



**Rockville:** One Church Street, Ste 500, Rockville, MD 20850 [\[Map\]](#) 301.838.9400 (p) 301.838.9095 (f)  
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Date:

## BID/CONTRACT BOND ORDER FORM (VA)

Caller:

Your Firm:

Obligee (bond payable to):

Obligee Address:

Dual Obligee

(only if required)

Dual Obligee Address

Bid/Contract Date:

No. of Originals Required:

Bond Amount: Bid %

Performance %

Payment %

**Owner Specified Bond Forms:**

Is Letter of Intent Required?

Bid/Solicitation/Contract No.:

Project Title:

Project Description:

Bid Estimate/Contract Price: \$

Work on Hand: \$

Start Date:

\*Completion Date:

Liquidated Damages: \$

Maintenance Period:

Retention:

Miscellaneous:

Pick Up or Mail:

When bid results are available please fax/phone to Insurance Associates

Send To: Insurance Associates, a Marsh &  
McLennan Agency LLC Company  
10201 Fairfax Blvd., Suite 500  
Fairfax, VA 22030  
703-352-7333 (Office)  
703-352-7340 (Main Fax)  
Email To:  
[mtyree@insassoc.com](mailto:mtyree@insassoc.com)

BID RESULTS (name of contractor and amount):

- 1.
- 2.
- 3.

*For Insurance Associates, Inc. use only*

Surety:

Approval:

\* **Check Time Limit Surcharge**