

## FAIRHARBOR CONSTRUCTION CHECKLIST

<b>DATE SENT TO S/H</b>	
<b>NAME</b>	
<b>PHONE:</b>	
<b>UNIT #</b>	

### FOR OFFICE USE ONLY

<b>SCOPE OF WORK</b>	
<b>WRITTEN NOTICE OF COMPLIANCE</b>	
<b>INSURANCE CERT.</b>	
<b>W.C. CERT</b>	
<b>CONTRACTORS LICENSE</b>	
<b>REVIEWED BY CHRISTY</b>	
<b>SENT TO BOARD</b>	
<b>BOARD APPROVED</b>	
<b>SENT TO SUPER</b>	
<b>NOTES:</b>	

**PLEASE NOTE:**

**CONSTRUCTION PACKAGES TAKE SEVEN (7) BUSINESS DAYS TO REVIEW - ANY  
QUESTIONS OR INQUIRIES REGARDING THESE PACKAGES WILL NOT BE ANSWERED  
PRIOR TO THOSE SEVEN (7) BUSINESS DAYS  
ALL CONSTRUCTION WILL BE INSPECTED UPON COMPLETION**



## Construction Package Requirement Letter

The following must be submitted for all proposed work:

- 1- Scope of Work - Filled out completely.
- 2- Written Notice of Compliance - Filled out completely and signed and initialed by both the contractor and the shareholder.
- 3- Certificate of Insurance naming Fairharbor Owners' Inc. and Meridian Commercial Management, Inc. as certificate holders as well as additionally insured. – (Sample attached for how it should read)
- 4- Workers' Compensation Certificate
- 5- Copy of contractor's license

Thank you,

Management



**SCOPE OF WORK**

Unit \_\_\_\_\_

Start Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Please explain in detail the scope of work proposed: Be sure to note all phases of construction i.e. (plumbing, electrical, carpentry, etc.)

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Thank you

Management



DATE: \_\_\_\_\_

**WRITTEN NOTICE OF COMPLIANCE**

This Agreement certifies that I \_\_\_\_\_ from  
(Contractor)  
\_\_\_\_\_ will be doing approved work in Unit \_\_\_\_\_.  
(Company Name)  
Work will commence on \_\_\_\_\_ and be completed by \_\_\_\_\_.

I have been provided the House Rules and am fully aware of the timeframe permitted for any type of construction, i.e., Monday through Friday between the hours of 9:00 a.m. and 4:30 p.m. (Except Holidays) and please note the following as well -

- Contractor vehicles **cannot enter** the Community until 9:00 a.m. and **must leave** the Community by 4:30 p.m. –

**\*\*\* CONFIRMATION OF CONSTRUCTION TIMES \*\*\*- PLEASE INITIAL \_\_\_\_\_**

- All paperwork must be **submitted 7 days prior** to the approximate start date, i.e., scope of work, contractor's license, certificates of liability and workers' compensation insurance.
- Flooring packages – All new flooring must be installed on top of the original oak floor. Removal of the sub-floor and/or original oak floor is prohibited.
- Bathroom/Kitchen Renovations – May require a licensed and insured plumber in addition to the Home Improvement contractor.
- Electrical Work – May require a licensed and insured electrician in addition to the Home Improvement contractor.



- All contractors must have a contractor's license, certificate of liability and workers comp insurance to do any work in Fairharbor.
- No work is to commence until approval is received from Meridian.
- Any damage to the common area of the building will be the responsibility of the Shareholder.
- Any deviation from the above, will result in fine(s) charged to the Shareholder's account.
- Any and all outdoor work must be done on a tarp and no debris of any sort is to be left on the walkways or lawns of Fairharbor.
- No debris is to be deposited in Fairharbor dumpsters or on property.

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Contractor's Signature

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Shareholder's Signature



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/17/2017

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 <b>ABC INSURANCE</b> 111 SMITH RD SMITH, NY 11111	CONTACT NAME	
	PHONE (A/C, No. Ext):	FAX (A/C, No.):
INSURED <b>123 CONTRACTING</b> 222 SMITH ST SMITH, NY 11111	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	31470
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMPROP AGG \$ 0
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					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 \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	CAWC706353	06/18/2016	06/18/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**FAIR HARBOR OWNERS INC. & MERIDIAN COMMERCIAL MGMT**  
**ADDITIONALLY INSURED**

<b>CERTIFICATE HOLDER</b> <b>FAIR HARBOR OWNERS INC &amp; MERIDIAN COMMERCIAL MGMT</b> <b>2410 N. OCEAN AVE</b> <b>FARMINGVILLE, NY 11738</b>	<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 