



Contract Bond Authorization Request

Agency _____ Bid Date _____

Agent _____ Contract Date _____

Contractor _____

Owner / Obligee Name _____

Owner / Obligee Address _____

Project Description _____

Project Estimate / Price \$ _____ Bid Bond Penalty (%) _____

Start Date _____ Completion Date _____ Payment Terms _____

Penalties for late completion _____ Warranty period for the Contractor _____

Next two lowest bidders \$ _____ \$ _____

Bond form required: Western National Generic AIA A310 Provided by Owner

Estimated % Subcontracted _____

Current estimate of total work program cost to complete \$ _____

Does the contractor have any disputes or problem jobs? If so, please provide brief details _____

Comments _____

Company Approval by _____ Date _____

Western National Mutual Insurance Company | a member of the Western National Insurance Group
4700 West 77th Street | Edina, MN 55435 | (952) 835-5350 or (800) 862-6070 | www.wnins.com

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WESTERN HOME | WESTERN NATIONAL ASSURANCE | WESTERN NATIONAL MUTUAL | WISCONSIN AMERICAN MUTUAL