



RETURN TO:

ACSTAR Insurance Company
Fax: (860) 404-5394
E-mail:

BID RESULTS FORM

Please complete and return (fax, email or mail) to ACSTAR Insurance Company within seven (7) days of the bid opening to release the bid bond. Release of the bid bond will also constitute release of associated collateral and bonding capacity availability.

BOND NO.	
CONTRACTOR NAME:	
PROJECT NAME:	
OBLIGEE:	
DATE OF BID:	

THREE LOWEST BIDDERS:

- 1. _____ Bid Amount: \$ _____
- 2. _____ Bid Amount: \$ _____ ***
- 3. _____ Bid Amount: \$ _____

Contractor's Bid Amount: \$ _____

Form Completed By: _____
Company Name: _____
Date: _____

*****Should the Contractor be second low, the original bond or a letter from the obligee stating the job was not awarded to the principal is also needed. If the Contractor decides to not bid the project, the original bid bond must be returned to ACSTAR *****