

**MOYLAN'S INSURANCE UNDERWRITERS'S INC.**

424 W O'Brien Dr., Suite 202, Hagatna, Guam 96910

Phone: (671) 475-7299; Fax: (671) 472-6376

Website: <https://moylansinsurance.com>

Email: cserafica@moylans.net | bcacayan@moylans.net | dmangune@moylans.net

**SCHEDULE OF WORK IN PROCESS**

*(ALL WORK-BONDED & UNBONDED-IF COST PLUS PLEASE INDICATE)*

Business Name and Business Trade Name:				Tax ID:		Date As Of:		
JOB DESCRIPTION		Starting Date	Completion Date	BONDED YES/NO	Contract Price*	Total Billed to Date**	Total Cost to Date	Total Estimated Cost to Complete
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
<b>TOTALS</b>					-	-	-	-

\*Contract Price (including Approved Change Orders)

\*\*Total Bulled to Date Including Retainages (Explain Any Dispute Items)

