Del Webb
FLORHAM PARK

ARC Document Submission Checklist

Single Family

Tiles/Stamping

Signed Modification Form ____

Proof of Homeowners Insurance ____

Tile/Paint/Finish Color from the Manufacturer ____

Manufacturer Literature
(Invoice or Breakdown from Contractor) ____

*Certificate of Insurance from Your Contractor
Listing the Following as the Certificate Holder:
Del Webb of Florham Park HOA
FirstService Residential
1 Applegate Dr.
Florham Park, NJ 07932 ____

For more information, please see the ARC Guidelines

*Example included in this packet

DEL WEBB FLORHAM PARK HOMEOWNERS ASSOCIATION, INC.

ARCHITECTURAL MODIFICATION FORM

Dear Board Members:
In accordance with the Declaration document of Del Webb Florham Park Homeowners Association, Inc., I/we hereby apply for permission to make the following alterations to the premises.

Nature of Modification: _____

_____

_____

Owner's Name: _____

Owners' Address: _____

Owners' Phone: _____

Owners' Email: _____

NOTE: Modifications are subject to existing and future Resolutions adopted by the Board.

Date: _____

Signatures of all owners required: _____

_____

NOTE: Attach appropriate sketches or drawings, and description of work to be done. Indicate materials to be used, color and other pertinent information, including name and telephone number of contractor. Please include a copy of the contractor's Certificate of Insurance naming the homeowner and Homeowner Association as additionally insured. You will also be required to submit a Certificate of Insurance for the homeowner as well. All modifications and any damages caused by the modification becomes the homeowner's responsibility.

ARC Approved: _____ Disapproved: _____ Date: _____

BOD Approved: _____ Disapproved: _____ Date: _____

Control Number: _____

SAMPLE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/13/2018

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).

PRODUCER	CONTACT NAME: JGS Insurance
Insurance Agent	PHONE (A/C, No, Ext): (877) 547-4671 FAX (A/C, No):
	E-MAIL ADDRESS
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED	INSURER A :
Contractor/Vendor Name/Address	INSURER B :
	INSURER C : SAMPLE
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 17-18 Master **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	ADDT INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE H OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER	X		Policy #	9/1/2017	9/1/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE PEP RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) N / A If yes, describe under DESCRIPTION OF OPERATIONS below			Policy #	9/1/2017	9/1/2018	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

Certificate Holder (Association Name) is included as Additional Insured with respects to the services being rendered by "INSERT CONTRACTOR/VENDOR NAME"

CERTIFICATE HOLDER

Del Webb at Florham Park HOA
FirstService Residential
1 Applegate Dr
Florham Park,NJ 07932

CANCELLATION

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