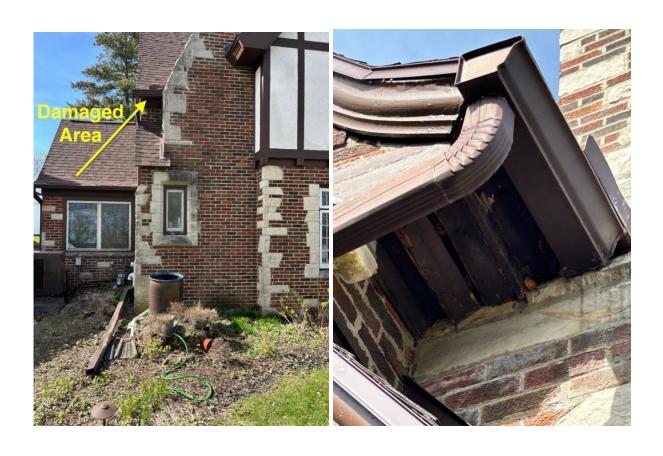


Restoration Proposal

Date: 4/29/25

For:

Nick Gorjestani 325 E Newhall Ave. Waukesha, WI, 53186 262 709 1303 Nickg2794@hotmail.com



Company Mission:

Thoughtful Craftsmen's mission is to maintain the historic housing stock of Milwaukee and its older suburbs through comprehensive restoration that treats a home as a living organism composed of interconnected systems. Using the highest quality materials, applied and installed with a thoughtful eye to historical and architectural details, we endeavor to return homes to their original appearance in a way that will survive for decades to come.

Work Proposed:

Repair damaged soffit, fascia and trim piece next to the chimney on the front of the house. (see pictures above)

Paint the repair with matching paint.

We perform this service on a time and materials basis. More information about time and materials is provided at the bottom of the proposal

Job Description:

Repair/Restoration of Damaged Wood

We will address any deteriorated wood or missing wood discovered using Abatron Wood Restoration 2 Part Epoxy repair solution. This process clears areas of existent rot/deterioration, consolidates the wood with a liquid epoxy and is followed with an epoxy putty which is packed into place. After it has set, we sand and shape it to match the surrounding structure. As needed, the putty will be dyed to match existing finish is closely as possible.

If damage is such that epoxy repair is not logical, material will be replaced and re-finished to match existing.

Totals:

All work including set up, removal, restoration, reinstallation, clean up, and travel to be performed at \$125/hr. including the cost of any necessary materials or expendable supplies +10%.

Minimum Cost of this repair will be \$1500.

To track our time and keep you informed, we complete and share with you *daily* time and materials logs and are happy to discuss the process, progress, and any options that arise as frequently as you would like.

A Note On Time and Materials Work:

This process has proved to be very successful for going-on 20 years, but requires that we each do our part. Our part is to keep you informed about the job progress and the time spent and materials used. We do this through daily Time and Material Logs, which are made available to you. We provide the information and can answer questions about it, but we cannot know if it is meeting your expectations or staying within your budget.

That's where your part comes in. We encourage you to read the logs as you receive them, ask any and all questions that occur to you. If you want to expand or contract the scope of work, let's talk so we can find a good stopping point. If you want us to pursue a lower degree of perfection in order to speed things up, please let us know. We can make adjustments while the work is in progress. If you wait until you receive the invoice to tally hours and consider your budget, it is too late for us to make changes. While we don't bill for any mistakes or gross inefficiencies, we do invoice for all hours we worked unless adjustments are made at the time.

Most of all, please communicate whenever you have a question or concern. Both you and we share this common goal: we do not want to do any work that you don't want to pay for. . . but we cannot read your mind. Please share with us what is on it.

AS REQUIRED BY WISCONSIN CONSTRUCTION LIEN LAW, CONTRACTOR HEREBY NOTIFIES OWNER THAT PERSONS OR COMPANIES FURNISHING LABOR OR MATERIALS FOR THE CONSTRUCTION ON OWNER'S LAND MAY HAVE LIEN RIGHTS ON THE OWNER'S LAND AND BUILDINGS IF NOT PAID. THOSE ENTITLED TO LIEN RIGHTS, IN ADDITION TO THE BELOW SIGNED CONTRACTOR, ARE THOSE WHO CONTRACT DIRECTLY WITH THE OWNER OR THOSE WHO GIVE THE OWNER NOTICE WITHIN 60 DAYS AFTER THEY FIRST FURNISH LABOR FOR THE CONSTRUCTION AND SHOULD GIVE A COPY OF EACH NOTICE RECEIVED TO HIS/HER MORTGAGE LENDER, IF ANY, TO SEE THAT ALL POTENTIAL CLAIMANTS ARE DULY PAID.

Compliance with Wis. Admin. Code Chapter DHS 163: Thoughtful Craftsmen Inc. shall comply with Wis. Admin. Code Chapter DHS 163 while performing paint and/or restoration work as provided for in the attached Proposal upon property that is covered under Wis. Admin. Code Chapter DHS 163. A copy of said Chapter DHS 163 is attached, as is the "Renovate Right" pamphlet. By signing below, you acknowledge, admit and agree that you have been provided a copy of Wis. Admin. Code Chapter DHS 163, and a copy of the "Renovate Right" pamphlet.

Bonding and Insurance Coverage: Thoughtful Craftsmen Inc. maintains workers compensation insurance as well as general and excess liability insurance; proof of said insurance is attached to this Proposal. Thoughtful Craftsmen Inc. does not maintain Bonding Insurance.

Animal or Pest Policy: If critters are found during construction and pose a safety risk, delay the project, or need special handling, Thoughtful Craftsmen will inform the property owner. The owner is responsible for their removal unless otherwise agreed in writing. We are not liable for any extra costs or delays related to critter removal unless included in the original contract. Additionally, Thoughtful Craftsmen is not responsible for damage to installed materials caused by animals or insects during or after installation. It is the property owner's responsibility to protect materials from such damage. Consulting a pest management professional is recommended.

Landscaping Liability Disclaimer: Thoughtful Craftsmen shall not be held liable for any damage to existing landscaping, including but not limited to trees, shrubs, lawns, and garden features, that may occur during the course of the construction project. While every reasonable effort will be made to minimize impact, the client acknowledges that certain damage may be unavoidable. The responsibility for any necessary repairs or restoration of landscaping shall rest solely with the client unless otherwise specified in the contract.

Social Media Policy: Thoughtful Craftsmen may capture photos or videos of the project for marketing, including social media and websites. We ensure no sensitive information about the property is shared without written

| | | ny content they find objection in writing before work begins | |
|--|--------------------------------|--|--------------------------|
| | | n the yard during the project, not to have a sign, please initi | |
| Proposal may be withdray | vn if not accepted within 30 o | days. Scheduling is based on i | receipt of down payment. |
| Payment Schedule: | | | |
| Non-refundable time-from initial invoice.) | slot reservation retainer | of \$1000 due upon signi | ng. (Will be deducted |
| Time & materials wo | rk Invoiced and paid we | ekly as needed. | |
| Job minimum is \$150 | 0 | | |
| Payments due directly | y upon receipt of invoice | e. | |
| 1+1/2% interest per n | nonth on all payments 5 | days overdue. | |
| • | O 1 1 | al and received down pay smen and sent to P.O. Bo | - |
| Authorized Signature, | Гhoughtful Craftsmen, I | NC. | |
| Joe Thomas | 4/29/25 | | |
| I agree to these terms a | and authorize the work d | escribed above. | |
| | | Date | Owner/Agent |
| (Please sign and return | with down payment). | | |
| | 1 7 | | |
| | | | |



CERTIFICATE OF INSURANCE

DATE ISSUED (MM/DD/YY) 07/22/2024

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000 Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

| ERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | PH TO NATH PC St -P -E | ME AND ADDRESS OF AGENCY eferred Insurance Services r15 Golf Road, Ste 190 elaffield, WI 53018 none: 866-788-4617 enya@preferredinsservices ME AND ADDRESS OF NAMED INSURE roughtful Craftsmen, Inc. D Box 11537 norewood, WI 53211 hone: 414-217-6222 mail: amontezon@gmail.co | .com D | | AGENT'S NO. WW2273 | no rights or negatively and condition indicated if govern the situation, paid. This between the producer as the situation of | FILE INSURAL FILE INSURAL LAGSHIP CO cate is issued on the certifi amend, exter dons of insur below. The he insuranc Limits sho certificate of the issuing i and the certifi and the certificate | NCE Y Co NCE TY IN d for flication ance term term in sur finsur tifica | EXCHANGE Attorney-in-Figure Ander Company of his Islands Committee and information purple holder. It does not coverage contains and condition overage as applicable and condition overage as applicable and constitution of the contained of the contained and | VILLENCO VTILLIS |
|--|--|---|-----------------------------------|-----------------|-----------------------|---|--|---|--|-------------------|
| C PERRENAL LIABILITY CLAIMS MADE Occurs Occu | | | - | | med insured at the | e time that t | the Certifical | te is i | | |
| C COMPENSATION S COMMERCIAL COMPENSATION Color | | | POLICE HUMBER | DATE WINDOWN | DAIE (MAN/DUVYO | EACH OO | CURRENCE | ŝ | | |
| PRESONAL ARM NULLEY \$ 1,000,000 GENERAL AGREGATE LINE TAPPLES PRE- POLLY PROJECT LIDE ANTOMORIEL LIBRILITY WAY TO CHARGE LIBRILITY WAY TO CHARGE WITH PROGRESSIVE INS PROGRESS | С | COMMERCIAL GENERAL LIABILITY | Q61-0319822 | 09/08/2023 | 09/08/2024 | FIRE DAMAG | GE (Any One Fire) | s | | |
| GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPROP AGG \$ 2,000,000 PRO | П | ☐ CLAIMS MADE 🗹 OCCUR | | | | MED EXP (| Any One Person) | s | 5,000 | |
| PRODUCTS-COMPIOP AGG \$ 2,000,000 | П | □ | | | | PERSONAL 8 | & ADV. INJURY | s | 1,000,000 | |
| PRUENT DEC D | | □ | | | | | | \$ | | |
| AUTOMOBILE LIABILITY WAY JUTY | | | | | | PRODUCTS- | COMP/OP AGG | \$ | 2,000,000 | |
| COVERAGE WITH PROGRESSIVE INS INFED OWNED PROGRESSIVE INS INFED OWNED PROFESSIVE INS INFED OWNED S INFED OWNED OWNED S INFED OWNED S | Н | | | | | BODILVII | NILIEV | | | |
| OWNED HRED HRED PROGRESSIVE INS GRANGE HRED HRED HRED HRED HRED HAVE STATUTORY STAT | П | | COVERAGE WITH | | | (EACH PE | ERSON) | \$ | | |
| MRED MAN-OWNED BOOLY MARKE SECURIFICATE HOLDER MAN-OWNED MARKE SECURIFICATE HOLDER MARKED MAN-OWNED SECURIFICATE HOLDER MARKED MARKED MARKED MARKED SECURIFICATE HOLDER MARKED MA | П | | PROGRESSIVE INS | | | | | s | | |
| GARAGE Compension Statistics Statisti | П | ☐ HIRED | | | | | _ | s | | |
| COMBRED CONTRINCE CAMPE COMBRED COM | П | MON-OWNED | | | | BOOLYINA | JURYAND | | | |
| C OTHER leased/rented equipment coverage 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 conferrights to the certificate holder in lieu of such endorsement(s). | | GARAGE | | | | PHOPERTY | Y DAWAGE BNED | \$ | | |
| E WORKERS COMPENSATION & Q93-0800754 09/08/2023 09/08/2024 5 STATUTORY BOOLLY NUMBER 1 LABILITY DISEASE \$ 100,000 EACH ACCIDENT DISEASE \$ 500,000 POLICY LIMIT DISEASE \$ 100,000 EACH ACCIDENT \$ 100,000 EACH EACH ACCIDENT \$ 100,000 EACH EACH EACH EACH EACH EACH EACH EACH | П | | | | | EACH OCC | CURRENCE | s | 1,000,000 | |
| E WORKERS COMPENSATION & Q93-0800754 09/08/2023 09/08/2024 BOOLY NUMBER 1100,000 EACH ACCIDENT \$ 100,000 EACH EACH EACH EACH EACH EACH EACH EACH | С | ✓ OCCURRENCE | Q33-0870444 | 09/08/2023 | 09/08/2024 | AGGR | REGATE | s | 1,000,000 | |
| E WORKERS COMPENSATION & Q93-0800754 | П | | | | | | | \$ | | |
| OTHER leased/rented equipment coverage DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | | RETENTION \$ | | | | | | \$ | | |
| OTHER leased/rented equipment coverage DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | | | | | | | | ١., | STATUTORY | |
| OTHER C OTHER Leased/rented equipment coverage DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | E | | Q93-0800754 | 09/08/2023 | 09/08/2024 | DODILY 1 | ACCIDENT \$ | | | EACH ACCIDENT |
| C OTHER leased/rented equipment eased/rented eased/rented equipment eased/rented eased/re | П | | | | | | DISEASE \$ | \$ | | |
| leased/rented equipment coverage DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | | | | | | BY (| DISEASE \$ | ; | 100,000 | EACHEMPLOYEE |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | c | | O61 0310833 | 00/00/2022 | 00/09/2024 | noliny n | rouidos u | n te | \$100,000 | of coverage for |
| 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | | | Q61-0319622 | 09/08/2023 | 09/08/2024 | | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | | | | | | leased/i | rerited eq | uip | ment with a | \$500 deductible |
| 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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). | | coverage | | | | | | | | |
| ERED IN ACCORDANCE WITH THE POLICY PROVISIONS. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). NAME AND ADDRESS OF CERTIFICATE HOLDER | DE | SCRIPTION OF OPERATIONS/LOCATIONS | ONS/VEHICLES/EXCLUSIONS ADDE | D BY ENDORSEM | ENT/SPECIAL PR | OVISIONS | | | | |
| ERED IN ACCORDANCE WITH THE POLICY PROVISIONS. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). NAME AND ADDRESS OF CERTIFICATE HOLDER | | | | | | | | | | |
| ERED IN ACCORDANCE WITH THE POLICY PROVISIONS. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). NAME AND ADDRESS OF CERTIFICATE HOLDER | | | | | | | | | | |
| ERED IN ACCORDANCE WITH THE POLICY PROVISIONS. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). NAME AND ADDRESS OF CERTIFICATE HOLDER | | | | | | | | | | |
| ERED IN ACCORDANCE WITH THE POLICY PROVISIONS. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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). NAME AND ADDRESS OF CERTIFICATE HOLDER | CAI | NCELLATION: SHOULD ANY OF | THE ABOVE DESCRIBED POLICE | CIES BE CANCEL | LED BEFORE TH | HE EXPIRA | TION DATE | THE | REOF, NOTICE | WILL BE DELIV- |
| 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). NAME AND ADDRESS OF CERTIFICATE HOLDER | _ | | | | | | | | | |
| rights to the certificate holder in lieu of such endorsement(s). NAME AND ADDRESS OF CERTIFICATE HOLDER | IMI | PORTANT: If the certificate | holder is an ADDITIONAL INS | SURED, the poli | cy(ies) must be | e endorse | d. If SUBR | 0GA | TION IS WAIVE | D, subject to the |
| NAME AND ADDRESS OF CERTIFICATE HOLDER | | terms and cond | litions of the policy, certain po | olicies may req | uire an endors | ement. A : | statement | on t | this certificate | does not confer |
| AUTHORIZED REPRESENTATIVE | | rights to the cer | tificate holder in lieu of such e | endorsement(s) | L | | | | | |
| AUTHORIZED REPRESENTATIVE | NAME AND ADDRESS OF CERTIFICATE HOLDER | | | | | | | | | |
| Marc Cipicani | _P | -BLANK- | | | AUTHORIZED | D REPRESENTAT | IVE | 4. | | |
| 10/lene Cipicani | -6 | LANK- | | | | | | | MA. | / |
| | | | | | | | | _ | 1 / wic | apreani |
| į I | | | | | | | | | | • |
| EIG6230 8/11 | | 0000 0/44 | | | | | | | | |