(800) 472-1717 (207) 653-0331 Fax (207) 602-6185

Inventory Item

Wet



PROPOSAL

Date: 8/4/2020

Job: 502185

P.O. Box 30 Saco, ME 04072 www.andersoninsul.com

Customer: Michael Cicero

Michael Cicero

Workarea

Gable End Walls



Job Address

Phase: 1a	Description:	Master Bedroom Attic Option #1 - Open Cell	
Slopes		R-40 Icynene Open Cell Spray Foam Insulation LDC 70 - 10in	
Underside of Roof		R-40 Icynene Open Cell Spray Foam Insulation LDC 70 - 10in	Note: Coat Rafter Faces
Gable End Walls		R-22 Icynene Classic Plus Open Cell Spray Foam 5.5 in	
Slopes		DC-315 Thermal Barrier Paint Over Open Cell Foam 14 Mils	
		Wet	
Underside of Roof		DC-315 Thermal Barrier Paint Over Open Cell Foam 14 Mils	
Underside of Roof		DC-315 Thermal Barrier Paint Over Open Cell Foam 14 Mils	

\$4,805.00

ANDERSON INSULATION EXPECTS ALL WORK AREAS TO BE FREE OF DEBRIS AND/OR ANY ITEMS WHICH MIGHT INTERFERE WITH OUR INSTALLATIONS.

DC-315 Thermal Barrier Paint Over Open Cell Foam 14 Mils

We propose hereby to furnish material & labor - complete in accordance with the above specifications, for the sum of: \$4,805.00

All material is guaranteed to be as specified. All work to be completed in a workman like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by workmen's compensation insurance.

Note: this proposal may be withdrawn by us if not accepted within 30 days. A \$25 fee will be added for each returned check. Late fees of 1.5% per month on all balances 30 days past due.

* ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

* Terms: Payment Due Upon Completion

DATE: 8/4/2020

Ryan Jeffe
Sales Representative

DATE:_____SIGNATURE_____ HIC# 198920

Customer