_\_

**No. Bids Outstanding (\_\_\_\_):** (Add any bids that are outstanding) \$ \_\_\_\_\_

**Plus This Bid:** (Add "Max Bid Amount" from above) \$ \_\_\_\_\_

**Total Uncompleted:** \$ \_\_\_\_\_

**Breakdown for this Bid: (Out of 100%)**

**Labor:** \_\_\_\_\_ % **Materials:** \_\_\_\_\_ % **Subs-Trades:** \_\_\_\_\_ % **Profit G/A:** \_\_\_\_\_ %

**BID RESULTS** (Attach Bid Tabulation if Available)

**# Bidders** \_\_\_\_\_

<b>FIRM</b>		<b>AMOUNT BID</b>
LOWEST BIDDER:		\$ _____
2ND LOWEST BIDDER:		\$ _____
3RD LOWEST BIDDER:		\$ _____

If your bid is not listed above, show bid here: \$ \_\_\_\_\_ No. \_\_\_\_\_ Out of \_\_\_\_\_