



***Licensed, Bonded & Insured
All Types of Masonry Work
Granite - Brick Laying -Re-Pointing Masonry Restoration-Power Wash-Weatherproof
Veneer -Brownstone- Staircase repair/rebuild
M2rrestoration@hotmail.com
100 Pulaski blvd * Bellingham MA. 02019
Rayssa AlencarVieira
(617)320-3349
Serving the Greater New England Area
Job Proposal***

See pictures below.

Pipe staging : in order to get access to the work site staging needs to be installed at the property, attached against the building. Pipe staging will have a walk through platform protection.

- 1-Erect pipe staging with netting protection to protect tenants and pedestrians.
- 2-Cut, chip and remove all broken or damaged bricks
- 3- Supply and install bricks to match original color and style.
- 4-Use grinders with vacuum attachments for dust control, as well as other hand tools to clean out old mortar joints.
- 5-Cut brick and stone mortar joints approx. two times the joint width, and rinse to remove any standing dust and grit to prepare for pointing.
- 6-Mix mortar to match existing color as close as possible.
- 7-Mix mortar with aggregate/texture to match as close as possible.
- 8-Re-point mortar joints with mortar matching existing color as close as possible.
- 9-Upon curing of the mortar joints, we will wash down worked area to remove mortar drops and smears to ensure clean joints.
- 10-Apply caulking around the windows



-Repoint Approximately 1100sq ft

- Apply Caulking around the windows

M2R Masonry Restoration Inc. will supply building permit. Historic approval is 4 – 10 weeks.

Job Address:

2 summer st Natick,ma

Rayssa A. Vieira

07-27-2021

Rayssa Alencar Vieira

Date

Kurt Thumm

9/15/2021

Client *accepted*

Date

7-5m for KEC 2 Summer LLC

Left side : \$28,600.00

Right side: \$28,600.00

Total: 57,200.00

Payment Terms: 35% down payment - 35% Halfway
Through - 30% upon completion

- All scaffolding, materials and permits are included .



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/2021

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 Bright Agency, Inc 6 Congress St. P.O. Box 424 Milford MA 01757	CONTACT NAME: Kourtney Welch PHONE (A/C, No, Ext): (508) 473-0556 FAX (A/C, No): (508) 478-6709 E-MAIL ADDRESS: kwelch@brightinsurance.com
INSURED M2R Masonry Restoration Inc 100 Pulaski Boulevard Bellingham MA 02019	INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Ins. INSURER B: Safety Insurance Co INSURER C: AmGUARD Insurance Co INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL219113743**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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CPS7333193	03/25/2021	03/25/2022	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5912734	02/25/2021	02/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 100,000 PIP-Basic \$ 8,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Certificate to follow	07/17/2021	07/17/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

KIC 2 Summer LLC C/O Kensington Investment Company Inc is listed as additional insured.

CERTIFICATE HOLDER**CANCELLATION**Kensington Investment Company, Inc.
347 Congress St

Boston

MA 02210

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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WORK SITE RISK PREVENTION	Yes	No	N/A
Site Supervisor confirms all employees are healthy at start of each shift	✓		
Site has laminated COVID-19 Guidelines and handwashing instructions, prominently displayed	✓		
All workers maintain a 6' distance apart. No congregations.	✓		
All workers arrive at work site/parking area in single occupant vehicle. No carpooling			✓
All construction workers wearing cut-resistant gloves (or equivalent)	✓		
Eye protection (safety goggles, face shields, etc.) readily available and used	✓		
PPE provided where work conditions cannot provide a 6' distance between worker(s)	✓		
Machine/vehicle interiors and door handles disinfected prior to entry	✓		
Multi person activities limited (ex. two person lifting activities)	✓		
Large gathering places eliminated. Small break areas with limited seating and social distancing	✓		
All high contact surfaces cleaned and disinfected daily (vehicles, machinery, tools)	✓		
Restroom facilities/porta-potties cleaned, supplied with soap, paper towels and hand sanitizer		✓	
Site is clean at end of daily activity. Trash & rubbish contained. No personal belongings left behind	✓		

SUPERVISORY & MANAGEMENT PRACTICES	Yes	No	N/A
Social distancing, hygiene, and daily procedures reviewed with workers.	✓		
Management/Supervisor informs LBoH when worker removed due to illness or symptoms	✓		

NOTES: _____

I have reviewed and completed the Checklist, as required, for the specified construction site.

General Contractor Signature: 