## 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 <br> AMOUNT |
| :---: | :---: | :---: | :---: |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
| UNITED CASUAI | AND SUR | INSURANCF | \$/PANY |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |
| 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 |  |  | \$ |

