



RETURN TO:

ACSTAR Insurance Company
30 South Road
Farmington, CT 06032
Fax: (860) 404-5394
E-mail:

STATUS REPORT

ACSTAR INSURANCE COMPANY is the Surety on the below Bond. Please provide the information requested below, and return the form directly to ACSTAR Insurance Company as per the above. This report will provide ACSTAR with current status information on the captioned job. Thank you for your assistance. If you have any questions with regard to the completion of this form, please call (860) 415-8400.

BOND NO:
PRINCIPAL:
OBLIGEE:
DESCRIPTION:
BOND AMOUNT:

CONTRACT HAS BEEN COMPLETED; ACCEPTED AND CONTRACTOR RELEASED:

- 1. What was the completion date? Date of Acceptance?
2. What was the final contract price? Has full amount been paid?
3. Was the work satisfactory?
4. Are you aware of any unpaid labor and/or material bills? If yes, explain:

IF THE CONTRACT HAS NOT BEEN COMPLETED:

- 1. What percent of work has been completed to date?
2. Total amount paid to the Contractor to date: \$
3. What is the amount of the retainage withheld? \$
4. Is the Contractor paying his labor and material bills?
5. What is the anticipated date of completion?
6. Is the work being accomplished and progressing satisfactorily?

Obligee:

By: (Name) (Title of Authorized Person)

Signature: Date:

(Address)

(Telephone)

(Email)

(Fax)