

# CONTRACTORS BEST INSURANCE SERVICES INC.

## Schedule of Contracts

(Include Bonded and Unbonded – if Cost Plus, indicate up-set Pricing)

**Contractor Name:** \_\_\_\_\_ **Date Prepared:** \_\_\_\_\_

1 Owner / Job Description	2 Starting Date	3 Bonded		4 Contract Price Plus Change Orders	5 Original Estimated Cost Plus Cost of Change Orders	6 Total Billed to Date Incl. Retainage	7 Total Costs (Direct) to Date	8 * Total Revised Estimated Cost to Complete	9 Estimated Completion Date
		Yes	No						
<b>Totals:</b>				\$	\$	\$	\$	\$	

\*MUST BE A NEW ESTIMATE OF REMAINING COSTS AS OF THIS DATE. INCLUDING UNRECOVERABLE COSTS (NOT COLUMN 5 MINUS 7)

CONTRACTOS COMPLETED SINCE LAST FISCAL CLOSING STATEMENT OR LAST REPORT				
Job Description	Owner	Final Contract Price	Total Cost	Gross Profit/Loss
<b>Totals:</b>		\$	\$	\$

<b>Total Uncompleted Work</b>	\$
<b>Total Uncompleted Work by Subcontractors</b>	\$
<b>Subcontractors Bonded</b>	\$
<b>Subcontractors Unbonded</b>	\$