

Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

450 B Street, Suite 1800 San Diego, CA 92101-8005

Phone 619-234-6848 <> Fax 619-234-1239 <> Web Site www.cavignac.com

- Bid Bond Request
- Surety Letterhead Bondability Request
- Agent Letterhead Bondability Request

Fax: 619-234-1239

Name of Your Firm _____

Job Name / Description _____
Job Number _____ Location _____
To Whom Bid (Obligee) _____
Address _____
Bid Date _____ Start Date _____ Time to Complete _____
Penalties (Liquidated Damages) \$ _____ Maintenance Period _____

BREAKDOWN

Estimated Bid Amount \$ _____
Estimated Bid Amount _____
Estimated Bid Amount _____
Estimated Bid Amount _____

Bid Package #	_____
Bid Package #	_____
Bid Package #	_____
Bid Package #	_____

	Type of Sub-Trade	Amount (%)
Labor	_____ %	_____ %
Materials	_____ %	_____ %
* Sub-Trades	_____ %	_____ %
Profit - G/A	_____ %	_____ %
Total	100 %	_____ %

* Total Sub-Trades 100

Engineer Est. \$ _____ Bonds: Bid: _____ % Performance: _____ % Payment (Labor/Materials) _____ %

WORK-ON-HAND (Jobs presently in progress and signed contracts)

Current Cost to Complete \$ _____ (Total)

ADDITIONAL ITEMS REQUIRED

- Bond Form(s) Check here if NOT provided
- Invitation to Bid
- Insurance Requirements
- If JOC job, submit IDIQ Supplement Form with request

BID RESULTS

	Firm	Amount Bid
Lowest Bidder	_____	\$ _____
2 nd Lowest Bidder	_____	\$ _____
3 rd Lowest Bidder	_____	\$ _____