PROJECT COST BREAKDOWN

Date: Contra	ctor:		
Project Name:			
The following is a complete list of all sub Suret		relating to the Project and is submi support of our application.	tted to United Casualty and
NAME OF CONTRACTOR/ SUPPLIER	TELEPHONE NUMBER	TYPE OF TRADE/ MATERIALS	CONTRACT AMOUNT
			\$
			\$
		4	\$
UNITED CASUALT	Y AND SURE	TY INSURANCE C	C \$\(PANY \)
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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			\$