

PROJECT COST BREAKDOWN

Date: _____ Contractor: _____

Project Name: _____

The following is a complete list of all subcontractors and suppliers relating to the Project and is submitted to United Casualty and Surety Insurance Company in support of our application.

NAME OF CONTRACTOR/ SUPPLIER	TELEPHONE NUMBER	TYPE OF TRADE/ MATERIALS	CONTRACT AMOUNT
			\$
			\$
			\$
UNITED CASUALTY AND SURETY INSURANCE COMPANY			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
YOUR LABOR COST (FOR WORK YOU ARE ACTUALLY DOING)			\$
YOUR MATERIAL COST (FOR WORK YOU ARE ACTUALLY DOING)			\$
YOUR EQUIPMENT COST (DO NOT INCLUDE MATERIAL SUPPLIERS)			\$
OTHER COSTS (EXPLAIN):			\$
OTHER COSTS (EXPLAIN):			\$
YOUR OVERHEAD			\$
YOUR PROFIT			\$
THE TOTAL SHOULD BE THE SAME AS THE CONTRACT AMOUNT			\$