

**Westbury Terrace Condominium
Major Alteration Agreement**

Unit No: _____ Name: _____

Telephone Home:- _____

Email: _____

An alteration agreement must be completed and submitted for approval for any alteration.

Please fill out the following information:

Contractor: _____

Electrician: _____

Plumber: _____

Start Date: _____

Please include with a signed copy of this agreement:

- A detailed description of the work to be performed.
- The General Contractor/Plumber/Electrician requirements are enclosed in this packet.
- A check for \$500 as an alteration deposit payable to "Westbury Terrace Condominium. Upon completion of this alteration and final inspection by Kaled Management, these funds will be refunded, less the cost to repair any damages made in connection with this alteration.

By signing this agreement, the unit owner acknowledges and agrees to the following:

- **All paperwork must be submitted by the unit owner not the contractor.** Work limited between hours of 8:00 AM and 4:00 PM, Monday through Friday only. Any work which can produce unusual noises, which might be disturbing to building occupants, shall not be done before 9:00 AM. Any contractor found on the premises or any work performed after 5PM will first be warned, but could result in a fine of \$50.00 per half hour if not resolved.
- I agree to reimburse for any reasonable fees incurred.
- All contractors and deliveries must use the rear service entrance.
- All contractors must provide floor protection from the service entrance to the Unit Owners apartment.
- All contractors MUST use the padded elevator.
- No debris or any other materials may be stored or left at any time in the common areas of the building or grounds.

- Kaled Management/Westbury Terrace Condominium shall have the right to inspect my apartment on as many occasions as it may deem necessary prior to, during and upon completion of the alteration.
- It is the Unit Owner's responsibility to notify their neighbors (Owners on your floor, and the floors above and below) of any renovations before work proceeds. A notification form is enclosed as well and must be filled out by the owner and given to the Superintendent for distribution.

Unit Owner Signature/Date

Contractor Signature/ Date

Westbury Terrace Condominium

Requirements for General Contractors

(General Contractor defined as any vendor doing work outside the limits of a Plumber or Electrician)

- Nassau County General Contractor License. _____
- Mandatory copy of Contractor's EPA Certificate for Lead Paint Removal. _____
- Certificate of Liability Insurance (Accord Form) with a minimum One Million (\$1,000,000) for general liability. Workers Compensation (Form U-26.3), and/or Kaled's requirement for Automobile Liability. **(Sample of Accord and Insurance forms attached.)** _____
 - o Please follow certificate holder information, and information for additionally insured. In the additionally insured section please make sure to include your name, address, and unit number, along with Kaled Management Corp. and Westbury Terrace Condominiums.
- Signed and Dated Indemnification Agreement. _____
- If the application results in the requirement of a permit from the Incorporated Village of Westbury you will be directed to do so. _____

Failure to submit all requirements will result in denial for this application.

Westbury Terrace Condominium
Requirements for Electricians

- Town of North Hempstead Electrical License. _____
- Licensed by Incorporated Village of Westbury. _____
- Certificate of Liability Insurance (Accord Form) with a minimum One Million (\$1,000,000) for general liability. Workers Compensation (Form U-26.3), and/or Kaled's requirement for Automobile Liability. **(Sample of Accord and Insurance forms attached.)** _____
 - o Please follow certificate holder information, and information for additionally insured. In the additionally insured section please make sure to include your name, address, and unit number, along with Kaled Management Corp. and Westbury Terrace Condominiums.
- Signed and Dated Indemnification Agreement. _____
- If the application results in the requirement of a permit from the Incorporated Village of Westbury you will be directed to do so. _____

Failure to submit all requirements will result in denial for this application.

Westbury Terrace Condominium
Requirements for Plumbers

- Town of North Hempstead Plumbing License. _____

- Licensed by Incorporated Village of Westbury. _____

- Certificate of Liability Insurance (Accord Form) with a minimum One Million (\$1,000,000) for general liability. Workers Compensation (Form U-26.3), and/or Kaled's requirement for Automobile Liability. **(Sample of Accord and Insurance forms attached.)** _____
 - o Please follow certificate holder information, and information for additionally insured. In the additionally insured section please make sure to include your name, address, and unit number, along with Kaled Management Corp. and Westbury Terrace Condominiums.

- Signed and Dated Indemnification Agreement. _____

- If the application results in the requirement of a permit from the Incorporated Village of Westbury you will be directed to do so. _____

Failure to submit all requirements will result in denial for this application.

Insurance

Samples

For

Contractors

Electricians

Plumbers



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 INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or 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).

PRODUCER Name and Address of Producer	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Liability Insurance Carrier		
INSURER B : Auto Insurance Carrier		
INSURER C : Umbrella Carrier		
INSURER D : Workers Comp Carrier		
INSURER E :		
INSURER F :		

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 INSD	SUBR WVC	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y	Policy Number	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COM/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY	Y	Y	include for deliveries	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy Number	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	Y	Policy Number	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

[Please Include: Kaled Management Corp. (7001 Brush Hollow Rd.), The Westbury Terrace Condominium (135 Post Avenue), Tenant Name & Unit #]
The contractor hereby agrees to indemnify and save harmless Westbury Terrace Condo, and Kaled Management Corp., their officers, directors, agents and employees, from and against all liability claims and demands on account of injury to persons including death resulting there from and damage to property arising out of the performance of this Contract by the Contractor, employees, & agents of the Contractor and Contractor's property, except from & against such claims, loss, damage or liabilities and demands that may arise out of the sole negligence of the Owner or its agents. The Contractor shall, as his or its own expense, defend any and all claims or suit brought against the Owner, or its officers, directors or agents, based thereon and shall pay all attorney fees and all other expense and promptly discharge any judgement arising there from. These conditions also shall apply to any of the Contractor's subcontracted operations.

CERTIFICATE HOLDER

CANCELLATION

Westbury Terrace Condo c/o Kaled Management Corp 7001 Brush Hollow Rd, Suite 200 Westbury, NY 11590	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

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CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
3a. Name of Insurance Carrier
3b. Policy Number of Entity Listed in Box "1a"
3c. Policy effective period

4. Policy provides the following benefits:
A. Both disability and paid family leave benefits.
B. Disability benefits only.
C. Paid family leave benefits only.
5. Policy covers:
A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed By (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number Name and Title

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

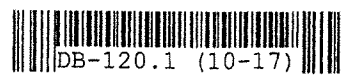
State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed By (Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Form U-26.3



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (212) 312-9000

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 146013200
STATE INSURANCE FUND
PRODUCTION CONTROL POLICY #1
199 CHURCH ST USWS-7TH FLOOR
NEW YORK NY 10007

POLICYHOLDER STATE INSURANCE FUND PRODUCTION CONTROL POLICY #1 199 CHURCH ST USWS-7TH FLOOR NEW YORK NY 10007		CERTIFICATE HOLDER SAMPLE CERTIFICATE 123 NEW YORK ROAD NEW YORK NY 10001	
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POLICY NUMBER L 1265 328-3	CERTIFICATE NUMBER 929707	PERIOD COVERED BY THIS CERTIFICATE 12/26/2008 TO 12/26/2010	DATE 6/17/2010
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS COVERED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1265 328-3 UNTIL 12/26/2010 COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 12/26/2010 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL CONSTITUTE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY EMPLOYMENT AGREEMENT.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

SAMPLE

NEW YORK STATE INSURANCE FUND

John Manetti

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 591780737



CORPORATE OFFICE
 7001 BRUSH HOLLOW ROAD
 SUITE 200
 WESTBURY, NY 11590
 TEL: (516) 876-4800
 FAX: (516) 876-6812
 WWW.KALED.COM

ASSET MANAGEMENT
 757 THIRD AVENUE
 SUITE 2028
 NEW YORK, NY 10017
 (212) 376-5508
 EMAIL: INFO@KALED.COM

Whereas _____ ("Contractor/Electrician/Plumber") is and will be performing certain work for **The Westbury Terrace Condominium** ("Owner") pursuant to 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 Property Owner, **The Westbury Terrace Condominium** and their Property Manager, Kaled Management Corp., its employees, owners and directors, building owner, Board of Managers, and Owners 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 the work premises. This agreement to indemnify specifically contemplates full indemnity in the event of liability imposed against the Property Owner 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 Property Owner 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 during the term of this agreement, at its sole cost and expense, the following insurance (a) worker's compensation insurance with statutory limits and employer's liability coverage of not less than \$500,000.00; (b) commercial general liability insurance with a minimum limit of \$1,000,000.00 per occurrence and \$2,000,000.00 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 \$1,000,000.00. Contractor shall, by specific endorsements to its primary and umbrella/excess liability policy, cause the Property Owner, property manager and building/property owner to be named as the additional insured. Contractor shall, by specific endorsements to its primary liability policy, cause the coverage afforded to the additional insured thereunder to be primary to and not concurrent with other valid and collectible insurance available to the Property Owner. Contractor shall, by specific endorsement to its umbrella/excess liability policy, cause the coverage afforded to the Property Owner, property manager, building/property owner thereunder to be first tier umbrella/excess coverage above the primary coverage afforded to the Property Owner, property manager, building/property owner and not concurrent with or excess to other valid and collectible insurance available to the Property Owner, property manager, building/property owner.

Dated: _____

Owner

Contractor/Electrician/Plumber

By: _____

By: _____

Westbury Terrace Condominium

Renovation Notification

Hello neighbors,

My name is _____ and there will be renovations occurring in Unit _____. Renovations will begin on _____, and if you have any questions or concerns you can reach out to Kaled Management Corp, at 516-876-4800.

Thank you for your understanding.