

PLUMBING CONTRACTORS

CBIC - Contractors Bonding and Insurance Company

1. Agent/Broker Name:	2. Company Name:			
3. Estimate for the next 12 months:				
Number of Active Owners	Number of Employees	*Employee Payroll	**Subcontractor Cost	Gross Sales
<i>*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners</i> <i>**Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor</i>				
4. List 3 largest jobs in the past 5 years or currently underway or planned:				
Year	Description of Work	Gross Receipts		
5. For each of the past 4 years, provide:				
Year	*Annual Employee Payroll	Gross Annual Receipts (total revenue)	**Subcontracted Costs	
<i>*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners</i> <i>**Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials purchased by subcontractor</i>				
6. Estimate the number of jobs performed annually (indicate Zero "0" if none):				
_____	Total jobs completed annually	_____	New apartments/townhomes/co-op bldgs over 12 units	
_____	New homes worked on in any one tract, subdivision or development	_____	New condo projects	
_____	Hospitals, clinics and assisted living facilities	_____	Condo conversion projects	
_____	Solar hot water systems	_____	Jobs on homes valued over \$1 million	
_____	Pressure vessel welding	_____	Boiler inspection, installation, cleaning or repair	
_____	Automatic sprinkler systems, fire lines and stand pipes used for fire protection	_____	Gas and sewer mains or connections	
		_____	Backflow assembly testing, installing and repairing	
		_____	Refrigeration systems installation, cleaning or repair	
7. List all other services besides work performed on water, waste disposal, drainage, and gas systems:				
Check if None <input type="checkbox"/>				
8. Are records kept for each job including the description of materials and equipment used or installed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Indicate the training and certification of owners and employees:				
Check if None <input type="checkbox"/>				
10. Any installation of high pressure systems, caustics, flammables, gases or chemicals? If yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Are proper written procedures in place with respect to "sweating" of pipes? If no, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. List products sold but not installed by applicant:				
Check if None <input type="checkbox"/>				