



# Garthchester Realty

www.GarthchesterRealty.com

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98-20 Metropolitan Ave. Suite 1  
Forest Hills, New York 11375  
(718) 544-0800 F:(718) 520-7673

Dear Shareholder:

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

1. The scope of the alteration/renovation detailing the specific work to be performed.
2. General contractor's certificate of insurance, including workman's compensation.
3. Any plumbing work and electrical work must be done by licensed plumbers and electricians. The certificate of insurance and copy of their license must be obtained before work may begin.
4. Contractors and/or painters must be **EPA certified** if they will be performing work that disturbs any painted surfaces (more than 6 square feet). A copy of this new rule is attached.
5. Refundable check for \$1,000.00 payable to **Greystone Views, Inc.**
6. Application processing fee for \$350.00 payable to **Garthchester Realty**.
7. Indemnification form (must be signed by the shareholder and all contractors).
8. **Contractor, plumber and electrician must carry Contractual Liability. Attached is a list of insurance carriers that sometimes exclude this coverage. The contractor can request their carrier to add the following to their certificate: "No exclusion for contractual liability or injury to employees" in the "Description of Operations" section. Contractor's will not be approved to do work in your unit if they do not have this clause written in their COI.**

Before approval may be granted, the alteration agreement must be submitted with the **all completed documents listed above**. The certificate of insurance must read as follows: Greystone Views, Inc. c/o Garthchester Realty listed as additional insured.

**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 Marie Sotero  
Assistant to Angelike Orfanos

*The information and forms provided on this website are subject to change and may, therefore, not be the most current versions. Accordingly, users of this site are advised to check the date of the forms to make sure it is the most current. Garthchester Realty hereby disclaims responsibility for the reliance by any users of this site on the information contained herein without independent verification of its accuracy.*

## Contractual Liability

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To avoid paying claims for large Labor Law 240 third-party law suits, some insurance companies have removed contractual liability from their policies. In this case, your "Additional Insured" status with the contractor will be meaningless, and the contractor's insurance will not back the contractor's indemnification.

Here are few methods to try to determine if your subcontractor has contractual liability:

1. Ask for a copy of the contractor's/sub-contractor's insurance policy and have your broker review it.
2. Make sure "Contractual Liability" is added to the subcontractors' certificate and request "No exclusion for contractual liability or injury to employees" in the "Description of Operations" section.
3. Request Certificate Addendum Acord 855 NY for coverage details from contractor / sub-contractor

Below is a partial list of insurance carriers that sometimes exclude this coverage:

Acceptance Indemnity Ins. Co.	Maxum Indemnity Co.
Alterra E&S	Mt. Valley Indemnity
American Safety	National Fire & Marine
Atlantic Casualty	National Contractors Ins. Co.
Berkley Specialty	Northfield
Burlington	North Sea
Century Surety	Nova Casualty
Colonial Co.	Penn Star
Colony	Preferred Contractors Inc.
Endurance	Ranger
Essex	RCA
Evanston	RLI / Mt. Hawley
Everest	Rutgers/American European Ins. Co.
First Century	Tower Insurance
First Mercury - Cover X	Tudor
Hermitage	U. S. Liability / U.S. Underwriters / USLI
Hudson	Utica First
Kingstone Insurance	Valley Forge
Max Specialty	Western Heritage

We also recommend you require your subcontractors include a description of the work they plan to do. For example: roofing, excavation, residential carpentry, etc.



THE PURPOSE OF THE RENOVATION PACKAGE IS TO ENSURE THAT ANY RENOVATION WORK PERFORMED IN THE BUILDING WILL CAUSE AS LITTLE DISTURBANCE AS POSSIBLE TO OTHER OWNERS AND TENANTS, IN ADDITION, THE PROCEDURE ENSURES LICENSED CONTRACTORS WILL BE USED TO PERFORM CRITICAL WORK AND THAT WORK WILL BE DONE IN ACCORDANCE WITH THE BUILDING CODES OF THE CITY OF NEW YORK.

ALL OWNERS SEEKING TO RENOVATE THEIR UNITS WILL BE REQUIRED TO COMPLETE THE RENOVATION PACKAGE AND TO OBTAIN BOARD APPROVAL PRIOR TO COMMENCING ANY WORK WHICH WOULD INVOLVE DEMOLITION OF WALLS, CEILINGS, TILES, OR THE CHANGE OR ADDITION TO ANY ELECTRICAL OR PLUMBING SYSTEM.

THE PACKAGE INCLUDES FORMS WHICH REQUEST SPECIFIC AND IMPORTANT INFORMATION FROM BOTH THE OWNER AND HIS/HER CONTRACTOR.

NO EXCEPTIONS TO THIS POLICY WILL BE GRANTED, AS ALL WORK DONE IN THE BUILDING WHICH REQUIRES OUTSIDE LABOR, THE USE OF EQUIPMENT, OR THE MOVEMENT OF HEAVY ITEMS THROUGH THE BUILDING, CAN CAUSE BOTH DAMAGE TO COOP PROPERTY AND A DISTURBANCE TO OTHER OWNERS.

## SHAREHOLDER ALTERATION PROCEDURES

Your Cooperative Corporation requires that the following procedures be followed for Shareholder Alterations:

1. Read and sign the attached Agreement. Return the Alteration Agreement executed by you along with all of the requested documentation as outlined below.

Two checks must accompany the Alteration Agreement, the first for \$300.00 representing the processing fee made payable to Garthchester Realty. The second in the sum of \$1,000.00 presenting an Alteration Escrow Deposit made payable to Greystone Views, Inc.. (Amount may change depending on the size of the alteration, or as required by the Board of Directors).

2. A job description from your architect/contractor. This is in addition to any architectural, plumbing, electrical or structural plans submitted.
3. A letter from your architect/contractor stating that no load bearing walls are to be removed.
4. If you plan to move plumbing lines or make structural changes to the walls, the architect/contractor must file with the proper division of the Department of Buildings, City of New York. An Asbestos Report is also required if you are filing with the Department of Buildings.
5. If you plan to renovate your bathroom (depends on the extent of renovation), you will be required to replace all branch lines from the riser to the basin, toilet and shower body, including the shower body, toilet lead bend, shower pan, and installation of new ball shut off valves. NYC licensed plumber will be required to perform this work and it must be filed with NYC Department of Buildings. The plumber must furnish a statement and receipt that they have filed with the Department of Buildings for plumbing work being done to the apartment prior to refund of escrow deposit.
6. Contractor must comply with the EPA requirements please sign attach form, page 17.
7. A copy of the contract agreement with each contractor.
8. A waiver of mechanic's lien from each contractor (i.e. carpenter, plumber). Waiver should state that in event you decide not to pay the contractor or if the contractor should for some reason not pay his subcontractors, that the contractor and/or the subcontractors will not place a lien on the Cooperative.
9. Indemnification Agreement and Insurance procurement to be signed by owner and contractor (attached).
10. Certificate of Insurance for each contractor naming "Name of Cooperative" c/o Garthchester Realty 209 Garth Road, Scarsdale, NY 10583 and "As Additionally Insured":
  - Owner
  - Garthchester Realty
  - Cooperative Name

11. A copy of the license for all plumbers, electricians and trades people.
12. The packet must be complete before it can be forwarded to the Board of Directors for approval.
13. If the work is extensive, the Cooperative's engineer or architect must review the packet at the owner's expense.
14. If the Board of Directors approves the Alteration, the owner will be informed by this office and a copy of the fully executed Alteration Agreement will be forwarded to you for your files.
15. After the completed package has been submitted and depending on the scope of work, it usually takes two to three weeks for approval.
16. The general contractors must see the Superintendent before beginning to work.
17. No containers for removal of materials are allowed on the premises (unless prior written approval is received from Management). They must be kept on the city streets and the contractor must have permits for their use.
18. All workmen must clean up daily when the day's work is done.
19. Upon approval from this office, as a courtesy, notification to neighboring apartments must be done by you. Please forward all copies of letters sent to your neighbors for our records.

Attached is an Alteration Agreement. Should you or your architect/contractor have any questions, please contact the agent in charge of your building.

**PLEASE NOTE:** NO PACKAGE WILL BE ACCEPTED UNLESS ALL OF THE ABOVE ITEMS ARE FULLY COMPLETED, SIGNED AND EXECUTED PROPERLY. WE WILL ONLY ACCEPT AN ORIGINAL CERTIFICATE OF INSURANCE. FAXED COPIES WILL NOT BE ACCEPTED BY THIS OFFICE. PIECE MAIL PACKAGES WILL NOT BE REVIEWED AND WILL BE SENT BACK TO YOU FOR COMPLETION.

**SHAREHOLDER(S) ALTERATION AGREEMENT**

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Tel. #: \_\_\_\_\_

Apt. #: \_\_\_\_\_

I/we hereby requests that \_\_\_\_\_ (the "Co-op") provide written consent for the marking of certain alteration(s) (the "Alteration") to the above referenced co-op apartment, in the premises known as \_\_\_\_\_, Apartment \_\_\_\_\_, \_\_\_\_\_ (the "Building"). I/we have submitted, for approval, the plans and specifications attached hereto (the "Plans") for the Alteration, and we agree to the following:

**A. Before any alterations shall be started:**

- I. I/we understand and agree that if I/we plan to combine apartments, move plumbing lines, add additional plumbing fixtures, add/remove electrical wiring or make structural changes, the licensed professional/contractor **must** file and obtain the appropriate approval and permit with the proper division of the Department of Buildings, City of New York. An Asbestos Report is also required when filing with the Department of Buildings.
- II. I/we shall file the Plans with all proper municipal departments and shall obtain all governmental approvals, permits and certificates that may be required. The Managing Agent shall be notified of any Building Permit Number assigned to the Plans and shall be given a copy of the permits and aforementioned certificates within 10 days of my/our receiving same;
- III. If any structural modifications are involved I/we will submit a letter from my/our architect/contractor stating that there are no structural modifications and that no load-bearing walls are being removed.
- IV. If Alteration shall include any electrical work I/we shall furnish to the Cooperative a letter from a licensed electrician, engineer or architect, which shall certify that the electrical loads required resulting from the Alteration will not be in excess of the present electrical capacity of the Apartment and will not adversely affect the Building's electrical service.
- V. I understand and agree that if the work is extensive the alteration application, together with drawings and specifications, describing the total scope of work, will be submitted to the Co-op's engineer or architect for review at the owner's expense.
- VI. I understand and agree that all contractors must contact the Superintendent prior to commencing work.
  - a. I understand and will inform my/our contractor(s) that no containers for removal of materials are allowed on the premises, unless same has been approved in writing by Management. They must be kept on the city streets and the contractor must have permits for their use.
  - b. I understand and will inform my/our contractor(s) that all workers must clean up daily when the day's work is done.

- c. I understand and agree that subject to approval from the Managing Agent, as a courtesy, written notification to neighboring apartments of the construction work must be given by me/us. I/we agree to forward copies of letters sent to neighbors for the Managing Agent's records.
- VII. I/we shall furnish the Cooperative with a photocopy of each and every agreement with my/our contractor(s), which shall include a description of the scope of their renovation work. This is in addition to any architectural, plumbing, electrical or structural plans submitted.
- VIII. I/we shall procure from my/our contractor and submit for the Cooperative's approval, the Contractor's written agreement waiving the right to file a Mechanic's Lien or other lien, attachment or encumbrance against the Cooperative which may arise out of or in connection with such subcontractors commence work. If I/we are unable to obtain Waivers of Mechanic's Liens, then I/we shall provide the Cooperative with a Labor and material payment Bond from a Surety Company acceptable to the Cooperative.
- IX. If required, I/we agree to obtain the approval of the New York Landmarks Preservation Commission for any Alteration(s) involving the exterior of the Building.
- X. I/we agree that no Air-Powered tools will be used without the specific written approval of the Board of Directors.
- XI. I/we agree that the contractor(s) who perform the Alteration work must obtain the following insurance coverage:
- \$1,000,000.00 comprehensive Liability
  - \$1,000,000.00 Property Damage Liability
  - Workmen's Compensation and Employee's Liability Coverage for ALL employees of the contractor and any Sub-contractors.
- XII. I/we agree to insure that the contractor(s) submit a Certificate of Insurance, listing as Certificate Holder and As Additionally Insured: Garthchester Realty LTD., and me/us stating that said insurance will not be terminated unless at least 30 days notice is given to the Managing Agent.
- XIII. I/we agree to submit a copy of the license for all plumbers, electricians and trades people.

**B. Guarantees/Commitments:**

- I. If required, at completion of the Alteration, I/we shall obtain a Certificate of Occupancy permitting residential occupancy of the Apartment and a Certificate from the Board of Fire Underwriters with respect thereto.
- II. I/we shall assume all responsibility for the Alteration and agree that neither the Cooperative nor the Managing Agent will be responsible for the failure of efficient performance of building services to the Apartment resulting from the Alteration.
- III. During the balance of the term of my/our lease, I/we agree to assume all responsibility for the weather-tightness of any installations affecting the exterior walls or roof and the waterproofing of any portion of the Building structure directly or indirectly affected by the Alteration and for the maintenance and performance of all heating, plumbing air-conditioning

and other equipment installed or altered by me/us.

- IV. Should the Alteration involve the enclosure of any heat or water pipes, or in any other way limit access to these pipes and if in the future, the Cooperative has cause to damage or remove these impediments for the purpose of repair to said pipes or for any other purpose. I/we agree to pay for any extraordinary expenses the Cooperative may incur in removing these impediments, and I/we shall assume all costs in restoring such.
- V. The Alteration and Materials used shall be the quality and style in keeping with the general character of the Building. I/we agree to take all precautions to prevent all damage to the Building and assume all risk for damage to the Building, its mechanical systems, and property of all other tenants and occupants in the Building, which result from or any be attribute to the Alteration.
- VI. I/we agree that all demolition, reconstruction and installation work, as set forth in the Plans, shall be performed and completed within time period specified (on page 5 of 5) from the date when municipal approval has been granted or if no approval is required, from the date approved by the Cooperative.
- VII. I/we agree that the Alteration shall be performed only between the hours of 9:00 a.m. and 5:00 p.m. **NO WORK** shall be performed on Saturdays, Sundays or Holidays.
- VIII. I/we agree that rubbish, rubble, discarded equipment or other materials (i.e. empty packaging cartons) are to be promptly removed from the Building at my/our own expense, in the manner prescribed by the Managing Agcnt. I/we shall see to it that precautions shall be taken to prevent dirt and dust from permeating other parts of the Building or other apartments in the Building during the progress of the Alteration.
- IX. If, for any reason one or more Mechanic's Liens are filed for the work done, or materials furnished in connection with the Alteration, I/we agree, or my/our sole expense to cause such Mechanic's Lien(s) to be satisfied. The Cooperative may exercise all rights and remedies reserved to it in my/our Proprietary Lease to cause satisfaction of said Lien(s).
- X. By executing this Agreement, I/we undertake to indemnify and hold harmless the Cooperative, the Managing Agent and the Tenants and Occupants of the Building, against any claims for damages to persons and property suffered as a result of the Alteration, whether or not caused by negligence, and any expenses (including, without limitation, attorney's fees and disbursements) incurred by the Cooperative in connection therewith.
- XI. In granting the consent requested I/we understand that the Cooperative makes no representation as to the design, feasibility or efficiency of the Alteration or whether I/we will be able to obtain the required permits and certificates.
- XII. If the operations of the Building or any of its equipment are in any way adversely affected by reason of the Alteration, I/we agree at my/our sole expense and cost to promptly remove the cause thereof upon being advised by the Cooperative or Managing Agent.
- XIII. I/we acknowledge and agree that all demolition work must be completed within (10) days after commencement. I/we acknowledge that the time periods contained herein are of essence of this agreement, and that the time periods may be extended only if the Cooperative requests that no work be performed on specific dates; in such event the time for which



completion is required hereunder will be extended by the number of days which the Cooperative prohibits work from being performed.

- XIV. If the work is not completed within the approved time period, the Board of Directors and/or the Agent have the right to suspend all work and/or impose the following monetary damages. I/we agree to pay the Cooperative the following monetary damages:
1. If the work continues from one (1) to thirty (30) days after the date of the required completion, damages of \$250.00 for each working day will be payable.
  2. If the work continues for more than thirty (30) days of the date of the required completion additional damages of \$250.00 (for a total of \$500.00 per day) for each working day beyond the 30<sup>th</sup> day will be payable.
- XV. **The work must be completed within 90 calendar days from the date of commencement, unless prior written approval for an extension of time is received. Owner must notify agent in writing prior of the commencement date of work.**
- XVI. I/we agree that this agreement MAY NOT be changed orally.
- XVII. I/we understand and agree that the Cooperative may suspend all work hereby authorized if you fail to comply with the terms of your Proprietary Lease or the House Rules applicable to Alterations, of the terms thereof.
- XVIII. Should the Alteration involve erection of a structure or enclosure on an outside terrace, I/we agree that in addition to all other obligations set forth and in the Proprietary Lease, I/we shall grant the Cooperative's representatives access to the terrace for purposes of inspecting such structure or enclosure. I/we further agree, at my/our sole expense, to perform any repairs, maintenance and/or make such changes in the structure or enclosure, the Building (including the apartment therein as required to meet appropriate standards). I/we acknowledge and agree that, the Cooperative is not obligated to undertake such inspections or recommend repairs, maintenance procedures or changes.
- XIX. I/we agree to release and discharge, and to the fullest extent permitted by law, to indemnify, defend and hold harmless, the Cooperative and its employees, agents (including, without limitation, the Cooperative's Managing Agent), officers and directors, firm and against any and all claims, demands, or expenses of whatever kind or nature (including, without limitation, counsel fees and expenses) arising out of, or in anyway related to, the Alteration or other construction in the Apartment.

Read, understood and agreed to:

BY: \_\_\_\_\_

BY: \_\_\_\_\_

Date: \_\_\_\_\_

.....

**Approved**

**Approved with Modification (see instruction)**

**Not Approved**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Vertical text on the right edge of the page, possibly a page number or reference code.

• **Contractor Insurance Endorsement**

**ADDITIONAL INSURED-CONTRACTORS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

Name of Person or Organization: (\* Your name and management company name)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

It is further agreed that such insurance as is afforded by this policy for the benefit of the Additional Insured shown shall be primary insurance, and any other insurance maintained by the Additional Insured shall be excess and non-contributory, but only as respects and claim, loss or liability arising out of the operations of the Named Insured, and only if such claim, loss or liability is determined to be solely the negligence or responsibility of the Named Insured.

# **\$32,500/Day Violation Fine for Lack of Compliance**

## **EPA's NEW Lead-Based Paint Rule Nationally Enforceable April 22, 2010**

Beginning April 22, 2010, **ANYONE** who is paid to perform work that disturbs paint greater than six square feet in housing and child-occupied facilities built before 1978 must comply with the EPA's Lead Renovation, Repair and Painting (RRP) Program. Individuals who must comply include: residential rental property owners/managers, general contractors, and special trade contractors including painters, plumbers, carpenters, electricians and sheet rockers. Under this new rule, enforcement actions against **violators can include penalties up to \$32,500 per violation per day**, as well as the potential for costly litigation. This new EPA rule will be potentially litigious and tightly regulated.

Under this rule, each legal entity that performs paint disturbances must have applied to the EPA and been certified prior to April 22, 2010. All Certified firms performing such paint disturbances must ensure:

1. All individuals performing activities that disturb painted surfaces are either certified renovators or have been trained by a certified renovator.
2. A certified renovator is assigned to each renovation and performs all the certified renovator responsibilities.
3. All renovations are performed in accordance with the work practice standards of the Lead-Based Paint RRP Program.
4. The Certified Renovator provides pre-renovation documentation notifying occupants of work to be performed.
5. The program's recordkeeping requirements are met and kept for three years.

All certified firms must also employ a Certified Renovator(s) who has completed an EPA-approved Certified Renovator course ([www.RRPTrainer.com](http://www.RRPTrainer.com)). The Certified Renovators are responsible for ensuring overall compliance with the Lead-Based Paint RRP Program requirements at assigned renovation sites. A certified renovator must:

1. Use a test kit acceptable to EPA.
2. Provide on-the-job training to workers.
3. Be physically present at the work site when warning signs are posted, while the work-area containment is being established, and while the work-area cleaning is performed.
4. Regularly direct work being performed by other individuals.
5. Be available, either on-site or by telephone, at all times.
6. Perform project cleaning verification.
7. Have copies of initial course completion certificate present at all times.
8. Prepare required records and maintain for three years.

In order to avoid potential issues with enforcement agencies, litigators or tenants, you must either become EPA compliant by taking the RRP Training course or certify your pre-1978 properties as Lead-Based Paint Free. The EPA has 90 days from the date of receipt of your application before they must reply. The April 22 deadline has already passed, so if you are not already compliant, make sure you become compliant in order to legally perform such work.

*About the Author: This article was written by Lee E. Wasserman, President of LEW Corporation. Mr. Wasserman is a well respected national lead-based paint subject matter expert, has been a guest presenter for numerous associations as well as HUD, EPA, ABO, NYARM, FNYHC, NYAHMA... on the RRP rule and has been nationally active with lead based paint evaluations, remediation and training for more than 18 years. Visit LEW Corporation on the web at [www.lewcorp.com](http://www.lewcorp.com).*

**CLIENT / MANAGING AGENT / CONTRACTOR  
INDEMNIFICATION AND INSURANCE REQUIREMENT AGREEMENT**

Contractor Name:

Managing Agent Name:

Property Name & Address

Unit Owner / Unit #

Whereas the "Contractor" seeks to perform certain work pursuant to oral and/or written agreement for listed shareholder/unit-owner within an apartment/unit located at listed "Property", managed by the "Managing Agent"; parties agree to the following:

**ACCESS TO PROPERTY LOCATION AND COMMON AREAS**

Whereas, Contractor, in order to perform work for shareholder/unit-owner, requires access to various parts of the Property Location, which are the responsibility of the Property Location and Managing Agent, and not the responsibility of shareholder/unit-owner (the "Common Areas"); and, Whereas, Contractor acknowledges the Property Location's and/or Managing Agent's exposure to liability arising out of the Contractor's access to the Common Areas and work at the Property Location; and, Whereas, Contractor agrees that Contractor and/or Contractor's insurance carriers (and NOT Property Location, Managing Agent or their insurance carriers) should be responsible for said liability; Property Location, and Managing Agent agree as follows:

**INDEMNIFICATION AGREEMENT**

In consideration for access to the Property Location, to the fullest extent allowable by law, Contractor agrees to indemnify, defend and hold harmless the Unit Owner, the Property Location and/or Managing Agent from any liability, loss, or other claim, including but not limited to expenses and reasonable attorneys' fees, related to death, personal injuries or property damage (including, but no limited to loss of use thereof) arising out of or in connection with the performance of the work by the Contractor, its agents, servants, subcontractors or employees, except to the extent of any fault attributed to the Property Location and/or Managing Agent.

**INSURANCE REQUIREMENT AGREEMENT**

While performing work at the Property Location, Contractor shall maintain: workers compensation and employer's liability insurance with statutory limits; and commercial general liability insurance with a minimum limit of \$1,000,000 per occurrence, which shall name Property Location, Managing Agent and Unit Owner as "Additional Insured" and which shall be primary and non-contributory to any other insurance available to the Property Location and/or Managing Agent. If required by Property Location or Managing Agent, Contractor shall also maintain excess/umbrella liability insurance.

Commencement of the work by the Contractor at the Property Location shall be deemed acceptance of this Indemnification and Insurance Requirement Agreement for purposes legally equivalent to full execution of same. These terms supersede any others which may be inconsistent herewith. The term of this Agreement shall be one year, commencing on the contractor Authorized Signature Date (below); and this Agreement shall renew annually for subsequent one year terms until cancelled in writing by either party.

**Signature**

**Printed Name**

**Date**

**Agent for Property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contractor:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Unit Owner** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**CURRENT DATE**

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).

<b>PRODUCER</b> Insurance Agency Agency Address City, ST zip	<b>CONTACT NAME:</b> FULL NAME OF CONTACT
	<b>PHONE (A/C. No. Ext):</b> PHONE OF CONTACT <b>FAX (A/C. No.):</b> FAX OF CONTACT
	<b>E-MAIL ADDRESS:</b> EMAIL ADDRESS OF CONTACT
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  NAME OF INSURED (MUST MATCH SIGNED CONTRACT)  FULL CURRENT ADDRESS OF CONTACT	<b>INSURER A :</b> CARRIER 1 <b>NAIC #</b> NAIC REQ
	<b>INSURER B :</b> CARRIER 2 <b>NAIC #</b> NAIC REQ
	<b>INSURER C :</b> (etc...)
	<b>INSURER D :</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		X	\$1,000,000 / \$2,000,000 Minimum	CURRENT	CURRENT	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 \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			\$1,000,000 MINIMUM	CURRENT	CURRENT	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		X	IF AVAILABLE	CURRENT	CURRENT	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	STATUTORY LIMITS	CURRENT	CURRENT	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Unit Owner/Name \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name/ Location \_\_\_\_\_

Managing Agent \_\_\_\_\_

Unit Owner, Property (and its board members), and Managing Agent are listed as Additional Insured

**CERTIFICATE HOLDER****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.

AUTHORIZED REPRESENTATIVE

**MUST HAVE A SIGNATURE**