

WASTE HAULER PERFORMANCE BOND REQUEST FORM

	MAIL TO annab@acsbo	onding.com	OR FAX T	<u>O 201-661-2382</u>	
ATE:					
ECTION A: CONTRACT	INFORMATION THI	S SECTION MUST BE FULLY C	OMPLETED		
RINCIPAL:					
Your Company)					
PRINCIPAL ADDRESS:	Street address	City		State	Zip
DBLIGEE: Entity the work is for)					
DBLIGEE ADDRESS:	Street address	City	S	tate	Zip
COMPLETE JOB DESCRIPTIO			(P) - *attach contrac	t if nossible*	
OWIFELTE JOB DESCRIPTIN	JN (INCLODING TYPE OF WORK,	, JOB LOCATION, CONTRACT NOMBE			
Contract Amount:	Ro	nd Penalty Amount:			
	B0	nd Penalty Amount.		-	
RE TIPPING FEES OR AN ESC	ALATION CLAUSE FOR TIP	PING FEES INCLUDED IN CO	NTRACT? YES	<u>NO</u>	
PECIAL FORMS TO BE APPRO	VED BY UNDERWRITER:	YES 🗌 NO 🗌			
ONTRACT DATE:	START DATE:	COMPLETION DAT	E: B	BOND TERM:	
				BOND TERM:	
IOW WAS THE JOB BID? Bid Bo	nd 🗌 Bid Date:	Certified Check: 🗌	Negotiated:		
IOW WAS THE JOB BID? Bid Bo	nd 🗌 Bid Date:		Negotiated:		
HOW WAS THE JOB BID? Bid Bon BID RESULTS: 2 ND LOV	nd 🗌 Bid Date: N BIDDER: \$	Certified Check: 🗌	Negotiated:		
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CONTRACT DATE: HOW WAS THE JOB BID? Bid Boi BID RESULTS: 2 ND LOV SECTION B: WORK IN PF	nd Bid Date: W BIDDER: \$ ROGRESS	Certified Check:	Negotiated:		
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The undersigned does hereby authorize Atlantic Coast Surety, LLC and/or its designated Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).