

Signed Modification Form _____

Proof of Homeowners Insurance _____

Paint Color/Finish Sample of the Generator
from the Manufacturer _____

Manufacturer Literature _____

Survey of Property with Details _____

*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 section 10-P of 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

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	Insurance Agent	CONTACT NAME: JGS Insurance	FAX (A/C. No.):
		PHONE (A/C. No. Ext): (877) 547-4671	
		E-MAIL ADDRESS	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Contractor/Vendor Name/Address	INSURER A:	
		INSURER B:	
		INSURER C:	
		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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY		Policy #	9/1/2017	9/1/2018	EACH OCCURRENCE
	☐ CLAIMS-MADE ☒ OCCUR					\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)
						\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)
☒ POLICY ☐ PRO-JECT ☐ LOC						\$ 5,000
	OTHER					PERSONAL & ADV INJURY
						\$ 1,000,000
						GENERAL AGGREGATE
						\$ 2,000,000
						PRODUCTS - COMP/OP AGG
						\$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)
	☐ ANY AUTO					\$ 1,000,000
	☐ ALL OWNED AUTOS					BODILY INJURY (Per person)
	☒ HIRED AUTOS ☒ SCHEDULED AUTOS NON-OWNED AUTOS					\$
						BODILY INJURY (Per accident)
						\$
						PROPERTY DAMAGE (Per accident)
						\$
						\$
B	UMBRELLA LIAB					EACH OCCURRENCE
	☐ EXCESS LIAB ☐ CLAIMS-MADE					\$
	PEP ☐ RETENTION \$					AGGREGATE
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Policy #	9/1/2017	9/1/2018	☒ PER STATUTE ☐ OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					
	If yes, describe under DESCRIPTION OF OPERATIONS below					
						E.L. EACH ACCIDENT
						\$ 500,000
						E.L. DISEASE - EA EMPLOYEE
						\$ 500,000
						E.L. DISEASE - POLICY LIMIT
						\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, maybe 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

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