ESTIMATED JOB COST BREAKDOWN

Contractor: _____ Bid Date: _____

Project Name: _____

Please complete the following information that refers to the above project. Even though you may only have **tentative prices or estimates** and you may not have decided on the subcontractors you will use, please complete this form. We realize this information subject to change and is requested for discussion purposes.

Name of Subcontractor	Type of Trade or Service	Estimated Contract Amount ($)
Your Estimated Labor Cost - (For work you are actually doing)		
Your Estimated Material Cost - (For work you are actually doing)		
Your Estimated Equipment Rental Costs		
Other Costs 1:		
Other Costs 2:		
Your Estimated Overhead & Profit		
The Total Estimate Should be the Same as the Contract Price		

Signed By: Date:

CENTENNIAL Surety Associates
An AssuredPartners Agency