Westbury Terrace Condominium Minor Alteration Agreement

(For minor work done by contractors including, but not limited to : painters, flooring & carpeting specialists)

Unit No:	Name:
Telephone Home:	·
Email:	
An alteration agreement must be complateration.	eted and submitted for approval for any
Please fill out the following information:	
Contractor:	
Start Date:	

Please include with a signed copy of this agreement:

- A detailed description of the work to be performed.
- The General Contractor 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), Disability (Form DB120.1), and/or Kaled's requirement for Automobile Liability. (Sample of Accord and Insurance forms attached.)
	 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).

this definition does not do not rights to the definition folder in hea or such endorsement(s).			
PRODUCER	CONTACT NAME:		
	PHONE FAX (A/C, No, Ext): (A/C, No):		
Name and Address of Producer	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
	INSURER A: Liability Insurance Carrier		
INSURED	INSURER B: Auto Insurance Carrier		
	INSURER C: Umbrella Carrier		
Contractor's Full Name and Address	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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
CIK	X	COMMERCIAL GENERAL LIABILITY	เหอบ	VVVD	r OLIO I NOMBEN	(WINDOTT LT)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
А		CLAIMS-MADE X OCCUR	Y			01/01/2024	01/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
	X	CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$ 5,000
				Υ	Policy Number			PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X	ANY AUTO					01/01/2025	BODILY INJURY (Per person)	\$
В		OWNED SCHEDULED AUTOS ONLY AUTOS	Y	Υ	include for deliveries	01/01/2024		BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
									\$
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,000
С	X	EXCESS LIAB CLAIMS-MADE	Υ	Y	Policy Number	01/01/2024	01/01/2025	AGGREGATE	\$ 4,000,000
<u> </u>		DED RETENTION \$		ļ					\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH-	
ם	ANY	PROPRIETOR/PARTNER/EXECUTIVE TIN	N/A	Y	Policy Number	01/01/2024	01/01/2025	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	datory in NH)		'	7 Olicy Namber			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	ş 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 Condiminium (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 shal apply to any of the Contractor's subcontracted operations.

CERTIFICATE HOLDER	CANCELLATION
Westbury Terrace Condo	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
c/o Kaled Management Corp 7001 Brush Hollow Rd, Suite 200	AUTHORIZED REPRESENTATIVE
Westbury, NY 11590	

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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	
	& Address of Insured (use street address only)	1b. Business Telephone Number of Insured	
Work Location of certain locations in	Insured (Only required if coverage is specifically limited to New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number	
	dress of Entity Requesting Proof of Coverage isted as the Certificate Holder)	3a. Name of Insurance Carrier	
		3b. Policy Number of Entity Listed in Box "1a"	
		3c. Policy effective period	
		to	
B. Disabi C. Paid fa 5. Policy covers: A. All of t B. Only th Under penalty of insured has NYS	Disability and/or Paid Family Leave Benefits insurance co	licensed agent of the insurance carrier referenced above and that the named overage as described above.	
Date Signed	By	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)	
Talaahawa N			
Telephone Numb	er Name and Title		
IMPORTANT:	If Boxes 4A and 5A are checked, and this form is Licensed Insurance Agent of that carrier, this cert	signed by the insurance carrier's authorized representative or NYS ificate is COMPLETE. Mail it directly to the certificate holder.	
	Disability and Paid Family Leave Benefits Law. It Board, Plans Acceptance Unit, PO Box 5200, Bin		
PART 2. To be	completed by the NYS Workers' Compensati	on 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	Ву		
	(5	Signature of Authorized NYS Workers' Compensation Board Employee)	
Telephone Number	er 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



闖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

POLICY NUMBER L 1265 328-3

CERTIFICATE NUMBER 929707

D BY 1

CERTIFICATE HOLDER

SAMPLE CERTIFICATE

123 NEW YORK ROAD NEW YORK NY 10001

DATE 6/17/2010

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAME ABOVE IS USORED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1265 328-3 UNTIL 12/26/200 OVERING ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW TO WORKER COMPENSATION LAW WITH RESPECT TO ALL

IF SAID POLICY IS CANCELLED, OR CHANGE PRIOR TO 12 06/2003. SUCH MANNER AS TO AFFECT THIS CERTIFICATE, NOTICE BY REQULAR MAIL SO ADDRESSES SINCE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSIME. IN SULLITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NO APPLY TO THOS JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY E MENT.

THIS POLICY DOES NOT COVER T TOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIMITED COMPANY:

UED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE THIS CERTIFIE COVERAGE THE HOLDER THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERA

> NEW YORK STATE INSURANCE FUND oun Monetti

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

U-26.3



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

EMAIL: INFO@KALED.COM

Whereas	("Contractor/Elec	trician/Plumber") is and will
be performing certain work for _	The Westbury Terrace Condominium	("Owner") pursuant to
oral and/or written agreement an	d/or Purchase Orders. As to all such work,	Owner and Contractor agree
as follows:		e e

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, 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:	Ву:

Westbury Terrace Condominium Renovation Notification

Hello neighbors,

My name is	_ and there will be
renovations occurring in U	Jnit Renovations
will begin on,	and if you have any
questions or concerns you	ı can reach out to Kaled
Management Corp, at 516	5-876-4800.

Thank you for your understanding.