



a division of New England Home Performance Kings, Inc.

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 50 Boston Rd Lowell, MA 01852

Company: _____	Billing Address: _____
Name: _____	City/State/Zip: _____
Install Address: _____	Phone: _____ Other: _____
City/State/Zip: _____	Date: _____ Estimator: _____ PL: _____

Spray Foam Signoff Required? Yes No Knob & Tube Signoff Required? Yes No Recess Light Signoff Required? Yes No
 Enclosed Wall Signoff Required? Yes No Lead Safe Signoff Required? Yes No

AREAS TO INSULATE & PRODUCT OPTIONS New/Rehab Retrofit
 Air Sealing: Attic Basement Other: _____ Hrs: _____ \$ _____

LOCATION	SPRAY FOAM	POLYISO	CELLULOSE	FIBERGLASS
Total Sq Ft: _____	<input type="checkbox"/> OC <input type="checkbox"/> CC In__ R__ \$ _____	In__ R__ \$ _____	<input type="checkbox"/> DP <input type="checkbox"/> OB In__ R__ \$ _____	Rafters: 16" 24" <input type="checkbox"/> F <input type="checkbox"/> UF In__ R__ \$ _____
Total Sq Ft: _____	<input type="checkbox"/> OC <input type="checkbox"/> CC In__ R__ \$ _____	In__ R__ \$ _____	<input type="checkbox"/> DP <input type="checkbox"/> OB In__ R__ \$ _____	<input type="checkbox"/> F <input type="checkbox"/> UF In__ R__ \$ _____
Total Sq Ft: _____	<input type="checkbox"/> OC <input type="checkbox"/> CC In__ R__ \$ _____	In__ R__ \$ _____	<input type="checkbox"/> DP <input type="checkbox"/> OB In__ R__ \$ _____	<input type="checkbox"/> F <input type="checkbox"/> UF In__ R__ \$ _____
Total Sq Ft: _____	<input type="checkbox"/> OC <input type="checkbox"/> CC In__ R__ \$ _____	In__ R__ \$ _____	<input type="checkbox"/> DP <input type="checkbox"/> OB In__ R__ \$ _____	<input type="checkbox"/> F <input type="checkbox"/> UF In__ R__ \$ _____
Total Sq Ft: _____	<input type="checkbox"/> OC <input type="checkbox"/> CC In__ R__ \$ _____	In__ R__ \$ _____	<input type="checkbox"/> DP <input type="checkbox"/> OB In__ R__ \$ _____	<input type="checkbox"/> F <input type="checkbox"/> UF In__ R__ \$ _____
Total Sq Ft: _____	<input type="checkbox"/> OC <input type="checkbox"/> CC In__ R__ \$ _____	In__ R__ \$ _____	<input type="checkbox"/> DP <input type="checkbox"/> OB In__ R__ \$ _____	<input type="checkbox"/> F <input type="checkbox"/> UF In__ R__ \$ _____

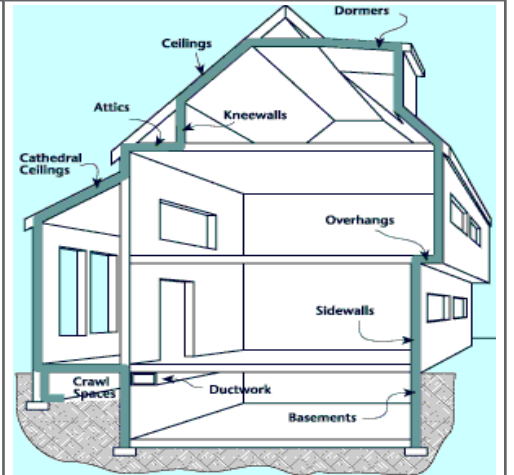
Vents: _____	Proper or Accu Vents: _____	Attic Hatch/Pull Down Cover: _____
Door Sweeps: _____	Bath Fan: _____	Light Caps/Damming: _____
Insulate Doors/Windows: _____	Fire Blocking: _____	Door Weatherstripping: _____
Other: _____		
Other: _____		

Proposal Good for 30 Days | Authorized By: _____ Circle Selections Above & Write In TOTAL Here: \$ _____

Signed: _____ Date: _____ Visa/MC: _____ Exp Date: _____

PAYMENT TERMS & CONTRACT ACCEPTANCE

- Please return the yellow copy of this SIGNED contract with a deposit of \$ _____.
 - You will be notified with-in days of signing as to when we'll be performing the work.
The balance is due in full the day the work is completed.
 - Any additional work or hidden damage found in the course of the job that is not specified in this contract requires a change order, and is subject to extra charges over and above this contract. The change order and price will be brought to your attention and you will be charged accordingly.
 - You, the buyer, may cancel this contract at any time prior to midnight of the third business day after the date it was signed. No refunds after that date. This contract is legally binding & subject to the terms below.
 - Change, cancellations & special orders jobs are subject to restocking fees & service charges. Returned checks are subject to a \$25 fee. Invoices 30 days past due will be charged 1.5% interest. We reserve the right to recover collection & legal fees.
 - I unconditionally accept the prices, conditions & terms of payment in this contract as specified below. I authorize Insul-Kings to complete the work specified in this contract & charge the balance by credit card or ACH/Echeck.
 - I personally guarantee the payment of any obligation of the Company named above & hereby agree to bind myself to pay Insul-Kings on demand any sum which may become due to Insul-Kings by the Company whenever the Company fails to pay.
 - Customer is responsible for compliance to or approval from local authorities such as historical, conservation, building or any other with jurisdiction.
- DO NOT SIGN IF THERE ARE BLANK SPACES.**



Access: X = Existing O = New
 Location: C = Ceiling W = Wall S = Sheathing
 Vents: Δ
 Locations: R = 8" Roof S = Soffit M = 12" Mushroom
 G = Gable · = Can

NOTES, DIAGRAMS & SPECIAL INSTRUCTIONS