

# Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

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**Phone** 619-234-6848 <> **Surety Fax** 619-234-1239 <> **Web Site** www.cavignac.com

## Work-on-Hand

Name of Contractor \_\_\_\_\_ Work-on-Hand as of \_\_\_\_\_

	Uncompleted Contracts Contract Description and Location	A	B	C	D	E	F
		Contract Price Including Approved Change Orders	Original Estimated Profit at Time of Bid	Billed to Date Including Retainage (1)	Costs to Date	Estimated Costs to Complete	Estimated Completion Date
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Various Jobs under \$ _____							
Total							

### Contracts Completed Since Last Fiscal Closing Statement

	Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
1.				
2.				
3.				
4.				
5.				

1. Do not include "claims" or "disputed items." If desired, attach an explanation.
2. ALL PROJECTS SHOULD BE LISTED: bonded, non-bonded, lump sum and cost plus.
3. COSTS should be entered consistent with financial statement (Profit & Loss Report) allocation, excluding general and administrative (specifically unallocated) overhead.