



Project Information Sheet
LICENSE NO. 0243420

* CONTRACTOR: _____

* OBLIGEE/OWNER: _____

ADDRESS: _____

* FOR CONSTRUCTION OF: _____

TYPE OF CONSTRUCTION: _____

TRADE SUBLET & AMOUNT: _____

* AMOUNT OF CONTRACT: \$ _____

AMOUNT OF FINAL BONDS:

* PERCENTAGE OF BID BOND: _____ %
(Note Federal Contracts are 20%)

* PERFORMANCE _____ %

* DATE OF BID: _____ TIME _____

* PAYMENT _____ %

LOCATION OF BID: _____

MAINTENANCE _____ %

* TIME FOR COMPLETION: _____

NUMBER OF ORIGINALS _____

* PENALTY FOR DELAY or LIQUIDATED DAMAGES: _____
(Please indicate business or calendar days)

* MAINTENANCE PERIOD _____
(If More Than One Year)

* STARTING DATE: _____

UNCOMPLETED WORK ON HAND (BONDED OR UNBONDED) \$ _____
(This is the total "Costs to Complete" on all jobs)

NOTES: _____

* Asterisks - indicates information that is mandatory for the bid request.

Please fax back to bond department at (559) 431-2601