

CHATSWORTH GARDENS CONDOMINIUM
UNIT RENOVATION/ALTERATION PROCEDURES

With the exception of minor decorative or cosmetic work*, the following procedure for the renovation or alteration of a unit must be complied with:

1. Any unit Owner who intends to make any renovation or alteration to a unit, including, but not limited to, carpentry, plumbing, electric, installation of major appliances, etc., shall notify the managing Agent in writing for approval. Such written request shall be accompanied by:
 - a. Plan(s) and drawings of proposed work; installation or relocation of major appliances, air conditioners and fixtures involving plumbing must be detailed.
 - b. Copies of Contracts
 - c. Certificates of Insurance and Indemnification form from contractors and subcontractors:
 - I. Naming Chatsworth Gardens Condominium and Stillman as additionally insured.
 - II. Indicating 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 (attached);
 - e. Building Permit(s) – if required;
 - f. A check made payable to Chatsworth Gardens Condominium in the amount of \$500 as Damage Security Deposit;
 - g. Construction Schedule: and,
 - h. Contractor License(s)
2. Written consent from the Board must be obtained prior to the commencement of any work.
3. The Unit Owner shall be solely responsible for the costs of any engineer(s) or other professional employed by the Board of managers in connection with any proposed renovation or alteration.
4. The Board in its discretion from time to time may require a greater damage security deposit than \$500.
5. Any renovation and/or alterations resulting in damage to an adjoining apartment or common area shall be presumed the responsibility of the Unit Owner conducting the work.
6. Any damage, which is a result of the unit Owner's work, must be repaired to the satisfaction of the Board within five (5) days of receipt of written notice of such damage. If the Unit Owner fails to repair such damage within this period of time the Board may make arrangements to have such damages repaired. The

costs of such repairs will be deducted from the damage security deposit will be charged.

7. The hours of work are limited to 8:00 A.M to 5:00 P.M., Monday through Friday. No work may be performed on Saturday, Sunday, or Holidays. All construction personnel must be out of the building by 5:00 P.M.
8. The Unit Owner shall be solely responsible for the removal of any rubbish caused by such renovation or alteration.

Minor decorative and cosmetic work includes painting, hanging of pictures and wallpaper, and the laying of carpet. Although Unit Owners who wish to have minor decorative and cosmetic work performed do not have to satisfy the more stringent requirements associated with renovations and alterations, they still have to comply with the House Rules. Additionally, the hours of such work are limited to 8:00 A.M. to 5:00 P.M., Monday through Friday. Moreover, the Unit Owner shall be responsible for the removal of any rubbish associated with such minor decorative and cosmetic work. Any expenses incurred by the Association, if this work is not properly carried out shall be paid by the Unit owner.

This form must be submitted to obtain approval for ALL Alterations/Renovations, including electrical and plumbing related work, with the exception of anything decorative/cosmetic, such as painting, hanging of pictures, wallpaper, carpeting, tile/linoleum, etc.

Owner: _____ Unit # _____

Phone #: _____ Email: Address: _____

Type of Alteration/Renovation that you are requesting to be performed in your unit (please attach drawings or copy of plans)

Licensed Contractor performing work:

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, Workmen's Compensation & Disability Policies.
4. Building Permits(s), and
5. Signed indemnification form from contractor(s)
6. Damage/Security Deposit (\$500)

The condominium reserves the right to hire an appropriate professional (architect, engineer, etc.) to review the plans, specifications and work. All fees for professional review to be paid by the Unit Owner.

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: _____

Board Managers

Date

Whereas _____ (Contractor) is and will be performing certain work for _____ ("Owner") pursuant or oral and/or written agreement and/or Purchase Orders. As to all such work, Owner and Contractor agree as follows:

INDEMNIFICATION AGREEMENT

To the fullest extent permitted by law, Contractor agrees to indemnify, defend and hold harmless Owner and/or Managing Agent from any and all claims, suits, damages, liabilities, professional fees, including attorney's 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 Owner. This agreement to indemnify specifically contemplates full indemnity in the event of liability imposed against Owner and/or 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 Owner 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.

INSURANCE PROCUREMENT

Contractor shall obtain and maintain at all times while performing work for or at the request of Owner, 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, 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 \$5,000,000 per occurrence and a general aggregate of \$5,000,000. Contractor shall, by specific endorsements to its primary and umbrella/excess liability policy, cause Owner and Managing Agent 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 the valid and collectible insurance available to Owner and Managing Agent. Contractor shall, by specific endorsement to its umbrella/excess liability policy, cause the coverage afforded to the Owner and Managing Agent thereunder to be first tier umbrella/excess coverage above the primary coverage afforded to Owner and Managing Agent and not concurrent with or excess to other valid and collectible insurance available to Owner and Managing Agent.

Dated: _____

Owner
By: _____
Property Manager

Contractor
By: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER FAX * NAME AND ADDRESS OF INSURANCE CARRIER	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.
INSURED * NAME AND ADDRESS OF INSURED	INSURERS AFFORDING COVERAGE INSURER A: xxxxxxxxxxxx INSURER B: xxxxxxxxxxxx INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICES 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	xxxxxxxxxx	00/00/00	00/00/00	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 1,000,000 MED EXP (any 1 person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 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"/> _____	SAMPLE			COMBINED SINGLE LIMIT (Ea Accident) \$ 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?	xxxxxxxxxx	00/00/00	00/00/00	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT \$ E.L. DISEASE -EA EMPLOYEE \$ E.L. DISEASE -POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

Property Name/ Location :

Named Insured : Unit Owner and Tenant

Building and Managing Agent are listed as Additionally Insured

If tenant is requesting delivery and/or moves, the unit owner needs to be listed as additionally insured as well

CERTIFICATE HOLDER _____

CANCELLATION

Place your clients name and full address in this space

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 _____

***IF WORKERS COMP IS NOT ON THIS CERTIFICATE - YOU MUST PROVIDE (3) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)**