

ELECTRICAL 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	
_____	Work outside of buildings (other than breaker box)	_____	Jobs on homes valued over \$1 million	
_____	Installation of emergency back-up equipment	_____	Airports or aerospace facilities	
_____	High voltage (over 480 volts) or high amperage	_____	Traffic signal work	
_____	Fire or burglar alarm or automatic sprinkler design, install or repair	_____	Machinery or equipment rewiring, service or repair	
_____		_____	Phone or computer equipment installation, service or repair	
7. List all other services provided besides electrical work within buildings:				
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 type of electrical license, certifications or degrees held by owners, officers, partners and employees:				
Check if None <input type="checkbox"/>				
10. Do you repair aluminum branch circuit wiring? If yes, describe repair procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Any services performed in a "clean room"? If yes, describe type of work and facility: <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Any services performed in hazardous or explosive atmospheres? If yes, describe type of work and facility: <input type="checkbox"/> Yes <input type="checkbox"/> No				