

# SURETY FORM

N62473-15-R-1012

## (Bonding Capacity)

(To be completed by Surety and submitted by Offeror)

Surety Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contractor (Offeror) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you provided bonding for the above Contractor? \_\_\_\_\_

How would you rate your relationship with this contractor?

Excellent  Satisfactory  Unsatisfactory  Other: \_\_\_\_\_

If Unsatisfactory please explain:

\_\_\_\_\_

Bonding limit for a single project? \$ \_\_\_\_\_

Aggregate bonding amount? \$ \_\_\_\_\_

Current available bonding? \$ \_\_\_\_\_

Have you ever had to complete a project for the Contractor?  YES  NO

If yes, explain: \_\_\_\_\_

Have there been complaints of non-payment by subcontractors/suppliers?  YES  NO

If yes, explain: \_\_\_\_\_

Has the surety had to pay subcontractors/suppliers?  YES  NO

If yes, explain: \_\_\_\_\_

Note: Form may be expanded.

CONTRACT NUMBER: N62473-15-R-1012	<b>REQUEST FOR INFORMATION</b>		RFI NUMBER:
CONTRACT TITLE: Plumbing, Heating and Air Conditioning Contractors under NAICS code 238220 - OT-1 Work Request: 8391238			
PRIME CONTRACTOR:		SUBCONTRACTOR/SUPPLIER:	
SUBJECT/TITLE OF RFI:			
DRAWING(S):	DETAIL(S):	SPECIFICATION:	CPM ACTIVITY NUMBER:
COST EFFECT:                      INCREASE: <input type="checkbox"/> DECREASE: <input type="checkbox"/> NONE: <input type="checkbox"/>			
INFORMATION REQUESTED & RECOMMENDED SOLUTION:			
<p>Date Response Required By: _____ Date: _____ Signature: _____</p>			
<p>From: To: Field Office                      Code RECOMMENDATION:</p> <p style="text-align: right;">Date: _____ Signature: _____</p>			
<p>From: Field Office To: Prime Contractor REPLY:</p> <p style="text-align: right;">Date: _____ Signature: _____</p>			
<p><b>The RFI system is intended to provide an efficient mechanism for responding to contractor's request for information ONLY. This system DOES NOT authorize the contractor to proceed with work - to do so, the contractor proceeds at his own risk. If the contractor considers the RFI response a changed condition, written notice to the Contracting Officer is required within 20 calendar days.</b></p>			
DISTRIBUTION: Original to File via REICC <input type="checkbox"/> PL/DM <input type="checkbox"/> ET <input type="checkbox"/> A/E <input type="checkbox"/> PC # _____ via AROICC/CONTRACT OFFICER			