

Date
 Contractor
 Address

WORK – ON – HAND SCHEDULE

SURETY SPECIALTY GROUP, INC
 PO BOX 600962
 JACKSONVILLE, FL 32260
 PH 904-230-1324 FAX 904-230-0921
WWW.BONDSSG.COM

Uncompleted Contracts – Include both Bonded and Unbonded Contracts. If Cost Plus, indicate upset price.

Job Description	Contract Price* (1)	Original Estimated Cost (2)	Amount Billed to Date ** (3)	Cost To Date (4)	Estimated Costs To Complete (5)	Original Estimated Profit (6)	Anticipated Completion Date (7)

Contracts Completed During Last Fiscal Year or Since Last Status of Contracts Report

Remarks:

Contract Description and Location	Final Contr. Price	Total Cost	Gross Prof. Or Loss

* To include all approved change orders.
 ** Estimates Paid, approved unpaid estimates & retained percentage
 68-4039 (10/98)

Signed _____
 Title _____