

The Work-in-Progress Report

Name of the contractor _____

For the period ending _____

PROJECT DESCRIPTION	BONDED		CONTRACT PRICE INCLUDING APPROVED EXTRAS	AMOUNT BILLED TO DATE INCLUDING HOLDBACKS	COSTS TO DATE	ESTIMATED COSTS TO COMPLETE	ANTICIPATED GROSS PROFIT
	YES	NO					
_____ Anticipated completion date _____							
_____ Anticipated completion date _____							
_____ Anticipated completion date _____							
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Intact Insurance Company	TELEPHONE	FAX	TOLL-FREE FAX
Montreal	1 800 561 7251	514 282 7954	1 855 773 5849
Quebec	1 800 463 5140	418 654 3405	1 855 773 5849
Saint-Hyacinthe	1 800 363 5401	450 773 5849	1 855 773 5849

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