QBE INSURANCE - Contract Balance Reconciliation

Owner:	
Builder:	
Site Address:	
Claim Number:	
Date Form Completed:	

CONTRACT SCHEDULE					
	Date	Description	Amount (\$)	Signed Variation (Y/N)	Variation Supplied to QBE (Y/N)
Original Contract			\$-		
Variation 1			\$-		
Variation 2			\$-		
Variation 3			\$-		
Variation 4			\$-		
Variation 5			\$-		
Variation 6			\$-		
Variation 7			\$-		

TOTAL CONTRACT AMOUNT \$

PAYMENT SCHEDULE						
	Date	Description		Amount (\$)	Date Paid	Proof of Payment Supplied to QBE (Y/N)
Deposit			\$	-		
Payment 1			\$	-		
Payment 2			\$	-		
Payment 3			\$	-		
Payment 4			\$	-		
Payment 5			\$	-		
Payment 6			\$	-		
Payment 7			\$	-		
Payment 8			\$	-		
Payment 9			\$	-		
Payment 10			\$	-		
Payment 11			\$	-		
Payment 12			\$	-		
		TOTAL AMOUNT PAID	\$		-	

CONTRACT BALANC	E CALCULATION			
			Amount (\$)	
Total Contract Amount (incl	ract Amount (incl. Variations) \$			-
-				
Total Amount Paid		\$		-
=	CONTRACT BALANCE	\$		-