



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						
Totals:				\$	\$	\$	\$	\$	

*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



CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC.

Totals:		\$	\$	\$

Total Uncompleted Work	\$
Total Uncompleted Work by Subcontractors	\$
Subcontractors Bonded	\$
Subcontractors Unbonded	\$