



OLYMPIA MASTER BUILDERS
1211 State Avenue NE—Olympia, WA 98506
WWW.OMB.ORG / brianna@omb.org
Phone: 360-754-0912 / Fax: 360-754-7448



2024 Tour of Homes™ Entry Form and Checklist

2024 TOUR OF HOMES™ Event Dates:
September 21st and 22nd, 2024
Saturday and Sunday: 10am-4pm

DEADLINES

Pages 1-2: **Wed, July 24th**

Page 3: **Wed, August 7th**

BUILDER INFORMATION

Company: _____

First and Last Name: _____ Phone: _____

Business Address: _____ Zip: _____

Email: _____ Contractor #: _____

Info to be publicized in the Tour Guide for the public to contact you:

Contact Name: _____ Phone: _____

Email: _____ Website: _____

ENTRY HOME DETAILS

Entry Home Address: _____

City: _____ Zip: _____

Square Footage: _____ # of Bedrooms: _____ # of Bathrooms: _____

*List Price: \$ _____ *Cost of Remodel: \$ _____

**These will be listed in the Tour Guide. If you do not want this publicized, please leave blank.*

What type of project are you entering? NEW CONSTRUCTION REMODEL
Please check all that apply RESIDENTIAL COMMERCIAL

Will your project be finished by 9/21/24? Yes No To be determined

Email: brianna@omb.org

Fax: 360-754-7448

Ph: 360-754-0912

RATES / PAYMENT INFO

FIRST TOUR ENTRY: \$1,200
Additional Tour Entries: \$950

Tour of Homes 1st Project : **\$ 1,200.00**

Tour of Homes Additional Project
(\$950 x _____): **\$ _____**

TOTAL DUE: **\$ _____**

**This year we will forego the sign deposit, however, if your signs are not returned after the event, we will be charging a \$100 fee.*

CHECK Enclosed Send me an INVOICE Charge the CREDIT CARD below

Circle One: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

V-code: _____ Name on Card: _____

Address of Card: _____

City/State/Zip: _____ Signature: _____

TOUR TERMS AND CONDITIONS

Please initial in each space after reading:

_____ **PARTICIPANT MUST BE A CURRENT MEMBER IN GOOD STANDING OF OLYMPIA MASTER BUILDERS THROUGH CONCLUSION OF EVENT.**

_____ **ALL MODEL HOMES THAT ARE JOINTLY ENCLOSED IN A SALES CENTER MUST BE REGISTERED WITH THE TOUR (SEPARATE ENTRIES).**

_____ **ALL HOMES WILL BE OPEN AND STAFFED DURING OFFICIAL TOUR HOURS.**

_____ **THERE MUST BE NO ACTIVE CONSTRUCTION ON SITE DURING THE ENTIRETY OF THE EVENT.**

_____ **IF YOUR HOME IS PROJECTED TO BE UNFINISHED BY THE DATE OF THE EVENT, YOU MUST CONTACT OMB TO DISCUSS DETAILS. A WALK-THROUGH MAY BE REQUIRED, TO ENSURE SAFETY NEEDS ARE MET, WHICH WOULD TAKE PLACE NO LATER THAN 8 DAYS PRIOR TO THE FIRST DAY OF THE TOUR.**

_____ **SPECIFIC HOMES MAY BE REQUIRED TO OPEN PRIOR OR AFTER THE OFFICIAL TOUR HOURS TO ACCOMMODATE THE JUDGES ROUTE.**

_____ **PARTICIPANTS ARE REQUIRED TO, AND RESPONSIBLE FOR, PROOFING THEIR OWN PAGE IN THE TOUR GUIDE TO ENSURE THAT ALL DETAILS ARE ACCURATE. ONLY CONTENT EDITS CAN BE MADE DURING THE PROOFING PROCESS; TO ENSURE CONTINUITY, LAYOUT AND FORMATTING OF THE GUIDE ITSELF CAN NOT BE CHANGED.**

_____ **THIS APPLICATION MUST BE RECEIVED BY THE OMB OFFICE NO LATER THAN WEDNESDAY, JULY 24TH. SUPPLEMENTAL INFORMATION & DEADLINES WILL BE REQUESTED OF YOU FOR THE TOUR OF HOMES GUIDE, AND DEADLINES MUST BE ABIDED BY.**

I hereby enter the above named home for the said entry fee as an official entry in the 2024 OMB Tour of Homes™ and likewise agree to abide by the terms and conditions set forth by the Tour of Homes™ Committee.

Builder Signature

Date

2024 Tour of Homes™ Supplemental Checklist

THE INFO BELOW MUST BE SENT TO OMB BY
WEDNESDAY, AUGUST 7TH

*OMB will be sending you proofs between August 22nd-September 5th,
so please be on the lookout for emails from us!*

CHECKLIST OF ITEMS TO COMPLETE

ALL INFO BELOW MUST BE SENT TO OMB FOR THE TOUR GUIDE BY 8/7/24 (for each project submitted). See next page for example of how your information will be laid out.

_____ **BUILDER BIO:** Please provide a paragraph about the Builder/Company. Paragraph cannot exceed 60 words and will be edited to fit the constraints of the publication.

_____ **DESCRIPTION OF THE PROJECT:** Not to exceed 100 words.

_____ **PROJECT'S KEY FEATURES:** Formatted in short bullet points, must not exceed 8.

_____ **DETAILED DIRECTIONS TO THE PROJECT:** Ideally from the closest major intersection; not to exceed 55 words. Please note if your project cannot be found on google maps.

_____ **MARK YOUR LOCATION ON THE MAP:** Please mark your project location on the provided map. If it does not fit within the boundaries, feel free to send a google image or something similar.

_____ **DIRECTIONAL YARD SIGNS NEEDED:** _____ Right/Left _____ Straight
These are yard signs that you will place in the community to help lead visitors to your project.

_____ **PHOTOS OF THE HOME AND/OR FLOORPLAN:** Each profile page has 2 image slots—a main photo and a secondary photo. The secondary can either be an additional photo of your project or an image of your floorplan. See example on next page. We need good quality photos with a high resolution. Please specify which photo you would like as your main image.

_____ **COMPANY LOGO**

SUBMIT TO OMB BY FRIDAY, SEPTEMBER 6TH

_____ **PAYMENT IN FULL**

_____ **PROOF OF LIABILITY INSURANCE:** Must name OMB as additional insured. Builder agrees to carry at a minimum a one million dollar (\$1,000,000) comprehensive general liability insurance policy, and agrees to carry insurance for the duration of the Tour. See sample on the last page to send to your agent, if needed.

SUBMIT TO OMB BY FRIDAY, SEPTEMBER 27TH

_____ **ALL PHOTOS OF YOUR PROJECT:** These will be used for display at Tour Awards Night in October. For remodel projects, please send before and after photos.



MADDY CANTRELL
360-584-3833
maddy@lifespanconstruction.com
lifespanconstruction.com
Contractor # LIFESCI886K7

5 BEDROOMS | 3.25 BATHS | 3,840 SQ. FT. | \$106,000 REMODEL



6

3702 HOLIDAY DR SE - OLYMPIA

ABOUT THE PROJECT

The main goal for this project was to make the kitchen and living room feel like a cohesive space while expanding the kitchen footprint for large family get-togethers. It was also the perfect time to update the laundry and powder bathroom, and refinish the hardwood floors. The clients now have a new space to entertain guests with a large island (seating capacity for 5!), a separate bar area with floating shelves, and open sight lines to the entry and living room.

ABOUT THE BUILDER

Lifespan Construction has over 30 years of design/build experience. They design and craft home additions, complete home renovations and individually remodeled spaces in the Olympia area. They renovate homes to fit lifestyles through experience, dedication, and craftsmanship using the design/build process. With their emphasis on the process of project development and construction, they consistently create satisfied clients.

DETAILED DIRECTIONS

From Capital Way S turn east onto Custer Way. Custer Way turns into North St SE. Turn south onto Holiday Dr SE. Destination will be on the left.

FEATURES

- Expanded kitchen with custom two-tone cabinetry, wine fridge, and bar area with floating shelves
- Solid surface countertops with LED under cabinet lighting and subway tile backsplash
- Fun and quirky powder bathroom
- Efficient laundry room with bold porcelain flooring
- New French doors to enjoy the back exterior space
- Warm and inviting refinished hardwood floors







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 Your Insurance Company Name & Address | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Your Company Name & Address | INSURER A : | Your Insurance Company |
| | 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 | COMMERCIAL GENERAL LIABILITY <input checked="" 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: | X | | L088000955 | 10/31/2023 | 10/31/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | OCCUR CLAIMS-MADE |
| | 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 <input type="checkbox"/> N/A | | | | |

Expiration date must be AFTER the event or it will be rejected.

PLEASE NOTE: All Builder participants must be covered to participate in the Tour of Homes. Please send your certificate to OMB no later than Friday, September 6th.

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

Olympia Master Builders Association, it's chapters, officers, directors, employees and agents are named as additional insured with respect to insureds operations.

*****THIS CERTIFICATE REPLACES ALL PRIOR CERTIFICATES*****

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Olympia Master Builders 1211 State Ave. NE Olympia, WA 98506 | 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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