



STAR Insurance Services of Texas, Inc.

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

BID BOND RESULT FORM

Name of Contractor: _____

Bond Number: _____ Amount: _____ Date: _____

Obligee: _____

Description of Project: _____

Please fill in Firm Name and their bid price. Please also indicate winning bid.

_____ Lowest Bidder Firm: _____ \$ _____

_____ 2nd Lowest Bidder Firm: _____ \$ _____

_____ 3rd Lowest Bidder Firm: _____ \$ _____

If Your Bid is not listed above, what was your bid price? \$ _____

Comments _____

If you have any questions, please call 972-625-9777

FAX TO 214-853-5810