



STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

COMPLETE THIS SECTION FOR ALL BOND REQUEST

PRINCIPAL NAME: _____
ADDRESS: _____

OBLIGEE/OWNER: _____
ADDRESS: _____
CONTACT NAME: _____ PHONE #: _____

JOB DESCRIPTION: _____

JOB START DATE: _____ RETAINAGE: _____

NUMBER OF DAYS TO COMPLETE: _____

PENALTY FOR LATE COMPLETION: _____/DAY

ATTACH ANY SPECIAL BOND FORMS THAT THEY MAY REQUIRE

BID BOND:

DATE PROJECT BIDS: _____ TIME OF BID: _____

AMOUNT OF BID (ESTIMATE): _____ PERCENTAGE OF BID: _____

ENGINEER EST. \$ _____ PROJECT SOLICITATION # _____

PERFORMANCE / PAYMENT

CONTRACT DATE: _____ CONTRACT NUMBER: _____

AMOUNT OF PERFORMANCE BOND REQUIRED: \$ _____

AMOUNT OF PAYMENT BOND REQUIRED: \$ _____

AMOUNT OF MAINTENANCE BOND REQUIRED: \$ _____

NUMBER OF YEARS: _____

DELIVERY INSTRUCTIONS: FEDEX # _____
LONE STAR #: _____

WILL ONLY BE CHARGED FOR BID BOND DELIVERY

BOND DEPARTMENT DIRECT FAX: 214-853-5810