

MASONRY 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	
_____	Exterior jobs over 3 stories	_____	Condo conversion projects	
_____	Historic restoration and preservation	_____	Jobs on homes valued over \$1 million	
_____	Retaining walls over 3 feet	_____	Seismic retrofit	
_____	Shotcrete, gunite ore exterior plastering / stucco	_____	Below grade waterproofing	
_____		_____	Chimney sweep services	
7. List all other services provided besides masonry work performed:				
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. Are waterproofing services provided? If yes, explain type of applications and products used: <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. List masonry restoration services provided:				
Check if None <input type="checkbox"/>				
11. Do you leave scaffolding up overnight? If yes, what controls are in place? <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Are any other contractors permitted to use your scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No				