

**ATTACHMENT 6**

**SURETY FORM**

**OFFEROR INSTRUCTIONS:** To be completed by Offeror and submitted to Surety requesting they complete and return as indicated on Surety Instructions, by no later than July 9, 2018.

Contractor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Please complete below and return as per instructions **no later than:** \_\_\_\_\_

**SURETY INSTRUCTIONS:** To be completed by Surety and returned no later than July 9, 2018 to:

**Department of Veterans Affairs  
Network Contracting Office 10  
Attn: Yvonne Demorest, Contracting Officer**

**Regular Mail:** 2780 Airport Dr., Suite 340  
Columbus, OH 43219      **or via e-mail to** [yvonne.demorest@va.gov](mailto:yvonne.demorest@va.gov)

**FedEx:** 2780 Airport Dr., Suite 340  
Columbus, OH 43219

Surety Name: \_\_\_\_\_  
Surety Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
How long have you provided bonding for the above contractor? \_\_\_\_\_ YEARS  
What is the contractor's rating? \_\_\_\_\_  
Bonding Limit for a single project? \$ \_\_\_\_\_  
Aggregate amount? \$ \_\_\_\_\_  
Have you ever had to complete a project for the contractor? [ ] YES [ ] NO  
Has liability insurance ever been refused? [ ] YES [ ] NO  
Have there been complaints of non-payment by subcontractor/suppliers? [ ] YES [ ] NO  
Has the surety had to pay subcontractors/suppliers? [ ] YES [ ] NO