

American Safety Casualty Insurance Company

23901 Calabasas Road, Suite 1085
Calabasas, CA 91302
Phone: 818.449.3115

**FAX-BACK
PROJECT OWNER
REFERENCE LETTER**

PLEASE COMPLETE THIS FORM AND FAX OR EMAIL IT PROMPTLY TO:
AMERICAN SAFETY CASULATY INSURANCE COMPANY
Email: noe.guerrero@amsafety.com

Contractor's Name: _____

Project Owner Name: _____

Contact Person: _____

Phone #: _____

Fax #: _____

Project Name & Location: _____

Contract Amount: _____

Year Project Completed: _____

Please be assured that any information you provide will be kept in confidence and will not be shared with the contractor.

PLEASE COMPLETE ONE SECTION ONLY

1. IF THE CONTRACT HAS BEEN COMPLETED:

What was the completion date? _____
Date of Acceptance? _____
What was the final contract price? _____
Was the work satisfactory? _____
Have all labor and material bills been paid? _____

2. IF THE CONTRACT HAS NOT BEEN COMPLETED:

What percent of work has been completed to date? _____
Total amount paid to contractor to date? _____
What is the amount of retainage? _____
What is the anticipated date of completion? _____
Is the contractor paying labor and material bills? _____
Is the work progressing satisfactorily? _____

COMMENTS: _____

It is understood that the information contained herein is furnished as a matter of courtesy for the confidential use of the surety and is merely an expression of opinion. It is also agreed that in furnishing this information, no guarantee or warranty of accuracy or correctness is made and no responsibility is assumed as a result of reliance by the surety, whether such information is furnished by the owner or by an architect or engineer as the agent of the owner.

Signed by: _____

Name: _____

Date: _____

Phone: _____