



Dear Shareholder:

Enclosed please find the Capital Improvement agreement for **77 Bronx River Road Owners Corp.** Please read, sign and return this form to the attention of **Dawn Levin** at Stillman Management Realty Corp. along with the following required documents:

1. A description of the work you will be doing, for Board approval.
2. Any plumbing work and/or electrical work must be done by licensed plumbers and electricians, all necessary permits must be obtained before work may begin, (certificate of insurance must be included).
3. 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.
4. General contractor's certificate of insurance and copy of license.
5. Deposit check for in the amount of **\$500.00** payable to **77 Bronx River Road Owners Corp** is required and will be deposited and cashed and return upon completion of work and submission of Certificate of Compliance from the building department.
6. Application processing fee for **\$350.00** made out to **Stillman Management Realty Corp.**
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.**

Note: All kitchens, bathrooms and any structural work requires a permit from the Building Department.

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: **77 Bronx River Road Owners Corp. and Stillman Management Realty Corp. listed as additional insured. Sample provided.**

Upon completion of all work, the shareholder is responsible for closing all permits and submitting to Stillman Management Realty Corp. 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.

Sincerely,

Stillman Management Realty Corp.

CAPITAL IMPROVEMENT CHECKLIST

* EACH ITEM MUST BE CHECKED OFF AND INCLUDED IN ORDER TO AVOID AN INCOMPLETE APPLICATION*

Resident _____
Building _____ Apt # _____
Phone _____ Alt Phone _____

CERTIFICATE OF INSURANCE (LIABILITY & WORKERS COMPENSATION)

_____ General Contractor

_____ Electrician

_____ Plumber

COPY OF LICENSE

_____ General Contractor

_____ Electrician

_____ Plumber

DESCRIPTION OF WORK, PLANS

_____ General Contractor

_____ Electrician

_____ Plumber

OTHER

_____ Alteration Agreement

_____ Indemnification Form (contractor, plumber and electrician)

_____ EPA Certification

_____ Permit (if applicable)

_____ Renovation Deposit (written out to Building)

_____ Application Fee (written out to Management Company)

NOTES:

77 BRONX RIVER ROAD OWNERS CORP

**APPLICATION FOR PROPOSED APARTMENT
ALTERATIONS/RENOVATIONS/REPAIRS**

Shareholder: _____ Unit #: _____

Type of Alteration/Renovation/Repair that you are seeking to perform in your unit
(please attach drawings or copy of plans):

Licensed Contractor performing work: (use back of page if more than one)

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Contact: _____

Please provide the following:

- (1) Contract (prices may be deleted or omitted)
- (2) Contractor's License(s)
- (3) Contractor's Certificate of Insurance for Liability Insurance naming 77 Bronx River Road Owners Corp, and Stillman Management Realty Corp. as "additional insured".
- (4) Evidence of Workmen's Compensation & Disability Insurance.
- (5) Building Permit(s)
- (6) Minimum Damage/Security Deposit (\$500) (subject to paragraph 1F and paragraph 4 of the renovation procedures)
- (7) Application processing fee for **\$300.00** made out to **Stillman Management Realty Corp**

NOTE: IF ANY INFORMATION IS OMITTED, APPLICATION WILL BE RETURNED.

Please return to the Managing Agent.

To be completed by Board and/or Managing Agent:

Approved [] Denied []

Board Comments: _____

Engineer or other Professional Required Yes No

Board of Directors Date

77 BRONX RIVER ROAD OWNERS CORP.

UNIT RENOVATION/ALTERATION PROCEDURES

The following procedures for the renovation, alteration or repair of a unit:

1. Any Shareholder who intends to make any renovation or alteration to a unit, including, but not limited to, carpentry, plumbing, electric, etc., shall notify the Managing Agent in writing for approval. Such written request shall be accompanied by:
 - a. Plans(s) and drawings of proposed work, drawn to scale, and if a building permit or other municipal permit is required a copy of such. Plans submitted to be prepared and certified by an Architect.
 - b. Copies of contracts with contractors and or subcontractors with addresses and phone numbers.
 - c. Certificates of Insurance from contractors and subcontractors:
 - i. Naming 77 Bronx River Road Owners Corp and Stillman Management Realty Corp. as additional insured.
 - ii. Must indicate a minimum of one million dollars (\$1,000,000) in general liability, proof of workers compensation and disability policies;
 - d. Completion of Renovation & Alteration Application (see attached form);
 - e. Building Permit(s) and all other municipal approvals – if required by law;
 - f. A check made payable to 77 Bronx River Road Owners Corp in the amount of \$500 as minimum Damage Security Deposit; (also see no. 4 below) Security deposit will be refunded 60 days after completion of the renovations; completion date is the date superintendent inspects and notifies management that all work has been completed.
 - g. Application processing fee for **\$300.00** made out to **Stillman Management Realty Corp**
 - h. Construction Schedules; and,

- i. Contractor License(s).
2. Written consent from the Board **must be obtained prior to the commencement of any work.**
3. If you will be doing a bathroom renovation, please note that you **MUST** change the toilet from the current flushometer toilet to a tank flush toilet.
4. The Shareholder shall be solely responsible for the costs of any engineer(s) or other professional for the costs of any engineer(s) or other professional employed by the Board of Managers to review application and or plans in connection with any proposed renovation or alteration, and such person's opinion regarding the necessity of a building permit shall be binding.
5. The Board, in its discretion from time to time, may require a greater damage security deposit than \$500, depending upon the extent of the renovation or alteration.
6. Any renovations and/or alterations resulting in damage to an adjoining apartment or common area shall be presumed the responsibility of the Shareholder conducting the work.
7. Any damage, which is a result of Shareholder's work, must be repaired to the satisfaction of the Board within 5 days of receipt of written notice of such damage. If the Shareholder fails to repair such damage within this period of time the Co-operative may make arrangements to have such damages repaired. The costs of such repairs will be deducted from the Damage Security Deposit and any balance remaining will be charged to the Shareholder's common charges statement and be considered lien against the unit.
8. The hours of work are limited to 8:30 a.m. to 5:00 p.m., Monday through Friday. No work may be performed on Saturday, Sunday or Holidays.
9. The Shareholder shall be solely responsible for the prompt removal of any rubbish caused by such renovation or alteration. Shareholder is responsible for ensuring that the common areas are cleaned at the end of each day their contractor is on site
10. Notification of neighbors.

SHAREHOLDER'S INDEMNIFICATION & INSURANCE AGREEMENT

Whereas _____ (“Shareholder”) is and will be performing renovation work in Unit No. _____ within _____ (“Corporation”) located at _____, managed by _____ (“Managing Agent”), pursuant to decoration or alteration agreements and/or the contract/proposal dated _____, now therefore, as to all such work, the Shareholder, Corporation and Managing Agent hereby agree:

INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, Shareholder agrees to indemnify, defend and hold harmless Corporation and Managing Agent from any and all claims, suits, damages, liabilities, professional fees, including attorneys' fees, costs, court costs, expenses and disbursements related to death, personal injuries or property damage (including loss of use thereof) arising out of or in connection with the performance of the work of the Shareholder, its agents, servants, contractors, subcontractors or employees. This agreement to indemnify specifically contemplates full indemnity in the event of liability imposed against the Corporation and Managing Agent without negligence and solely by reason of statute, operation of law or otherwise, and partial indemnity in the event of any actual negligence on the part of Corporation and/or Managing Agent either causing or contributing to the underlying claim. In that event, indemnification will be limited to any liability imposed over and above that percentage attributable to actual fault, whether by statute, by operation of law or otherwise. If Shareholder fails to procure insurance as required, recoverable damages shall not be limited to the cost of premiums for such additional insurance, but shall include all sums expended, and damages incurred by Corporation and/or Managing Agent and their respective insurers, which would have otherwise been paid by the Shareholders required insurance.

INSURANCE PROCUREMENT

Shareholder shall obtain and maintain at all times during the term of this agreement, at its sole cost and expense, personal liability insurance with a minimum limit of \$1,000,000. Shareholder shall, by specific endorsements cause Corporation and Managing Agent to be named as additional insureds. Shareholder shall, by specific endorsement, cause the coverage afforded to the additional insureds thereunder to be primary to and not concurrent with other valid and collectible insurance available to the additional insureds.

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

Corporation:

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 _____ (“Managing Agent”), pursuant to oral and/or written agreements and/or Purchase Orders, and/or the contract/proposal dated _____, now therefore, as to all such work, Contractor, Shareholder, Corporation, and Managing Agent agree as follows:

INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, Contractor agrees to indemnify, defend and hold harmless, Corporation, Managing Agent, and Shareholder from any and all claims, suits, damages, liabilities, professional fees, including attorneys' fees, costs, court costs, expenses and disbursements related to death, personal injuries or property damage (including loss of use thereof) arising out of or in connection with the performance of the work of the Contractor, its agents, servants, subcontractors or employees, or the use by Contractor, its agents, servants, subcontractors or employees, of facilities owned by Corporation. This agreement to indemnify specifically contemplates full indemnity in the event of liability imposed against the Corporation, Managing Agent, and Shareholder without negligence and solely by reason of statute, operation of law or otherwise, and partial indemnity in the event of any actual negligence on the part of Corporation, Managing Agent, and Shareholder either causing or contributing to the underlying claim. In that event, indemnification will be limited to any liability imposed over and above that percentage attributable to actual fault, whether by statute, by operation of law or otherwise. If Contractor fails to procure insurance as required, recoverable damages shall not be limited to the cost of premiums for such additional insurance, but shall include all sums expended, and damages incurred by Corporation, Managing Agent, and Shareholder, and their respective insurers, which would have otherwise been paid by the Contractor’s required insurance.

INSURANCE PROCUREMENT

Contractor shall obtain and maintain at all times while performing work for or at the request of the Shareholder, at its sole cost and expense, the following insurance (a) workers compensation insurance with statutory limits and employer’s liability coverage of not less than \$500,000; (b) commercial general liability insurance with a minimum limit of \$1,000,000 per occurrence and \$2,000,000 in the aggregate, including per-project aggregate endorsement, which insurance shall cover the following: premises and operations liability, products/completed operations, broad form property damage, broad form contractual liability, personal injury and independent contractor’s liability; (c) automobile liability insurance covering owned, hired and non-owned vehicles, with a minimum limit of liability of \$1,000,000; and (d) umbrella liability insurance with a limit of \$1,000,000 per occurrence and a general aggregate of \$1,000,000. Contractor shall, by specific endorsements to its primary and umbrella/excess liability policy, cause Corporation, Managing Agent, and Shareholder to be named as additional insureds. Contractor shall, by specific endorsement to its primary liability policy, cause the coverage afforded to the additional insureds thereunder to be primary to and not concurrent with other valid and collectible insurance available to the additional insureds. Contractor shall, by specific endorsement to its umbrella/excess liability policy, cause the coverage afforded to the additional insureds hereunder to be first tier umbrella/excess coverage above the primary coverage afforded to the additional insureds and not concurrent with or excess to other valid and collectible insurance available to the additional insureds. Contractors insurance policies required herein shall include waiver of subrogation in favor of the additional insureds, and shall have no exclusions or limitations pertaining to the additional insureds relating injuries to the Contractor’s employees or subcontractor employees, the location of the work, or type of work performed on behalf of the Shareholder.

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_____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
00/00/0000

PRODUCER * NAME AND ADDRESS OF INSURANCE CARRIER	FAX	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURERS AFFORDING COVERAGE		
INSURED * NAME AND ADDRESS OF INSURED (Must match signed contract)	INSURER A: XXXXXXXXXX	
	INSURER B: XXXXXXXXXX	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	\$1,000,000/\$2,000,000	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES				\$ 100,000	
	MED EXP (any 1 person)				\$ 5,000	
	PERSONAL & ADV INJURY				\$ 2,000,000	
	GENERAL AGGREGATE				\$ 2,000,000	
	PRODUCTS – COMP/OP AGG				\$ 2,000,000	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	\$1,000,000 minimum	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	BODILY INJURY (per person)				\$	
	BODILY INJURY (per accident)				\$	
	PROPERTY DAMAGE (Per accident)				\$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY – EA ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC \$ AGG \$
B	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
*	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	\$1,000,000 minimum	00/00/00	00/00/00	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
	E.L. EACH ACCIDENT				\$1,000,000	
	E.L. DISEASE –EA EMPLOYEE				\$1,000,000	
	E.L. DISEASE –POLICY LIMIT				\$1,000,000	
	OTHER					

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:
Also additionally insured: Shareholder's Name, Address and Apt. Number
a) 77 Bronx River Road Owner's Inc., 77 Bronx River Road, Yonkers, NY 10704
b) Stillman Management Realty Corp., 440 Mamaroneck Ave, Harrison, NY 10528
Date of Move /Delivery/ Work:

CERTIFICATE HOLDER 77 Bronx River Road Owner's Inc. C/o Stillman Management Realty Corp 440 Mamaroneck, Ave. Harrison, NY 10528	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Must have signature
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XX*IF WORKERS COMP IS NOT ON THIS CERTIFICATE – YOU MUST PROVIDE (2) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)

Contractual Liability

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 Casualty Ins. Co.	Everest	Peleus Insurance Co.
Acceptance Indemnity Ins. Co.	First Mercury – Cover X	Penn America
ACE	Gemini Insurance	Preferred Contractors Inc.
Alterra E&S	Guard Insurance Companies (NorGuard/AmGuard)	Prime Insurance Co.
Am. European Ins. Group	Hermitage	Princeton E&S
American Safety	Hudson	Rutgers/American European Ins. Co.
Arch Specialty Ins. Co.	Illinois Union Insurance Co.	Scottsdale
Aspen Specialty	Kingstone Insurance	Sompo (Endurance)
Atlantic Casualty	Lloyds	Tokyo Marine
Atlantic Mutual	Markel Corp.	Tower Insurance
Burlington	Maxum Indemnity/Maxum Specialty	Tudor
Century Surety	MUSIC (Mesa Underwriters)	United Specialty Insurance
Colony	National Fire & Marine	U.S. Liability / U.S. Underwriters / USLI
Employers Mutual Co.	Northfield / Northland	Utica First
Essex – Binding Authority	Nautilus Insurance	Western Heritage
Evanston (Alterra E&S)	Nova Casualty	Western World

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

