

**Rustic Woods Condo 2 PROPERTY MODIFICATION REQUEST FORM**

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner's Address if different than above: \_\_\_\_\_

In accordance with the Governing Documents and Rules and Regulations of the Rustic Woods Condo 2, I hereby apply for approval to make the following alterations to the premises as described below. All information must be submitted completely to process. Submit separate requests for each improvement.

**Description of Modification (LOCATION TO BE MARKED ON SURVEY)**

Deck, Patio, Fence	_____	Location of Installation:	See marked survey
Satellite Dish	_____	Location of Installation:	See marked survey
Other (Windows, Doors)	_____	Location of Installation:	See marked survey

**Provide a detailed description of the modification or change applied for:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contractor Information (submit separate form for each project)**

Contractors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please attach and submit the following with your application – Request must be submitted complete:**

- a. COI:** Contractor's Current Certification of Insurance, showing evidence of liability and Workers' Compensation coverage. Liability coverage must name Rustic Woods Condo 2 c/o Klein Property Mgt, 225 Gordons Corner Rd, #1A, Manalapan, NJ 07726 **as additionally insured. (see sample certificate)**
- b. Detailed drawing or blueprint** of your plans and a "marked" COPY of your property survey showing the location of the requested improvement/modification. A photo of the property can be included.
- c. A sales flyer, photo(s), specifications of the improvement**, indicating color, design, etc.

I understand that under the Governing Documents and the rules and regulations, the Board will act on this request and provide me with a written response of their decision within 30 days of receipt of a **completed** application.

I further understand and agree to the following provisions:

- 1. I will not commence or enter a commitment of work until I have received advanced written approval from the Association. I further acknowledge that there will be no deviation from this proposal if approved. I acknowledge that I must re-submit this modification request if changes are made following the initial approval.**
- 2. All work will be done expeditiously once commenced and will be done in a good workman-like manner by a contractor or myself and work will be performed at a time and in a manner to minimize interference and inconvenience to other neighbors.



THIS IS A SAMPLE VENDOR COI - YOU SHOULD PROVIDE THIS TO YOUR CONTRACTOR TO AVOID PROCESSING DELAYS. DO NOT SUBMIT THIS SAMPLE WITH YOUR APPLICATION.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

INSERT DATE

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 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).

<b>PRODUCER</b> INSURANCE CARRIER NAME AND ADDRESS HERE.	<b>CONTACT NAME:</b> YOUR INSURANCE BROKER INFORMATION <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> NAME AND ADDRESS OF COMPANY YOU ARE HIRING TO DO WORK AT YOUR HOME.															

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC			INSERT POLICY NUMBER	START	EXP DATE	EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			INSERT POLICY NUMBER	START	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED \$ _____ RETENTION \$ _____			INSERT POLICY NUMBER	START	EXP DATE	EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	INSERT POLICY NUMBER	START	EXP DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC STATUTORY LIMITS</th> <th style="width: 50%;">OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT \$ _____</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE \$ _____</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT \$ _____</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT \$ _____		E.L. DISEASE - EA EMPLOYEE \$ _____		E.L. DISEASE - POLICY LIMIT \$ _____	
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E.L. DISEASE - EA EMPLOYEE \$ _____															
E.L. DISEASE - POLICY LIMIT \$ _____															

SAMPLE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 RUSTIC WOODS CONDO II C/O KLEIN PROPERTY MANAGEMENT, 225 GORDONS CORNER ROAD, SUITE 1A, MANALAPAN, NJ 07726, IS INCLUDED AS ADDITIONALLY INSURED.

<b>CERTIFICATE HOLDER</b> RUSTIC WOODS CONDO II C/O KLEIN PROPERTY MANAGEMENT 225 GORDONS CORNER ROAD, SUITE 1A MANALAPAN, NJ 07726	<b>CANCELLATION</b> 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 BROKERS SIGNATURE HERE
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