

APPLIED POLYMER SOLUTIONS, LLC

Preliminary Estimate Questionnaire

Fax This Form Back To: 704-225-3092

Send Digital Photos To: jholler@applied-polymer-solutions.com

Name of Company: \_\_\_\_\_ Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Location Information:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All of the following questions play an integral part in the actual cost of doing your floor. Take the time to answer them as accurately as possible.

Survey Areas:

1. Which areas will be done? And, what is the square footage of each?

Area Name: \_\_\_\_\_

Square Feet: \_\_\_\_\_

Type of Area (from below) \_\_\_\_\_

- |                  |                |                     |             |
|------------------|----------------|---------------------|-------------|
| (A) Production   | (E) Laboratory | (I) Dock            | (M) Oven    |
| (B) Wet Process  | (F) Warehouse  | (J) Mechanical Room | (N) Storage |
| (C) Food Process | (G) Packaging  | (K) Kitchen         | (O) Garage  |
| (D) Clean Room   | (H) Aisleway   | (L) Refrigerated    | (P) Office  |

Existing Conditions:

Concrete Age: \_\_\_\_\_ Floor Thickness: \_\_\_\_\_ Floor Temperature: \_\_\_\_\_

Current Floor System:

Coating: \_\_\_\_\_ Polymer Overlay: \_\_\_\_\_ Other: \_\_\_\_\_

System Thickness: \_\_\_\_\_ Well Bonded: \_\_\_\_\_

Cracking: \_\_\_\_\_ Joint Condition: \_\_\_\_\_

Removal Required: \_\_\_\_\_

Floor Drains: \_\_\_\_\_ Pitch of Floor: \_\_\_\_\_ Slope Needed: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please provide a sketch on the enclosed form.

General Questions:

- |   |  |  |  |
|---|--|--|--|
| 208, 240/3phase/30 amp service on site?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 440,480/3phase/30 amp service on site? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 120V/20 amp                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lights?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heat?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Air available (psi)?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can the area be completely cleared out?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | A material and equipment staging area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can material be shipped in ahead of time? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a loading dock?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Forklift by Customer?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Customer Driver Required?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restrictions of solvent based products?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Open flames in area?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Union or Prevailing Wage required?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

Any other information? (i.e. - safety restrictions, obstructions, distance, elevator, narrow doorways, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_