

COMMERCIAL "WHITE BOX" GRANT APPLICATION

Applicant/Project Contact Information

Name: Jim A. Fox

Address: 1908 Cleveland AVE
Racine, WI 53405

Phone: 262-989-9415

Business or Leaseholder Information

Name of business:

Business Owner's/Leaseholder's Name:

Address:

Phone:

Property Owner Information

Name: Jim A. Fox

Address: 1908 Cleveland AVE
Racine, WI 53405

Years Owned Building: 2 years

Age of Building: 135 years old

Area of First Floor (Square Feet): 1800 Square feet, additional 800 SF in lower level.

Proposed Improvements (describe in detail) Hot water heater, water lines and sewer to complete two ADA compliant bathrooms, new furnace, Duct work and AC, Electric, lighting & outlets, Insulate drywall, refinish floors.

Estimated Project Costs (detail out, separate labor and materials)

L = Labor
M = Materials

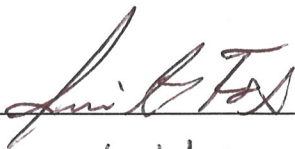
My Affordable Floors
 Floor Refinishing L=\$4,952.75 M=\$900.50 - see estimate
 Lepow Plumbing \$6,500.00 see attached estimate
 Simply Service (HVAC) \$8,750.00 see attached estimate
 Don's Electric - \$14,000.00 see attached estimate
 Ideal Drywall - \$9,368.00 see attached estimate

Project Schedule (construction begin, end, and lease-up dates)

Tentative start 4/3/17 - End Date 6/1/17

Applicant Certification

I have read the grant program guidelines (attached) If the application if approved, I will make the interior improvements described in this application, consistent with City Building Codes, and will complete within 120 days of approval.

Applicant Signature: 

Date: 3/31/17

Written Consent of Property Owner

Written consent of the property owner is required when the applicant and property owner are different entities or persons. Please submit with initial White Box grant application.

- I certify that I am aware of the attached application for the City of Racine White Box Program submitted for property that I own by a developer or leaseholder.
- I give my permission to the applicant, if a lessee or developer, to apply for the grant.
- I consent to the improvements proposed for my building and will accept responsibility for any permit or code violations that arise from the proposed improvements.
- I acknowledge that the City Building Division employees will inspect my property during the application period and will make reports as to compliance with building codes. By submitting this application, I consent to all inspections by the City Building Division employees for the purposes of this application consideration.
- I acknowledge that depending on the building, proposed use, size of building, building components, etc. it may be necessary for multiple City inspectors to inspect the building or space to provide a complete overview. The inspectors will assess the building and provide a Summary of Findings Report (SFR). The SFR will identify the major impediments necessary to address before occupancy of the building or space.
- I acknowledge the White Box Inspection is not intended to identify every detail or every code requirement. The intent is to identify significant deficiencies in the building or space (based on the applicant's proposed use) that will add a significant cost to their plan to occupy the space.
- I acknowledge that it may still be necessary for the applicant or me to obtain the services of a professional to prepare plans and specifications for their project.
- I certify that the subject property does not have any outstanding fees, penalties, or delinquencies with federal, state or local units of government (County, City of Racine).
- I certify that the subject property is not in foreclosure, litigation, condemnation, or receivership.
- I certify that I am not in violation of any City alcohol or soda licensing requirements.
- I certify that this subject building is more than 50 years old.
- I certify that this property is not tax exempt and is up to date on property taxes.
- I acknowledge that the applicant will receive the grant reimbursement and that reimbursement will be made after improvements have been inspected and proper documentation has been provided to the City of Racine.

Name of Property Owner: Jim A. FOX

Address of Subject Property: 209 6th Street
Racine, WI

Signature of Property Owner: 

Date:

REQUEST FOR REIMBURSEMENT

Use this form for requesting reimbursements for approved White Box Grants.

Required Attachments to Request

- Copy of all relevant permits (building, electrical, plumbing, health, occupancy, etc.)
- Photos of completed work
- Contractor and supplier invoices
- Lien waivers from all contractors and suppliers
- If materials and supplies purchased separately, include itemized receipts or invoices from the applicable merchants or suppliers
- If labor supplied by an independent contractor, provide a copy of the signed contract that includes the terms of employment between the laborers and the grant recipient
- If labor supplied by grant recipient's employee(s), provide:
 - Weekly time records for each employee that indicate the name of the each employee, employee contact information, social security number, days and hours worked, rate of pay, nature of work performed
 - Copy of all cancelled paychecks

Reimbursement Request Amount:

Explanation of Reimbursement Request:

Applicant Certification

I certify that the information submitted for this application for reimbursement is true.

Applicant Signature: _____

Date: _____

3/31/17

My Affordable Floors, Inc

2226 Douglas Avenue
 Racine, WI 53402
 262-653-1120

Estimate

Date	Estimate #
3/27/2017	107192

Name / Address	
Jim Fox 209 6th Street Racine, WI 53403	
Web Site	www.myaffordablefloors.com

Customer Phone
262-989-9415

				Project			
Phone #	262-653-1120	Fax #	866-372-0283	209 6th Street, Racine			
Description	Qty	U/M	Rate	Class	Total		
Includes sanding, staining, & finishing with commercial oil based wood floor finish throughout commercial building	1,801	sqft	2.75		4,952.75		
Upgrade finish to Loba 2-part commercial water based wood floor finish system	1,801	sqft	0.50		900.50		
Acceptance: _____ You are authorized to do the work as specified.			0.00		0.00T		
Acceptance of Proposal: The listed prices, specifications and conditions are satisfactory and are hereby accepted. 50% of listed prices are due upon acceptance. Remaining balances will be due upon completion of work proposed within this accepted proposal. Any change orders, which include square footage, scope of work, and/or pricing, etc., will be reviewed & require additional acceptance and/or signatures. This proposal does not include removing, disposing, and/or replacing of transitions, trim (baseboard, shoe, nosing, etc), carpet, pads, or existing floors unless stated within description of work proposed and pricing. Prices may be subject to change if accepted after 60 days. Sales Tax - Kenosha Co			5.50%		0.00		
			Total		\$5,853.25		

AFFORDABLE PLUMBING LLC

QUALITY SERVICE

2635 Four Mile Rd. #45186
Racine, WI 53404-7207
Office: 262/229-9FIX(9349)
Cell: 262/930-3460

Jim Fox
209 6th St.
Racine, WI

Following proposal is to supply and install all waste piping, Vent piping and all water piping to the two toilets and two lavatory sinks in the first floor commercial area only. Included in the proposed price is to supply and install one – 40 gallon power vent water heater. Also included is to install all customer supplied fixtures as listed above.

\$6750, Price includes all labor, materials, permit fees and necessary taxes.

Payment will be as per notes in footer and in full upon completion of job & Net 30 for all Commercial contracts.

ACCEPTANCE OF PROPOSAL

The price, specifications and conditions are satisfactory and are accepted. You are authorized to do the work and payment will be made as specified.

Date _____ Signature _____

-
- * 60% down required to start, 30% required upon completion of rough in, remaining 10% required upon completion. Customer will be responsible for any and all attorney fees and any fees associated if balance is referred to an attorney for collection.
 - * 30 day warranty on labor and material, No warranty on drain cleaning. Warranty doesn't apply to products subject to misuse, alteration, accident, abuse or unauthorized repair by persons other than employed by "AP". Repair, replacement or reimbursement is at sellers option
 - * Any alterations or deviations beyond work listed in this proposal will be done on a time and material basis.
 - * All patching and repairing unless specifically stated in proposal is to be done by and paid for by others.
 - * Any concrete to be broken up by "AP" equal to or greater than 6" will be done at an additional fee
 - * All contractor supplied fixtures are standard chrome finish or white in color unless specified in this proposal. Fixtures Quoted for install including customer supplied, (Customer supplied fixtures are not warranted) are for basic standard fixture install. Mid grade or High end fixtures will be at an extra fee. All trim outs are to be done in 1(ONE) trip!!! More than one trip will be considered an extra.
 - * All roof flashings by others.
 - * All work to be completed during normal business hours of 8am – 4:00pm, Monday-Friday.
 - * As required by the Wisconsin Construction Lien Law, Affordable Plumbing LLC hereby notified owner that person or companies furnishing labor or materials for the construction on the owners land may have lien rights on owners land and buildings if not paid. Those entitled to lien rights, in addition to Affordable Plumbing LLC are those who contract directly with the owner or those who give the owner notice within 60 days after they first furnish labor or materials for the construction. Accordingly, owner probably will receive notices from those who furnish labor or materials for the construction and should give a copy of each notice received to his mortgage lender. If any to see that all potential lien claimants are duly paid.

Email: contactus@affordableplumbingllc.org

Web: www.affordableplumbingllc.org

Lepow Plumbing
262-664-1755

Proposal

PROPOSAL NO. _____
SHEET NO. _____
DATE 3-24-17

PROPOSAL SUBMITTED TO:

WORK TO BE PERFORMED AT:

NAME <u>Jim Fox - Deck it out builders</u>	ADDRESS
ADDRESS	DATE OF PLANS
PHONE NO.	ARCHITECT

We hereby propose to furnish the materials and perform the labor necessary for the completion of Install sanitary wastot vent for 2-toilets, 2-Lavs, 1 H.W.H. Install Hot + Cold waterlines from meter for same 1st Floor Fixtures. Install 1- A.O. SMITH GPVH 40 Gallon H.W.H. All materials included in Price to complete 1st Floor Unit. Fixtures by OWNER.

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of Six thousand five hundred dollars + 00/100 Dollars (\$ 6,500.00) with payments to be made as follows.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted [Signature]
Per Lepow Plumbing LLC
Note — this proposal may be withdrawn by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____
Date _____ Signature _____

SIMPLY SERVICE

1753 Kentucky St.

Racine, WI. 53405

(262) 552-8260

Fax: (262) 633-4453

E Mail: simplyhummer@yahoo.com

Wednesday, March 29, 2017

Jim Fox

1908 Cleveland Ave

Racine, WI 53405

(262) 634-2948

Job Location: 209 6th Street

First floor only

Simply Service proposes to furnish and install one Goodman GMSS080 96% efficient, 80,000 BTU single stage gas furnace and one Goodman VSX Series, 3 ton central air conditioning system.

Installation includes complete ducting system to basement and first floor and intake and exhaust venting through chimney. Also includes digital thermostat and registers.

Installation does not include electrical connections.

Total cost: \$8,750.00

Plus sales tax

Terms: Payment upon completion.

Quote good for 60 days from date issued.

Please sign and return one copy of this contract.

Customer Signature: _____

Date: _____

Thanks' for considering Simply Service LLC

Proposal

AL MISURELLI & SON, INC.

HEATING & AIR CONDITIONING

1615 Birch Road Kenosha, WI 53140-1531

Phone: (262) 551-9121 Fax: (262) 551-9136

Proposal Submitted To

Jim Fox
1908 Cleveland Avenue
Racine, WI 53405
(262) 634-2948

Date

3/30/17

Job Location

209-6th Street (1st Floor)

We hereby submit specifications and estimates for:

➤ Installation of Goodman 96% high efficiency natural gas fired furnace
Model GMSS080 – 80,000BTU complete with spark ignition, power venting, supply & return ductwork,
registers, Honeywell Pro4000 programmable thermostat, low voltage wiring & gas piping.

➤ Installation of 3 Ton Goodman 13 SEER (R410A) central air conditioner
Model VSX036 – 36,000BTU complete with coil, refrigeration lines and slab.

Note: Price excludes high voltage electrical wiring.

FOR THE SUM OF: \$9,685.00

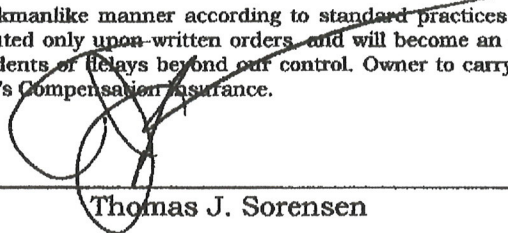
We Propose hereby to furnish material and labor-complete is accordance with above specifications, for the sum
of _____ dollars (\$_____).

* Payment to be made as follows: Paid Upon Completion.

If proposal is accepted, please sign contract and return one (1) copy

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon-written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our Workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature _____


Thomas J. Sorensen

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do work as specified. Payment will be made as outlined above

Date of Acceptance: _____ Signature _____



IDEAL DRYWALL INC.

PROPOSAL
SUBMITTED TO:
Deck It Out
1908 Cleveland Ave
Racine, WI 53405

Date: 03/29/17

JOB INFORMATION: 6th Street Retail

I hereby propose to supply the materials and perform the labor to complete the drywall construction as per plan for job stated above.

FOR BASE PRICE OF: \$9,368.00

INCLUDES:

DRYWALL RETAIL SPACE WITH 5/8'S DRYWALL @ WALLS AND CEILINGS PER WALK THROUGH, RC1 @ CEILING, STANDARD CORNERS AND SMOOTH FINISH WITH PRIMER	6,768.00
INSULATE CEILING WITH R19 FOR SOUND AND WALLS WITH R13 FOR SOUND AND THERMAL WHERE NEEDED WITH 4 MIL POLY	1,350.00
SPRAY AND BACKROLL ONE COAT OF FLAT WHITE PAINT	1,250.00

*circle and initial option(s) chosen

PAYMENT IS DUE UPON COMPLETION OF JOB IN FULL.

NOTICE OF LIEN RIGHTS:

AS REQUIRED BY THE WISCONSIN CONSTRUCTION LIEN LAW, BUILDER HEREBY NOTIFIES OWNER THAT PERSONS OR COMPANIES FURNISHING LABOR OR MATERIALS FOR THE CONSTRUCTION ON OWNERS LAND MAY HAVE LIEN RIGHTS ON OWNERS LAND AND BUILDINGS IF NOT PAID. THOSE ENTITLED TO LIEN RIGHTS, IN ADDITION TO THE BUILDER, ARE THOSE WHO CONTRACT DIRECTLY WITH THE OWNER OR THOSE WHO GIVE THE OWNER NOTICE WITHIN 60 DAYS AFTER THEY FIRST FURNISH LABOR OR MATERIALS FOR THE CONSTRUCTION. ACCORDINGLY, OWNER PROBABLY WILL RECEIVE NOTICES FROM THOSE WHO FURNISH LABOR OR MATERIALS FOR THE CONSTRUCTION AND SHOULD GIVE A COPY OF EACH NOTICE RECEIVED TO HIS MORTGAGE LENDER, IF ANY BUILDER AGREES TO COOPERATE WITH THE OWNER AND HIS LENDER, IF ANY TO SEE THAT ALL POTENTIAL LIEN CLAIMANTS ARE DULY PAID.

SUBMITTED BY: _____
JERRY SANCHEZ

ACCEPT ALL TERMS OF PROPOSAL:
AUTHORIZATION OF COMPLETING THE WORK AS SPECIFIED, FOR PRICE ABOVE.

SIGNATURE _____ **DATE** _____

1015 Wolff Street
Racine, WI 53402

(262)995-8088
FAX: (262)681-1913

Finishing Touch LLC.
6848 Brian Dr
Racine, WI 53402
Phone: 2624883834
Contact: Proposal

Customer Address
Deck It Out Builders
6th Street

Quote #: 84
Date: Mar 15, 2017

Description	Total
Insulation	\$1,375.00
Insulation @ ceiling and walls for sound w/R19 &R13	
Drywall	\$7,425.00
Drywall 1first floor retail space with channel at ceiling, 5/8's drywall and smooth finish with primer	
Total	\$8,800.00

GAYHART ELECTRIC SERVICE LLC
8739 MARY DRIVE
RACINE, WI 53406-3121
(262) 886-9474
FAX# 886-9206

PROPOSAL NO.	328217
SHEET NO.	1 of 1
DATE	3/28/17

PROPOSAL SUBMITTED TO:

WORK TO BE PERFORMED AT:

NAME	ADDRESS
Jim Fox @ Deck It Out Builders	209 6th St. - 1st Floor & Basement
ADDRESS	
1908 Cleveland Ave.	Racine, WI 53403
Racine, WI 53405	DATE OF PLANS
	3/27/17
PHONE NO.	ARCHITECT
989-9415 / J-Fox@wi.rr.com	

We hereby propose to furnish the materials and perform the labor necessary for the completion of electrical work to:

1. Install 200 Amp sub panel.
2. Install 100 Amp house panel.
3. Back feed time clocks.
4. Furnace wiring.
5. Air Conditioner wiring.
6. Install (12) wall switches, (12) wall receptacles & (4) GFI receptacles.
7. Install (6) **property owner** furnished exit/emergency lights
8. Install (2) **property owner** furnished emergency lights.
9. Install (15) future j-boxes.
10. Install (11) keyless lights.
11. Install (49) **property owner** furnished recessed & (4) surface light fixtures.
12. Wire (2) **property owner** furnished exhaust fans & (2) sign circuits.
13. Install (1) **property owner** furnished outdoor light fixture.

***** PRICE INCLUDES ELECTRICAL PERMIT. PRICE DOES NOT INCLUDE ANY APPLICABLE WE ENERGIES FEES.**

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of eighteen thousand eight hundred fifty and no/100-----
 Dollars (\$ 18,850.00) with payments to be made as follows.

Construction draws as work progresses, due upon receipt of invoice. 1.5% monthly (18% annually) charged if payment not received within 30 days from invoice date.

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully submitted **GAYHART ELECTRIC SERVICE LLC**

Per *Shirley Gayhart*

Note — this proposal may be withdrawn by us if not accepted within 15 days.

www.GayhartElectric.com

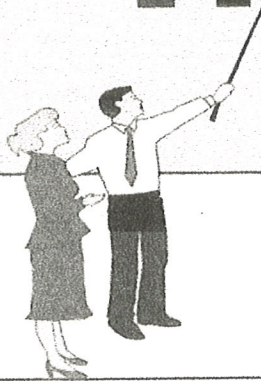
ACCEPTANCE OF PROPOSAL

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____

Date _____ Signature _____

Here's Our Proposal



Date: MARCH 28TH, 2017

To: JIM FOX
1908 CLEVELAND AVENUE RACINE, WI 53405

PHONE 262-634-2948 CELL 262-989-9415

EMAIL - jfox17@wi.rr.com

From: DON MITCHELL 1446 S. EMMERTSEN ROAD RACINE, WI 53406

Company: DON'S ELECTRIC LLC EMAIL: ddmitchell5@yahoo.com

Phone No.: CELL (262)-412-9463 MASTER ELECTRICIAN-LICENSE # 242471

Fax No.: (262) 886-2447

PRICE QUOTE GOOD FOR 30 DAYS DUE TO COST OF RISING MATERIAL. JOBS MUST BE COMPLETED WITHIN 6 MONTHS, OR BE SUBJECT TO PRICE INCREASE DUE TO RISING COSTS; PARTS AND LABOR. PAYMENT IS DUE IN FULL THE DAY ELECTRICAL WORK IS COMPLETED.

JOB ADDRESS: 209 6TH STREET RACINE, WI

WE WILL INSTALL A 200 AMP MAIN BREAKER 40 CIRCUIT PANEL ON FIRST FLOOR.

1ST FLOOR: WIRE TWO BATHROOMS EACH WITH A EXHAUST VENT FAN, VANITY LIGHT AND GFCI. INSTALL NINE OUTLETS AND 30 RECESSED LIGHTS. WE WILL TRACE SWITCHING FOR OUTSIDE LIGHTS. INSTALL 2 EXIT SIGNS WITH EMERGENCY LIGHTS. INSTALL 4 EMERGENCY LIGHTS.

LOWER FLOOR: INSTALL 6 OUTLETS, 2 SETS OF 3 WAY SWITCHES, 25 RECESSED LIGHTS, 5 SWITCHES, AND 4 SURFACE LIGHTS. WE WILL WIRE FURNACE AND CENTRAL AIR. INSTALL 2 EXIT SIGNS WITH LIGHTS AND 2 EMERGENCY LIGHTS.

NOTE: WE DO NOT VENT FANS TO THE OUTSIDE.

PARTS, LABOR & PERMIT: \$ 14,000.00

IF YOU ACCEPT THIS PROPOSAL, PLEASE SIGN AND DATE CONTRACT AND RETURN ONE COPY TO US AND KEEP A COPY FOR YOUR RECORDS.

CUSTOMER SIGNATURE _____ DATE _____
WE WILL GIVE START DATE WHEN SIGNED COPY IS RECEIVED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2017

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 NATHAN LEONARDELLI RURAL MUTUAL INSURANCE COMPANY 2215 - 63RD STREET KENOSHA, WI 53143	CONTACT NAME: NATHAN LEONARDELLI PHONE (A/C, No, Ext): 262-654-0427 E-MAIL: nleonardelli@ruralins.com ADDRESS: nleonardelli@ruralins.com	FAX (A/C, No): 262-654-3311
INSURED DECK IT OUT LLC 1908 CLEVELAND AVE RACINE, WI 53405	INSURER(S) AFFORDING COVERAGE INSURER A: RURAL MUTUAL INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAC # 15091

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS			BOPG083235	05/15/2016	05/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ - GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS						PER STATUTE \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						

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

CERTIFICATE HOLDER

CANCELLATION

WISCONSIN DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES P O BOX 78780 MILWAUKEE, WI 53293	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
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<p>Jim Fox 209 Sixth Street White Box Program Estimates</p>

Drywall	Ideal Drywall	\$8118.00
	Finishing Touch	\$8800.00

Electric	Don's Electric	\$14,000.00
	Gayhart	\$18,850.00

HVAC	SIMPLY Service	\$8,750.00
	Misurelli & Son	\$9,685.00

Plumbing	LePow Plumbing	\$6500.00
	Affordable	\$6750.00

Flooring	My Affordable Floors	\$5853.00
	Floor Crafters	\$6241.00

Total = \$43,221.00 - 50,326.00

1800 sq. ft. = \$10.00 x 1800 = \$18,000.00 Max