



PO Box 1388, Bangor, ME 04402

JOB COST BREAKDOWN

Date: _____ Contractor Name: _____

Project Name: _____

Please complete this form. We realize that this information is subject to change and that you may only have tentative prices or may not have decided on a specific subcontractor for each trade. Thank you!

Subcontractor	Bonded?	Type of Trade/Service	Contract Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total amount to be subcontracted: _____ \$ _____

Your labor cost-work you are actually doing \$ _____
Your material cost-work you are actually doing \$ _____
Your equipment rental costs \$ _____
Other costs (please explain) \$ _____

Profit (%) \$ _____
TOTAL: (Should be the same as your estimated contract amount) \$ _____

Retainage to be held by the obligee on this job: _____

Comments: _____

PLEASE RETURN THIS FORM TO CROSS INSURANCE BY FAX OR EMAIL

- Fax # (207) 947-7589
- Judy Mills email: jmills@crossagency.com