

COMPANY INFORMATION

Company Name:	_____	Bonding Capacity:	_____
Trades / Services:	_____	Bonding Company:	_____
Trades / Services:	_____	MBE Cert. (Agency):	_____
# of Employees:	_____	Veteran Certification:	_____
Year Founded:	_____	% U.S. Citizens:	_____
Owner's Name:	_____	% Vaccinated:	_____

ESTIMATING CONTACT (ITB'S)

Name, Title: _____

Email: _____

Phone: _____

Cell: _____

Address: _____

DESIRED WORK

Project Size (SF/\$\$): _____

Geographical Areas: _____

Geographical Areas: _____

Wage Scale (Y/N): _____

Night Work(Y/N): _____

PROJECT REFERENCES

Project Name #1:	_____	Project Name #2:	_____
Owner:	_____	Owner:	_____
GC:	_____	GC:	_____
Project Size (SF):	_____	Project Size (SF):	_____
Project Value (\$\$):	_____	Project Value (\$\$):	_____
Scope of Work:	_____	Scope of Work:	_____
	_____		_____
	_____		_____
Project Name #3:	_____	Project Name #4:	_____
Owner:	_____	Owner:	_____
GC:	_____	GC:	_____
Project Size (SF):	_____	Project Size (SF):	_____
Project Value (\$\$):	_____	Project Value (\$\$):	_____
Scope of Work:	_____	Scope of Work:	_____
	_____		_____
	_____		_____

Return completed form to our Estimating Team at estimating@npbinc.com