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 Longacre Gardens Corp. 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 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 www.garthchesterrealty.com. 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 \$500.00 payable to <u>Longacre Gardens Corp.</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: Longacre Gardens Corp. 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:

Longacres Garden Corp. c/o GARTHCHESTER REALTY 440 Mamaroneck Ave., S-512 Harrison, NY 10528

DESCRIPTION of OPERATIONS/ADDITIONAL INSURED:

- 1. Name of Resident, Address & Apt.#
- 2. Longacre Gardens Corp.
- 3. GARTHCHESTER REALTY

Longacre Gardens Corp. 141 N. Broadway/11 Westview White Plains, NY 10605

ALTERATION AGREEMENT

ГО:	Longacre Gardens Corp.	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 8:30 a.m. and 5:00 p.m. during the week and on Saturday. 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 City of White Plains, Building Department. Annexed hereto is the written statement describing the work required by paragraph 1(a).

Very truly yours,					
Resident					
Resident					
Permission Granted:					
Longacre Gardens Corp.					
Bv:					

SHAREHOLDER'S INDEMNIFICATION & INSURANCE AGREEMENT

Whereas			") is and will be performing renovation work in					
Unit No within ("Corporation") located at								
("Managing	Agent") nursuant to deco	, managed by to decoration or alteration agreements and/or the contract/proposal dated , now						
		reholder, Corporation and Managing A						
,	,	, 1						
INDEMN	IFICATION AGREEM	<u>IENT</u>						
Managing a costs, experarising out subcontract imposed agotherwise, a either causi over and ab Shareholde additional i	Agent from any and all clanses and disbursements related of or in connection with the cors or employees. This against the Corporation and and partial indemnity in the ng or contributing to the upove that percentage attribute fails to procure insurance nsurance, but shall include	ims, suits, damages, liabilities, profess ated to death, personal injuries or prope performance of the work of the Shar reement to indemnify specifically commanaging Agent without negligence at e event of any actual negligence on the inderlying claim. In that event, indemnitable to actual fault, whether by statute as required, recoverable damages shared	Il not be limited to the cost of premiums for such rred by Corporation and/or Managing Agent and					
	NCE PROCUREMEN		reement, at its sole cost and expense, personal					
liability ins Managing A to the addit	urance with a minimum ling Agent to be named as addited	mit of \$1,000,000. Shareholder shall, licional insureds. Shareholder shall, by s	by specific endorsements cause Corporation and pecific endorsement, cause the coverage afforded the other valid and collectible insurance available					
	s of this Agreement directly nent shall supersede in that		ments between the parties, the term contained in					
Corporat	ion:	Managing Agent:	Shareholder:					
Signature:	:	Signature:	Signature:					
Name:		Name:	Name:					
Date:		Date:	Date:					

CONTRACTOR'S INDEMNIFICATION & INSURANCE AGREEMENT

Whereas	("Contractor") is and will be performing co	ertain work for
("Shareholder") at	("Corporation") located at	, managed by
	ng Agent"), pursuant to oral and/or written ag, now therefore, as to all such work, Contr	
INDEMNIFICATION AGREE	MENT	
To the fullest extent permitted by law Agent, and Shareholder from any an court costs, expenses and disburseme arising out of or in connection with temployees, or the use by Contractor, This agreement to indemnify specific Corporation, Managing Agent, and Sotherwise, and partial indemnity in the Shareholder either causing or contributional insurance of the state of t	w, Contractor agrees to indemnify, defend and d all claims, suits, damages, liabilities, profes ents related to death, personal injuries or prophe performance of the work of the Contractor, its agents, servants, subcontractors or employeally contemplates full indemnity in the event Shareholder without negligence and solely by the event of any actual negligence on the part outing to the underlying claim. In that event, t percentage attributable to actual fault, whether the insurance as required, recoverable damagence, but shall include all sums expended, and and their respective insurers, which would have	ssional fees, including attorneys' fees, costs, berty damage (including loss of use thereof) r, its agents, servants, subcontractors or yees, of facilities owned by Corporation. t of liability imposed against the reason of statute, operation of law or of Corporation, Managing Agent, and indemnification will be limited to any ner by statute, by operation of law or yes shall not be limited to the cost of damages incurred by Corporation,
INSURANCE PROCUREMEN	<u>ıT</u>	
cost and expense, the following insu coverage of not less than \$500,000; occurrence and \$2,000,000 in the ag following: premises and operations I contractual liability, personal injury hired and non-owned vehicles, with limit of \$1,000,000 per occurrence a primary and umbrella/excess liability insureds. Contractor shall, by specifi additional insureds thereunder to be additional insureds. Contractor shall, afforded to the additional insureds and not conceinsureds. Contractors insurance poli insureds, and shall have no exclusion	at all times while performing work for or at trance (a) workers compensation insurance wire (b) commercial general liability insurance with gregate, including per-project aggregate endo iability, products/completed operations, broad and independent contractor's liability; (c) autonal a minimum limit of liability of \$1,000,000; and a general aggregate of \$1,000,000. Contract of the project conditions and not concurrent with other validations by specific endorsement to its primary liability policy, primary to and not concurrent with other validations, by specific endorsement to its umbrella/except ereunder to be first tier umbrella/except ereunder to be first tier umbrella/except ereunder to the second the project of sum or limitations pertaining to the additional interest, the location of the work, or type of work propertions.	th statutory limits and employer's liability that a minimum limit of \$1,000,000 per personnent, which insurance shall cover the deform property damage, broad form comobile liability insurance covering owned, and (d) umbrella liability insurance with a factor shall, by specific endorsements to its and Shareholder to be named as additional cause the coverage afforded to the deand collectible insurance available to the east liability policy, cause the coverage rage above the primary coverage afforded to tible insurance available to the additional subrogation in favor of the additional insureds relating injuries to the Contractor's
	ly conflict with any other written agreements greement shall supersede in that instance.	and/or Purchase Orders between the

Managing Agent

Name_____

Signature_____

Date_____

Shareholder

Name_____

Signature_____

Date____

Contractor

Name_____

Signature_____

Corporation

Name_____

Signature_____

Date_____

SAMPLE

ACORD

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 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).

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nsurance Agency Name nsurance Agency Address				PHONE (A/C, No, Ext): PHONE OF CONTACT (A/C, No, Ext): FAX OF CO				ONTACT	
				E-MAIL ADDRESS OF CONTACT					
							ING COVERAGE		NAIC#
				INSURER A: CARRIER 1 - AM BEST (A-) OR BETTER					NAIC REQ
NSURED NAMED OF INSURED				INSURER B:					
(MUST MATCH SIGNED CONTRACT) FULL CURRENT ADDRESS OF CONTACT				INSURER C :					
				INSURER D :					
				INSURER E :					
COVERAGES CERTIFICATE N						ISION NUM			
HIS IS TO CERTIFY THAT THE POLICIES OF INSUF OTWITHSTANDING ANY REQUIREMENT, TERM OR COI ERTAIN, THE INSURANCE AFFORDED BY THE POLICIE IAY HAVE BEEN REDUCED BY PAID CLAIMS.	NDIT S DE	ION	OF ANY CONTRACT OR OTH RIBED HEREIN IS SUBJECT TO	ER DOC	JMENT WITH R	RESPECT TO W	HICH THIS CERTI	FICATE MAY BE IS	SUED OR MAY
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A ANY AUTO	×	× \$1,000,000 MINIMUM			OURDENT.		COMBINED SIN	NGLE LIMIT	\$1,000,000
ALL OWNED SCHEDULED			\$1.000.000				BODILY INJUR	Y (Per Person)	\$
X LUDED AUTOS X NON-OWNED			CURRENT	CURRENT	CURRENT	BODILY INJURY (Per accident)		\$	
^ HIRED AUTOS AUTOS						PROPERTY DA (Per accident)	MAGE	\$	
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DED RETENTION \$						AGGREGATE		agreement	
A WORKERS COMPENSATION							X WC STATU- TORY LIMITS	OTH- ER STATU	JTORY LIMITS
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		\$1,000,000 MINIMUM	CURREN		CURRENT	E.L. EACH ACCIDEN	IΤ	\$1,000,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			NEW YORK STATE DISABILITY	Y - CURRENT	CURRENT	E.L. EACH ACCIDEN	NT - EA EMPLOYEE	\$1,000,000	
If yes, describe under			Statutory	CORREINI	CONNENT	E.L. DISEASE - POL	ICY LIMIT	\$1,000,000	
DESCRIPTION OF OPERATIONS below									
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE <shareholder>>, <<corporation>>, operations by Contractor or by any of its subcontraction favor of the Additional Insureds, their agents and location or type of work performed. Loc. <<unit address="">></unit></corporation></shareholder>	and ors o	cr ag	$Managing Agent>> a ents. Liability policies include$ Managing Agent>> a ents. Liability policies include	re name a Prima	d as additiona ry/Non-Contrib	I insureds (po utory endorser	licy form CG2010 ment and a waive	of subrogation er	ndorsement
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