

WORK-ON-HAND SCHEDULE

Alexander Insurance
Insurance and Financial Services

1140 S. Federal Highway
Fort Lauderdale, FL 33316
Jeff 561-305-6241
Jon 561-584-0732
Fax 954.208-0011

Contractor's Name: _____

Contracts In Progress Date: _____

Contract Description and Location Contact Name & Telephone #	Contract Price Including Approved Change Orders	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Start Date	Est. Completion Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
TOTALS:						

Contracts Completed During This Fiscal Year Or Since Last Work On Hand Schedule.

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss

**Do not include "claims" or "disputed items." If desired, attach an explanation.*

This information prepared

By: _____

Date: _____

*Please Indicate: *Cost Plus Fee-No Maximum **Cost Plus With Maximum ***Construction Management*