

**RDA INC.**

**TEL. NO.: 905-652-8680 FAX NO.: 905-652-8688**

**ATTENTION: BOND DEPARTMENT**

**FINAL BOND REQUEST FORM**

**DATE:**

**Requested by:**

**Phone:**

**Fax:**

**CONTRACTOR:**

**CONTRACT DATE:**

**OBLIGEE (OWNER)**

**MAILING ADDRESS:**

**JOB DESCRIPTION:**

**CONTRACT NO.:**

**CONTRACT PRICE:**

**ARCHITECT/ENGINEER:**

**(NAME & ADDRESS)**

**PERFORMANCE BOND: %**

**L&M PAYMENT BOND: %**

**SPECIAL FORM ( ) YES ( ) NO**

**MAINTENANCE (WARRANTY):**

**PENALTY CLAUSE (LIQUIDATED DAMAGES):**

**TIME TO COMPLETE (IN MONTHS):**

**( ) OWN SCHEDULE ( ) CONTRACT SCHEDULE**

**HOLDBACK AMOUNT:**

**SUBLET (TYPE OF WORK & APPROX VALUE):**

**WORK ON HAND:**

**TOTAL VALUE OF CURRENT OUTSTANDING WORK; BONDED & UNBONDED**

**BIDDERS (WITH NAMES & PRICES)**

**2nd Bidder**

**3rd Bidder**

**INSURANCE REQUIREMENTS:**

**(Include Additional Insureds)**