

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 enveloped is enclosed.