

Insured Name:

Claim #:

Insured Address:

Progress Payment Schedule

I contractor, requires a payment schedule to be agreed upon prior to work commencing.

Due to the nature of the work, if payment is not received within of notification of work completed and additional payment required a stop work order may be implemented until the financial obligations are satisfied.

The estimated budget for this job is: . There will be progress payments starting with one due immediately of .

Additional Notes:

We have read the above schedule and have received all documentation that we require to agree to the above terms with .

Insured Name:

Contractor Representative Name:

Insured Signature:

Contractor Signature:

Date:

Date: