

GENERAL FORM STATUS INQUIRY

WESTFIELD INSURANCE

One Park Circle, P O Box 5001
Westfield Center, OH 44251-5001

Date:

() WESTFIELD INSURANCE COMPANY () WESTFIELD NATIONAL INSURANCE COMPANY
() OHIO FARMERS INSURANCE COMPANY

To:**Bond No. :**

Contractor: _____

Address: _____

Description of Contract: _____
(Include Location and Owner's Contract Number)

Owner: _____

Contract Price: \$ _____ Bond Amount: \$ _____ Effective Date: _____

Without prejudicing your right or affecting our liability under our bond described above, we would appreciate the following information.

Very truly yours,

1. IF CONTRACT COMPLETED, PLEASE STATE:

Approximate acceptance date of work: _____
Final contract price: \$ _____

2. IF CONTRACT UNCOMPLETED, PLEASE STATE:

Approximate percentage or dollar amount of contract completed or delivered: _____

3. Do you know of any unpaid bills owed by the contractor for labor or material? (check) Yes No
Remarks (if any): _____

OWNER: _____

BY: _____

TITLE: _____

DATE: _____

(The language of this form is acceptable to the S.A.A.)

We greatly appreciate your cooperation. A self-addressed, stamped envelope is enclosed.