## **Pacific** Surety.

## JOB COST BREAKDOWN

Date:

Contractor:

Project Name:

PLEASE COMPLETE THE FOLLOWING INFORMATION, WHICH REFERS TO THE ABOVE PROJECT.

Even though you may only have tentative prices and you may not have decided on the subcontractor that you will use, Please complete this form to the best of your ability. We realize this information is subject to change.

NAME OF SUBCONTRACTOR	TYPE OF TRADE OR SERVICE	CONTRACT AMOUNT
		\$
		\$
		- <del>-</del>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Your Labor Costs – For work you are actually doing:		\$
Your Material Costs – For work you are actually doing:		\$
Your Equipment Rental Costs:		\$
Other Costs (Explain):		\$
Other Costs (Explain):		\$
Your Overhead and Profit:		
Your Overnead and Profit:		\$
**The total should be the same as the contract amount. Total:		\$

SIGNED BY:

TITLE:

275 Commerce Drive Suite 110 • Fort Washington, PA 19034 p: 610-940-1491 • toll free: 800-596-8622 • f: 610-940-1492