440 Mamaroneck Ave., Suite S 512 Harrison, New York 10528 (914) 725-3600 F: (914) 725-6453 98-20 Metropolitan Ave., Suite I Forest Hills, New York 11375 (718) 544-0800

#### Dear Shareholder:

Enclosed please find the alteration agreement for Colchester Owners Inc. Please read, sign, and return this form to the attention of Rose Sotero at Garthchester Realty along with the following required documents:

- **1.** The scope of the alteration/renovation detailing the specific work to be performed.
- **2.** Shareholder's Indemnification and Insurance Agreement (signed by the Shareholder; to be signed by the Corporation and Managing Agent).
- **3.** Contractor's Indemnification and Insurance Agreement (signed by the Shareholder and Contractor; to be signed by the Corporation and Managing Agent).
- **4.** General contractor's certificate of insurance ("COI"), identifying the insurance required in [3] above, and matching format in attached Sample.
- 5. NOTE: Contractors must carry "Contractual Liability". You will find a CURRENT list of insurance carriers that sometimes exclude this coverage on our website under your property tab <a href="www.garthchesterrealty.com">www.garthchesterrealty.com</a>. As noted on the Sample COI, contractors can request that their broker carrier add the following to the COI, in the Description of Operations section: "Liability policies shall have NO limitations or exclusions pertaining to the additional insureds relating to injuries to employees, subcontractor employees, location or type of work performed." Contractors will not be approved to do work in your unit if they do not have this clause written in their COI.

- **6.** Any plumbing work and electrical work must be done by licensed plumbers and electricians. A copy of the license must be provided.
- **7.** Contractors and/or painters must be **EPA certified** if they will be performing work that disturbs any painted surfaces (more than 6 square feet).
- **8.** A deposit check in the amount of \$1000.00 payable to <u>Colchester Owners Inc.</u> is required and will be deposited and returned upon completion of work and submission of Certificate of Compliance from the building department.
- **9.** Application processing fee of \$350.00 payable to Garthchester Realty.

Before approval may be granted, the alteration agreement must be submitted with all **completed documents listed above.** The certificate of insurance must read as follows: Colchester Owners Inc. and Garthchester Realty listed as additional insured and certificate holder.

Upon completion of all work, the shareholder is responsible for closing all permits and submitting to Garthchester Realty a copy of the Certificate of Compliance from the building department. Deposit checks will not be returned until all paperwork is completed and submitted.

Thank you for your attention to this matter.

Very Truly Yours, Rose Sotero Renovation Coordinator

## \*COI MUST BE WRITTEN AS FOLLOWS:

#### **CERTIFICATE HOLDER:**

Colchester Owners Inc. c/o GARTHCHESTER REALTY 440 Mamaroneck Ave., S-512 Harrison, NY 10528

#### **DESCRIPTION of OPERATIONS/ADDITIONAL INSURED:**

- 1. Name of Resident, Address & Apt.#
- 2. Colchester Owners Inc.
- 3. GARTHCHESTER REALTY

## Colchester Owners Inc. 300 Martine Avenue White Plains, NY

#### **ALTERATION AGREEMENT**

| TO: | Colchester Owners Inc. | Date: |
|-----|------------------------|-------|
| RE: | Resident:              |       |
|     | Apartment No:          |       |
|     | Building:              |       |

#### Resident:

Pursuant to paragraph 21 of my Proprietary Lease, I hereby request permission to install the equipment and make the alterations described in the annexed document (hereafter collectively referred to as the "work") in the above apartment.

If such permission be granted:

- 1. I agree, before any work is begun:
  - (a) To provide a written statement detailing the specific work to be performed in the premises as well as indicating the manner, design, and scope of the alteration and/or renovation.
  - (b) If required by law or Governmental regulations, to file plans with and procure the approval of all Governmental agencies having jurisdiction over the work and, not more than ten days after receipt of such approval, to deliver to the Apartment Corporation a copy of every permit or certificate issued. If there is any doubt as to the need for such approval, the Apartment Corporation shall be the sole arbiter in resolving the doubt.
  - (c) Contractor's indemnification and insurance, as required in the "Contractors Indemnification & Insurance Agreement":
  - All such policies, or certificates evidencing their issuance, shall be delivered to the Apartment Corporation.
- 2. If the Apartment Corporation is required to or shall deem it wise to seek legal, engineering, or architectural advice prior to granting permission, I agree to reimburse you, on demand, for reasonable fees incurred, and if permission be granted, then, in any event, prior to commencement of any work.
- 3. It is understood that:

- (a) I assume all risks of damage to the building and its mechanical systems, and to persons and property in the building which may result from or be attributable to the work being performed hereunder and all responsibility for the maintenance and repair of any alterations and installations after completion. This responsibility covers all work, whether or no structural, weather tightness of windows, exterior walls, or roofs, waterproofing of every part of the building directly or indirectly affected by the work, and maintenance of all heating, plumbing, air—conditioning and other equipment installed or altered pursuant hereto. If the operation of the building, or any of its equipment, is adversely affected by the work, I shall, when so advised, promptly remove the cause of the problem.
- (b) I recognize that there will be no change in the operation of the building's heating system (or air—conditioning system, if any) to facilitate the functioning of any heating or air—conditioning units I may be installing.
- (c) The Board of Directors has the right to approve the type and quality of work and to compel the removal of any work which creates a risk of loss or constitutes a dangerous, hazardous, or unsafe condition.
- (d) I shall provide insurance and indemnification as required in the "Unit Owner's Indemnification & Insurance Agreement".
- (e) If, after making any alterations or installing any equipment referred to herein, I shall:
  - (i) seek to exercise my right to terminate my Proprietary Lease pursuant to paragraph 35 thereof, I will, on your demand, but at my expense, restore the premises and equipment to their condition prior hereto, agreeing that compliance with this agreement shall be a condition precedent to the cancellation of my lease, or
  - (ii) seek to transfer the corporate shares allocated to the apartment and the Proprietary Lease appurtenant thereto, I will, if requested by you, either restore the premises and equipment to their condition prior hereto or provide you with an agreement by my transferee to assume all of my obligations hereunder, including my continuing obligations and understanding exp in subparagraphs (a) through (d) of this paragraph 3.
- 4. All permitted work shall be completed within 90 days after Governmental approval thereof has been granted or, if no such approval is required by law or regulations, Lien from the date hereof.
- 5. No work shall be done, except bet the hours of 9:00 a.m. and 5:00 p.m. during the week and 10:00 a.m. to 5:00 p.m. on Saturdays. No work is to be done on

- Sundays or holidays. All work will be done in such a manner as to minimize any unusual noises which might disturb other residents.
- All precautions will be taken to prevent dirt and dust from permeating other parts of the building during the progress of the alteration. Materials and rubbish will be placed in barrels or bags, before being taken out of the apartment. All such barrels or bags, rubbish, discarded equipment, empty packing cartons and other materials will be taken out of the building and removed from the premises at my expense and with arrangements to be made with the superintendent and contractor. I shall be strictly responsible to make sure that upon completion of the work, the premises will be free from dirt, implements, surplus materials and the like, and that the common areas will be left in the status it was in prior to the start of said work.
- 7. I will bear the entire cost of alterations and installations and pay all bills incurred in connection therewith, not later than thirty days after completion of the work. If any mechanic's liens be filed for work claimed to have been done or materials alleged to have been supplied, I shall cause such liens to be discharged within 30 days after such filing, whether or not I am ultimately responsible or liable for payment of same. If I fail so to do, you may exercise any and all your rights and remedies under the Proprietary Lease or this agreement.
- 8. At the completion of the work, I will deliver to you an amended Certificate of Occupancy and a certificate of the Board of Fire Underwriters, if either be required and such other proof as may be necessary to indicate all work has been done in accordance with all applicable law, ordinances, and Government regulations. Failure to obtain the same, when requested to by the Board, will result in my having to remove the alterations, and restore the property to its original condition.
- 9. I recognize that by granting consent to the work, you do not profess to express any opinion as to the design, feasibility, or efficiency of the work.
- 10. My failure to comply with any of the provisions hereof shall be deemed a breach of the provisions of the Proprietary Lease pursuant to which your consent has been granted, and, in addition to all other rights, you may also suspend all work and prevent workmen from entering my apartment for any purpose other than to remove their tools or equipment.
- 11. This agreement may not be changed orally. This agreement shall be binding on you, me, and our personal representatives and authorized assigns.
- 12. All plumbers or electricians utilized will be licensed to practice their profession, and approved by the Town of Eastchester Building Department.
  - Annexed hereto is the written statement describing the work required by paragraph 1(a).

| Very truly yours,      |
|------------------------|
| Resident               |
| Resident               |
| Permission Granted:    |
| Colchester Owners Inc. |
| Bv:                    |

#### INDEMNIFICATION AND INSURANCE PROCUREMENT AGREEMENT

|   | <i>***</i>  |
|---|---|
| Whereas   |   |
| performing certain work forpursuant to an agreement for   |   |
| Contractor and Owner hereby agree:  | (description or operations), the  |
|   |   |
| INDEMNIFICATION AGREEMENT   |   |
| To the fullest extent permitted by law, Contractor agrees to indemnify, defend Managing Agent from any and all claims, suits, damages, liabilities, profession costs, court costs, expenses and disbursements related to death, personal injudies of use thereof) arising out of or in connection with the performance of the servants, subcontractors or employees, or the use by Contractor, its agreemployees, of facilities owned by Owner. This agreement to indemnify specing the event of liability imposed against the Owner and/or Managing Agent reason of statute, operation of law or otherwise, and partial indemnity in the the part of Owner and/or Managing Agent either causing or contributing to the indemnification will be limited to any liability imposed over and above that per whether by statute, by operation of law or otherwise.  | onal fees, including attorneys' fees, uries or property damage (including e work of the Contractor, its agents, gents, servants, subcontractors or ifically contemplates full indemnity t without negligence and solely by e event of any actual negligence on the underlying claim. In that event,   |
| INSURANCE PROCUREMENT   |   |
| Contractor shall obtain and maintain at all times during the term of this agree the following insurance (a) workers compensation insurance with statut coverage of not less than \$500,000; (b) commercial general liability insurance per occurrence and \$2,000,000 in the aggregate, which insurance shall coperations liability, products/completed operations, broad form property liability, personal injury and independent contractor's liability; (c) automobile hired and non-owned vehicles, with a minimum limit of liability of \$1,000,000; with a limit of \$5,000,000* per occurrence and a general aggregate of \$5,000,000* endorsements to its primary and umbrella/excess liability policy, cause Owner as Additional Insureds. Contractor shall, by specific endorsement to its primary afforded to the additional insureds thereunder to be primary to and no collectible insurance available to Owner and Managing Agent. Contractor shall umbrella/excess liability policy, cause the coverage afforded to the Owner and first tier umbrella/excess coverage above the primary coverage afforded to Concurrent with or excess to other valid and collectible insurance available. | ory limits and employer's liability with a minimum limit of \$1,000,000 cover the following: premises and damage, broad form contractual liability insurance covering owned, and (d) umbrella liability insurance 0,000*. Contractor shall, by specificar and Managing Agent to be named by liability policy, cause the coverage to concurrent with other valid and hall, by specific endorsement to its d Managing Agent thereunder to be owner and Managing Agent and not le to Owner and Managing Agent. |
| Contractor shall waive all rights against Owner and Managing Agent for reco   |   |
| damages are covered by commercial general liability, commercial umbrella<br>workers compensation and employers liability insurance maintained per req   |   |
| Dated:  |   |
| Owner Contractor  |   |

By: \_\_\_\_\_ By: \_\_\_\_\_ By: \_\_\_\_\_\_ \*\$10,000,000 limits required for operations including, but not limited to: scaffold work, roof work, building façade work, and elevator modernization work, and Local Law 11 work. .

### **SHAREHOLDER'S INDEMNIFICATION & INSURANCE AGREEMENT**

| Whereas  |  | ("Shareholder")  | is and will be performing renovation work in tion") located at   |
|--|--|--|--|
| Unit No  | within   | ("Corpora  | ition") located at   |
| ("Managing   | Agant") nurquant to de   | , man  | e contract/proposal dated , now  |
|  |  | nareholder, Corporation and Managing Age   |  |
| incretore, as  | to an such work, the b   | larenoider, Corporation and Managing Age   | int hereby agree.  |
| INDEMNI  | FICATION AGREE   | MENT   |  |
| Managing A costs, expensarising out of subcontracted imposed aga otherwise, an either causing over and about Shareholder additional in | agent from any and all coses and disbursements to for in connection with ors or employees. This ainst the Corporation and partial indemnity in ag or contributing to the over that percentage attrifials to procure insurant asurance, but shall inclusted as a surance, but shall inclusted as a surance and a surance are surance as a surance and a surance are surance as a surance are sur | elated to death, personal injuries or propert<br>the performance of the work of the Shareho<br>agreement to indemnify specifically content<br>d Managing Agent without negligence and<br>the event of any actual negligence on the parameter of the<br>underlying claim. In that event, indemnification but<br>able to actual fault, whether by statute, but as required, recoverable damages shall no | pal fees, including attorneys' fees, costs, court by damage (including loss of use thereof) bolder, its agents, servants, contractors, applates full indemnity in the event of liability solely by reason of statute, operation of law or art of Corporation and/or Managing Agent cation will be limited to any liability imposed by operation of law or otherwise. If not be limited to the cost of premiums for such be do by Corporation and/or Managing Agent and |
| Shareholder<br>liability insu<br>Managing A  | rance with a minimum gent to be named as ad-   | in at all times during the term of this agreed limit of \$1,000,000. Shareholder shall, by ditional insureds. Shareholder shall, by specific shalls, by specific shalls, by specific shalls.   | specific endorsements cause Corporation and cific endorsement, cause the coverage afforded   |
|  | onal insureds thereunde<br>onal insureds.  | r to be primary to and not concurrent with o   | other valid and collectible insurance available  |
|  | of this Agreement direct<br>ent shall supersede in the   |  | nts between the parties, the term contained in   |
| Corporation  | on:  | Managing Agent:  | Shareholder:   |
| Signature:   |  | Signature:   | _ Signature:   |
| Name:  |  | Name:  | Name:  |
| Date:  |  | Date:  | Date:  |

### **CONTRACTOR'S INDEMNIFICATION & INSURANCE AGREEMENT**

| Whereas  | ("Contractor") is and will be performing certain work for   |   |
|--|---|---|
| ("Shareholder") at   | ("Corporation") located at  | , managed by  |
|  | g Agent"), pursuant to oral and/or written agreements and/or Purc_, now therefore, as to all such work, Contractor, Shareholder, C  | chase Orders, and/or  |
| managing rigent agree as follows.  |   |   |
| INDEMNIFICATION AGREEM   | ENT_  |   |
| Agent, and Shareholder from any and court costs, expenses and disbursemen arising out of or in connection with the employees, or the use by Contractor, it This agreement to indemnify specifica Corporation, Managing Agent, and Sh otherwise, and partial indemnity in the Shareholder either causing or contribuliability imposed over and above that potherwise. If Contractor fails to procur premiums for such additional insurance  | Contractor agrees to indemnify, defend and hold harmless, Corpall claims, suits, damages, liabilities, professional fees, including its related to death, personal injuries or property damage (including eperformance of the work of the Contractor, its agents, servants, stagents, servants, subcontractors or employees, of facilities own lly contemplates full indemnity in the event of liability imposed areholder without negligence and solely by reason of statute, ope event of any actual negligence on the part of Corporation, Manating to the underlying claim. In that event, indemnification will be be expected attributable to actual fault, whether by statute, by open the insurance as required, recoverable damages shall not be limited e, but shall include all sums expended, and damages incurred by ditheir respective insurers, which would have otherwise been paid  | attorneys' fees, costs, ng loss of use thereof) subcontractors or ned by Corporation. against the eration of law or aging Agent, and be limited to any ration of law or d to the cost of Corporation,   |
| cost and expense, the following insural coverage of not less than \$500,000; (b) occurrence and \$2,000,000 in the aggr following: premises and operations lia contractual liability, personal injury and hired and non-owned vehicles, with a limit of \$1,000,000 per occurrence and primary and umbrella/excess liability prinsureds. Contractor shall, by specific additional insureds thereunder to be pradditional insureds. Contractor shall, by afforded to the additional insureds and not concurrenceds. Contractors insurance polici insureds, and shall have no exclusions | t all times while performing work for or at the request of the Shannee (a) workers compensation insurance with statutory limits and commercial general liability insurance with a minimum limit of egate, including per-project aggregate endorsement, which insurability, products/completed operations, broad form property damand independent contractor's liability; (c) automobile liability insurance minimum limit of liability of \$1,000,000; and (d) umbrella liability ageneral aggregate of \$1,000,000. Contractor shall, by specific policy, cause Corporation, Managing Agent, and Shareholder to be endorsement to its primary liability policy, cause the coverage afrimary to and not concurrent with other valid and collectible insurance available specific endorsement to its umbrella/excess liability policy, cause the primarent with or excess to other valid and collectible insurance availables required herein shall include waiver of subrogation in favor of or limitations pertaining to the additional insureds relating injurity, the location of the work, or type of work performed on behalf of | d employer's liability (\$1,000,000 per ance shall cover the ge, broad form rance covering owned ty insurance with a cendorsements to its be named as additional forded to the rance available to the use the coverage afforded to ble to the additional of the additional es to the Contractor's |

If the terms of this Agreement directly conflict with any other written agreements and/or Purchase Orders between the parties, the term contained in this Agreement shall supersede in that instance.

| Contractor | Corporation | Managing Agent | Shareholder |
|------------|-------------|----------------|-------------|
| Name       | Name        | Name           | Name        |
| Signature  | Signature   | Signature      | Signature   |
| Date       | Date        | Date           | Date        |

#### **SAMPLE**

# ACORD

## **CERTIFICATE OF LIABILITY INSURANCE**

| DATE | AABA/DD | $\Lambda \Lambda \Lambda \Lambda$ |
|------|---------|-----------------------------------|
|      | (MM/DD  |                                   |
|      |         |                                   |

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 INSURERS(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).

|   | <b>,-</b>   |  |             |                                      | CONTAC              | •                             |   |  |                  |                               |
|---|---|--|-------------|--------------------------------------|---------------------|-------------------------------|---|--|------------------|-------------------------------|
| PRODUCER  |   |  |             | NAME: FULL NAME OF CONTACT           |                     |                               |   |  |                  |                               |
| Insurance Agency Name<br>Insurance Agency Address   |   |  |             |                                      | PHONE<br>(A/C, No,  | Ext): PHONE                   | E OF CONTACT  | (A/C, No): FAX OF CONTACT              |                  |                               |
| modifiance regulary radioses  |   |  |             | E-MAIL<br>ADDRESS                    | EMAIL               | EMAIL ADDRESS OF CONTACT      |   |  |                  |                               |
|   |   |  |             |                                      |                     | INSURER(S) AFFORDING COVERAGE |   |  |                  | NAIC#                         |
|   |   |  |             |                                      | INSURER             | A: CARRI                      | ER 1 - AM BES                                       | T (A-) OR BETTER                       | NAIC REQ         |                               |
| INSU  | JRED  |  |             |                                      | INSURER             | В:                            |   |  |                  |                               |
|   | NAMED OF INSURED<br>(MUST MATCH SIGNED CONTRACT)                                      | )                                      |             |                                      | INSURER             |                               |   |  |                  |                               |
|   | FULL CURRENT ADDRESS OF CON   |  | Т           |                                      | INSURER             | D:                            |   |  |                  |                               |
|   |   |  |             |                                      | INSURER E :         |                               |   |  |                  |                               |
| СО  | VERAGES CERTIFICATE N   | UM                                     | IBE         | R:                                   |                     | REV                           | ISION NUM   | IBER:                                  |                  |                               |
|   | IS TO CERTIFY THAT THE POLICIES OF INSUF<br>WITHSTANDING ANY REQUIREMENT, TERM OR COI |  |             |                                      |                     |                               |   |  |                  |                               |
|   | TAIN, THE INSURANCE AFFORDED BY THE POLICIE   |  |             |                                      |                     |                               |   |  |                  |                               |
| MAY<br>INS  | HAVE BEEN REDUCED BY PAID CLAIMS.   | ADD                                    | SII         | ı                                    |                     |                               |   |  |                  |                               |
| R<br>LT   |   | ADD SU<br>L BR<br>INS WV POLICY NUMBER |             | POLICY EFF<br>(MM/DD/YYYY)           |                     | POLICY EXP<br>(MM/DD/YYYY)    | LIMITS  |  |                  |                               |
| R   |   | R                                      | D           |                                      |                     |                               |   | EACH OCCURF                            | DENICE           | \$1,000,000                   |
| A   | GENERAL LIABILITY   |  |             |                                      |                     |                               |   |  | -                |                               |
|   | X COMMERCIAL GENERAL LIABILITY  |  |             |                                      |                     |                               | DAMAGE TO RENTED \$100,<br>PREMISES (Ea Occurrence) |  | \$100,000        |                               |
|   | CLAIMS-MADE X OCCUR   |  |             | \$1,000,000 / \$2,000,000            |                     |                               |   | MED EXP (Any one person)               |                  | \$5.000                       |
|   | X Blanket Contractual Liability   | Χ                                      | Х           | Ψ1,000,000 / φ2,000,000<br>MINIMUM   |                     | CURRENT                       | CURRENT   | PERSONAL & A                           | . ,              | \$2,000,000                   |
|   | GEN' L AGGREGATE LIMIT APPLIES PER:   |  |             |                                      |                     |                               |   | GENERAL AGG                            |                  | \$2,000,000                   |
|   | X PRO- X  |  |             |                                      |                     |                               |   | PRODUCTS-CO                            |                  |                               |
|   | POLICY JECT LOC   |  |             |                                      |                     |                               |   | PRODUCTS-CC                            | JMP/OP AGG       | \$2,000,000                   |
| A   | ANY AUTO  |  |             |                                      |                     |                               |   | COMBINED SIN<br>(Ea accident)          | IGLE LIMIT       | \$1,000,000                   |
|   | ALL OWNED SCHEDULED AUTOS AUTOS   | Х                                      | х           | \$1,000,000                          | CURRENT             | CURRENT                       | BODILY INJUR  | Y (Per Person)                         | \$               |                               |
|   | X NON-OWNED   | ^                                      | <b> </b> ^` | MINIMUM                              |                     |                               | BODILY INJUR  | ,                                      | \$               |                               |
|   | AUTOS AUTOS   |  |             |                                      |                     |                               |   | PROPERTY DA<br>(Per accident)          | MAGE             | \$                            |
| A   | X UMBRELLA LIAB X OCCUR   |  |             |                                      |                     |                               |   | EACH OCCURF                            | RENCE            | See                           |
|   | X EXCESS LIAB CLAIMS-MADE   | x                                      |             | SEE AGREEMENT                        | CURREN <sup>*</sup> | CURRENT                       | RRENT CURRENT                                       | 400DE04TE                              |                  | agreement                     |
|   | DED RETENTION \$  |  |             |                                      |                     |                               |   | AGGREGATE                              |                  | <mark>See</mark><br>agreement |
| A   | WORKERS COMPENSATION  |  |             |                                      |                     |                               |   | X WC STATU-<br>TORY LIMITS             | OTH-<br>ER STATU | JTORY LIMITS                  |
|   | AND EMPLOYERS' LIABILITY  |  |             | \$1,000,000                          |                     | CURRENT                       | CURRENT   | E.L. EACH ACCIDEN                      | EK               | \$1,000,000                   |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                             | N/A                                    | Х           | MINIMUM<br>NEW YORK STATE DISABILITY |                     |                               |   | E.L. EACH ACCIDEN                      | NT – EA EMPLOYEE | \$1,000,000                   |
|   | (Mandatory in NH) If yes, describe under  |  |             | Statutory                            | -                   | CURRENT                       | CURRENT   | E.L. DISEASE – POL                     | ICY LIMIT        | \$1,000,000                   |
|   | DESCRIPTION OF OPERATIONS below   |  |             |                                      |                     |                               |   |  |                  | . ,,                          |
|   |   | _                                      |             |                                      |                     |                               |   |  |                  |                               |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE  | S (A                                   | ttac        | h ACORD 101 Additional Pom           | arke Sc             | nedule if more                | snace is requir                                     | (her                                   |                  |                               |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) <shareholder>&gt;, <corporation>&gt;, and &lt;<managing agent="">&gt; are named as additional insureds (policy form CG201011/85 or equivalent) for ALL operations by Contractor or by any of its subcontractors or agents. Liability policies include a Primary/Non-Contributory endorsement and a waiver of subrogation endorsement in favor of the Additional Insureds, their agents and employees. Liability policies shall have NO limitations or exclusions for injuries to employees, subcontractor employees, location or type of work performed.</managing></corporation></shareholder> |   |  |             |                                      |                     |                               |   |  |                  |                               |
|   | Loc. < <unit address="">&gt;</unit>   |  |             |                                      |                     |                               |   |  |                  |                               |
| CE  | RTIFICATE HOLDER:   |  |             |                                      |                     |                               |   |  |                  |                               |
|   |   |  |             |                                      |                     |                               |   | POLICIES BE CANCE<br>ACCORDANCE WITH T |                  |                               |
|   |   |  |             |                                      |                     | RIZED REPRES<br>F BE SIGN     |   |  |                  |                               |