



FIRST INDEMNITY OF AMERICA
INSURANCE COMPANY

119 Littleton Road
Parsippany, NJ 07054
Fax: (201) 402-0770
(201) 402-1200

CONTRACTOR'S AFFIDAVIT
BOND NO. _____

State of _____)
County of _____) ss

I, _____ of _____
Name Title
_____ of _____
Name of Company/Corporation/Partnership Address

being first duly sworn on oath depose and say:

1. That contract for _____ is _____ % complete.
2. That, to my personal knowledge and belief all accounts for labor, materials, supplies and all other obligations, including those of all subcontractors, have been paid in full.
 Yes No If no, please give explanation below.

3. That there are no pending judgements, suits or claims or controversies with anyone over payment of labor, materials or other obligations in connection with said contract.
 Yes No If no, please give explanation below.

4. That the total amount of said contract is \$ _____; the amount received to date is \$ _____; the amount due on estimates and retained percentage is approximately \$ _____.
5. That this affidavit is made for the purpose of _____

6. That insofar as is necessary, the monies received will be used to liquidate the above obligations.

Principal

Subscribed and sworn to before me, a Notary Public,
this _____ day of _____, 20_____
In testimony whereon, witness my hand and official seal.

Notary Public