

THE
BOND EXCHANGE
 AND INSURANCE AGENCY

BID RESULTS SUBMITTAL FORM

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| CONTRACTOR NAME: | |
| PROJECT OWNER: | |
| PROJECT DESCRIPTION: | |
| BID DATE: | |

PLEASE FAX RESULTS TO (949)461-7725



Bidders:

| | |
|--|----|
| LOW BIDDER: | \$ |
| 2 ND BIDDER: | \$ |
| 3 RD BIDDER: | \$ |
| If you did not place in the TOP 3 Bidders, please indicate where you placed, and your bid amount. | \$ |

Should you be low bidder and the spread between your price and the second bidder exceed 10%, please forward a bid spread explanation letter as required by the Bonding Company.. Thank you very much and we apologize for the inconvenience.