## **PAINTING CONTRACTORS**

## **CBIC** - Contractors Bonding and Insurance Company

| 1.  | Agent/Broker Name:   |   |                           |         |                                       | 2.    | Company Name:                         |                       |                     |             |  |  |
|-----|--|---|---------------------------|---------|---------------------------------------|-------|---------------------------------------|-----------------------|---------------------|-------------|--|--|
| 3.  | Estimate for the r   | e for the next 12 months:   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | Number of Active   | Owners Number of Employees  |                           | s       | *Emplo                                |       | Payroll                               | **Subcontractor Cost  |                     | Gross Sales |  |  |
|     |  | e Payroll - do not include payroll for clerical, salespersons or owners<br>Costs = labor plus materials <b>you</b> purchase for your subcontractors <b>and</b> materials purchased by subcontractor |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| 4.  | List 3 largest jobs  | 3 largest jobs in the past 5 years or currently underway or planned:  |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | Year   | Year Description  |                           |         |                                       |       |                                       | n of Work             |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| -   | For each of the past 4 years, provide:   |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| 5.  | Year   | past 4 years, provide:  *Annual Employee Payroll Gross Annual Receipts (total revenue)  |                           |         |                                       |       |                                       | **Subcontracted Costs |                     |             |  |  |
|     | - I Gai  | Aimuai Employee i ayion   |                           |         | Gioss Aimuai Neceipts (total revenue) |       |                                       |                       | Oubcontracted Costs |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | *Annual Employee Payroll - do not include payroll for clerical, salespersons or owners<br>**Subcontracted Costs = labor plus materials <b>you</b> purchase for your subcontractors <b>and</b> materials purchased by subcontractor |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| 6.  | Estimate the numb  | ate the number of jobs performed <b>annually</b> (indicate Zero "0" if none):   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | Total interior jobs completed annually  New apartments/townhomes/co-op bldgs over 12 u   |   |                           |         |                                       |       |                                       |                       |                     | 2 units     |  |  |
|     | Total e  | Total exterior jobs completed annually New condo projects   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | New homes worked on in any one tract, subdivision or development   |   |                           |         |                                       |       | Condo conversion projects             |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       | Jobs on homes valued over \$1 million |                       |                     |             |  |  |
|     | Exterior jobs over 3 stories   |   |                           |         |                                       |       | Fireproofing                          |                       |                     |             |  |  |
|     | Historical restoration and preservation  |   |                           |         |                                       |       | Waterproofing / caulking              |                       |                     |             |  |  |
|     | Roof Coatings  |   |                           |         |                                       |       | Sandblasting or chemical stripping    |                       |                     |             |  |  |
|     | Pressure washing - other than incidental cleaning  |   |                           |         |                                       |       | Street or roadway striping            |                       |                     |             |  |  |
|     | before   | before painting   |                           |         |                                       |       | Lead paint removal                    |                       |                     |             |  |  |
| 7.  | List all other serv  | ices provid   | ded besides exterior or i | interio | or paintir                            | ng an | d staining                            | of structures:        |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | Check if None  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| 8.  | Are records kept   | records kept for each job including the description of materials and equipment used or installed?   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| 9.  | List special coatings applications used:   |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     | Check if None  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
| 10. | Describe procedures for storing or disposing of flammable and combustible materials at customers' premises:  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |
|     |  |   |                           |         |                                       |       |                                       |                       |                     |             |  |  |

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