



SpecialProjectz

1085 Thornbury Place
Highlands Ranch, CO 80129
720.340.6790 jer@specialprojectz.org



PROPOSAL/CONTRACT

PROJECT PROPOSAL #010118XX

Jan 1, 2018

Presented to Client: Name, First & Last
Project address:

SCOPE OF WORK

Bathroom remodel, to include the following project details:

PROJECT SPECIFICS

1. Bath tub replacement & disposal of existing tub. As styles and types of tubs can vary, an allowance of **\$XXXX** is allocated for this item. Tub drain and plumbing locations and orientation to remain the same.
2. Remove existing ceramic shower tile and install ½" concrete board (Hardiboard) as substrate backing. Install new tile & grout, silicon caulk as required (Tile allowance: **\$X/sqft** -Field and trim tile. App 90 sqft. Tile to extend to ceiling height.
3. A new shower valve, head and mixer set to be installed (Allowance: **\$XXX**), assuming existing plumbing behind wall doesn't need any major modifications or repair work once tile is removed. If additional plumbing work or repair is needed, an additional cost may be incurred.
4. Install new tub/shower door (allowance: **\$XXX**)
5. A new vanity, counter and faucet set shall be installed in place of existing unit (allowance: **\$XXX**). New supply valves, water lines and drainage piping will be installed in said vanity.
6. Remove existing carpeting and install Hardi-board tile backing system to allow for installation of new ceramic tile (allowance: **\$XXX/sqft** -app 60 sqft, including tile base in place of the existing wood. A laminate flooring system can also be reviewed, if desired.
7. Re-use existing toilet and install new seal, water supply valve and line.

8. Modify existing 'opaque window' on toilet wall with some manner of creative solution, perhaps in-set designer tile?
9. A new light fixture will be installed in place of existing (allowance: **\$XXX**).
10. A new medicine cabinet & mirror of the same size will be installed in place of existing (allowance: **\$XXX**)
11. Electrical outlets, switches and cover plates to be replaced with quality commercial-grade product.
12. The existing GFCI outlet to be replaced with a new, color matched unit and installed at existing outlet location.
13. Entry door to be prepped and painted with quality (Sherwin-Williams, or similar) semi-gloss or gloss enamel latex paint, per agreed upon color design. Existing historical hardware to be cleaned, lubricated and re-used.
14. Existing linen built-in cabinet to be cleaned & re-painted per design scheme.
15. Vent duct covers to be painted with oil base enamel, per design scheme.
16. Clean and prep all wall surfaces for paint. Repair and texture drywall as needed. Finish prime and paint with quality (Sherwin-Williams, or similar) semi-gloss enamel latex paint, single light or white color – 2-3 tone OK, per designer input.
17. Install new towel racks & various accessories. Allowance: **\$XXX**
18. Caulk all bath and counter areas & seams with silicon caulking.
19. Final project clean-up and detailing.

SCHEDULING and IMPLEMENTATION

- It is estimated that this project will take **2-3 weeks** with provided staffing, assuming no delays from extraordinary circumstances, material delays, project changes, etc.
- Client to provide reasonable access to project site during normal business hours.
- Only actual materials costs are charged to the Client (including credit for appropriate discounts, if any). There is no mark-up on materials costs. All materials receipts are retained in digital format for Client's review and use later on.
- Any changes in materials, project costs or scheduling shall be communicated immediately with the Contractor so that potential impacts can be ascertained.

Materials Allowance Budget

Subject	Allowance
Bath Tub Replacement	\$XXXX
Shower Valve Set	\$XXX
Shower Tile \$XXX/sqft @ 90 sqft total	\$XXX
Flooring Tile & Base \$XXX/sqft @ 60 sqft total	\$XXX
Tub/Shower Door	\$XXX
Bath vanity, counter & faucet set	\$XXX
Light fixture	\$XXX
Medicine Cabinet	\$XXX
Towel Racks and Accessories	\$XXX
TOTAL ALLOWANCE BUDGET:	\$XXXX

TOTAL PROJECT COSTS

Labor:	\$XXXX
Materials*:	\$XXXX
Total:	\$XXXXX

**Includes Materials Allowance budget*

TERMS

A materials deposit of **\$XXXX** (1/3 contract amount) shall be made by Client with Contractor to start the project. A labor draw of (**\$XXXX**) shall be due at the end of the first week of construction. Balance of project due (**\$XXXX** and any additional costs) shall be paid upon completion of project. This proposal and its pricing is good for (30) days from date of submittal. Our work is warranted for as long as the original client owns the home.

APPROVAL

Jeremiah: jer@specialprojectz.org 720.340.6790

Luke: lukestonebear89@gmail.com 720.940.1631

_____ Date: _____
Home Owner

_____ Date: _____
Jeremiah Miller, Contractor

_____ Date: _____
Luke Luckenbach, Contractor

Thank you for the opportunity to work on your home. Please don't hesitate to contact Luke or I with any questions.

Best always,

Jeremiah

Jeremiah Miller, Principal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kraft Lake 7955 E Arapahoe Ct Ste 3500 Centennial CO 80112		CONTACT NAME: Cameron Schultz PHONE (A/C, No, Ext): 3039978661 FAX (A/C, No): 3034791136 E-MAIL ADDRESS: cschultz@farmersagent.com	
INSURED Jeremiah Miller & Luke Luckenbach, DBA: Special Projectz 1085 Thornbury Pl Highlands Ranch CO 80129		INSURER(S) AFFORDING COVERAGE INSURER A: Security National Insurance Company NAIC # 19879 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NA121298500	12/08/2017	12/08/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Remodeling and construction of interior, residential projects, primarily involved in basic improvements.

CERTIFICATE HOLDER

[Redacted Certificate Holder Information]

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Redacted Authorized Representative Information]

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ACORD 25 (2016/03)

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