



SCHEDULE OF UNCOMPLETED WORK

Home Office:
 1213 Valley Street
 P.O. Box 9271
 Seattle, WA 98 109-0271
 (206) 628-7200
 (800) 765-CBIC National
 (206) 682-1558 FAX

NAME AND ADDRESS OF CONTRACTOR

STATUS OF UNCOMPLETED CONTRACTS AS OF

1 Contract Description and Location	2 Start Date	3 Com- pletion Date	4 Bonded Y/N	5 Job Number	6 Contract Price In- cluding Approved Change Orders	7 Original Estimated Profit	8 Total Amount Billed to Date Including Retainage	9 Costs to Date	10 Estimated Cost to Complete
TOTAL									

A) Are you anticipating any projects or are you currently negotiating any jobs not listed above? _____ If yes, please explain. _____

B) Do any billings include unapproved claims or disputed items? _____ If yes, please explain. _____

CONTRACTS COMPLETED SINCE LAST REPORT

DATED _____

Contract Description or Bond Number	Contract Price Incl. Approved Extras	Original Estimated Gross Profit	Final Gross Profit

C) Do any billings include unapproved claims or disputed items? _____ If yes, please explain. _____

Signature _____