

# INSULATION CONTRACTOR BID FORM

Owner Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Installer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Contractor's License  
 No. \_\_\_\_\_

WALLS	WALL TYPE	ADDED R-VALUE	SQUARE FOOTAGE	BID AMOUNT
LOCATION				
COMMENTS			SUBTOTAL	\$
			TAX	\$
			WALL TOTAL	\$

CEILING	MATERIAL TYPE	ADDED R-VALUE	SQUARE FOOTAGE	BID AMOUNT
VENTS	NUMBER	SIZE/TYPE	NET SQ. FT.	
GABLE				
JACKS				
RIDGE VENT				
SOFFIT/EAVE				
NO. OF BAFFLES		NO. OF SHIELDS		
EXHAUST FAN EXT.				
BATH FAN EXT.				
COMMENTS			SUBTOTAL	\$
			TAX	\$
			CEILING TOTAL	\$

FLOORS	FLOOR TYPE	ADDED R-VALUE	SQUARE FOOTAGE	BID AMOUNT
GROUND COVER TO BE ADDED				
WATER PIPES - LINEAL FEET				
VENTS TO BE ADDED		VENT SIZE	SQ. FEET	
THROUGH RIM JOIST				
THROUGH FOUNDATION				
REPLACE EXISTING SCREEN WITH SCREEN ACCESS DOOR				
COMMENTS:			SUBTOTAL	\$
			TAX	\$
			CEILING TOTAL	\$

DUCTS	LINEAL FEET	ADDED R-VALUE	BID AMOUNT
CRAWL SPACE			
UNHEATED SPACE - FACED BATTS			
ATTIC DUCTS			
COMMENTS:		SUBTOTAL	\$
		TAX	\$
		DUCT TOTAL	\$

COST	\$
TAX	\$
TOTAL	\$
REBATE AMOUNT	\$
FINANCED AMOUNT	\$
CUSTOMER TOTAL	\$

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_