



***For office use only:***

Dated Submitted to Mutual: \_\_\_\_\_

## Application for Building Modification Lite

Name (include co-owner): \_\_\_\_\_

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

Mutual #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This ABM Lite form is to be utilized for the following modifications. These modifications will not require the approval of a property manager but must comply with the Mutuals Rules and Regulations. Board approval is required, and work cannot start unless approved by the Board of Directors.

### TYPE of MODIFICATION:

<input type="checkbox"/> Painting of doors, shutters	<input type="checkbox"/> Planting trees in the common area
<input type="checkbox"/> Adding shutters	<input type="checkbox"/> Storm Door removal or installation
<input type="checkbox"/> Adding a gate or fence	<input type="checkbox"/> Mailbox
<input type="checkbox"/> Replacing a garage door	<input type="checkbox"/>
<input type="checkbox"/> Other (indicate what it is): _____	

DETAILED DESCRIPTION OF WHAT YOU ARE GOING TO DO (if needed, use a separate sheet of paper).

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- I/We hereby agree to the responsibility now, and in the future, of all costs and labor, which are associated with this building modification, including but not limited to, equipment, materials, painting, planting, maintenance, or any needed restoration involved with the attached modification application.
- I/We understand that any additional future upkeep or maintenance expense caused by the above requested modification will be billed to the current unit owner(s) and future owners.

Unit Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

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MUTUAL BOARD OF DIRECTORS RECOMMENDATION AND COMMENTS:

☐ APPROVE

☐ DISAPPROVE

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

SUBMIT TO MUTUAL BOARD OF DIRECTORS

# EXHIBIT "G" – Sample Certificate

<b>SAMPLE CERTIFICATE OF LIABILITY INSURANCE</b>							PAGE 1 DATE (MM/DD/YYYY)	
<b>PRODUCER</b>  <b>Your Broker</b> <b>Address</b> <b>City, State, Zip</b>				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
<b>INSURED</b>  <b>Sub Contractor's Name</b> <b>Address</b> <b>City, State, Zip</b>				<b>INSURERS AFFORDING COVERAGE</b>  INSURER A: A. M. Best rating of A- or better INSURER B: INSURER C: INSURER D: INSURER E:				
<b>COVERAGES</b>								
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS			
A	<b>GENERAL LIABILITY</b>	Policy Number	(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<b>Must Include:</b>			FIRE DAMAGE (Any one fire)	\$ 50,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	- Additional Insured – Including Completed Ops			MED EXP (Any one person)	\$ 5,000		
		- Primary & Non-Contributory			PERSONAL & ADV INJURY	\$ 1,000,000		
		- Per Project Aggregate			GENERAL AGGREGATE	\$ 2,000,000		
GENERAL AGGREGATE LIMIT APPLIES PER:		- Waiver of Subrogation	PRODUCTS – COMP/OP AGG		\$ 2,000,000			
<input type="checkbox"/> POL-ICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
A	<b>AUTOMOBILE LIABILITY</b>	Policy Number	(MM/DD/YY)	(MM/DD/YY)	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS								
<b>GARAGE LIABILITY</b>					AUTO ONLY – EA ACCIDENT	\$		
<input type="checkbox"/> ANY AUTO					OTHER THAN AUTO ONLY	EA ACCIDENT	\$	
						AGGREGATE	\$	
A	<b>EXCESS/UMBRELLA LIABILITY</b>	Policy Number	(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE	\$ 5,000,000		
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	<b>Must follow form of:</b>			AGGREGATE	\$ 5,000,000		
	<input type="checkbox"/> DEDUCTIBLE	- GL, Auto & WC Policies						
	<input type="checkbox"/> RETENTION							
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Policy Number	(MM/DD/YY)	(MM/DD/YY)	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER			
	<b>Must Include:</b>	E.L. EACH ACCIDENT			\$ 500,000			
	- Waiver of Subrogation	E.L. DISEASE – EA EMPLOYEE			\$ 500,000			
		E.L. DISEASE – POLICY LIMIT			\$ 500,000			
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL							
A	<b>OTHER</b>	Installation Floater /Builder's risks	(MM/DD/YY)	(MM/DD/YY)	Jobsite	\$1,000,000		
	Tranist				\$500,000			
	Temp Storage				\$500,000			
	Deductible: \$5,000				\$500,000			
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS</b>  Unit owner, Leisure World of Maryland Corporation, and Legal Name of the Mutual need to be named as additional insureds & the below listed verbiage and endorsements included in favor of all above.								
<b>CERTIFICATE HOLDER</b>					<b>CANCELLATION</b>			
Association'/Mutual name and address					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
					AUTHORIZED REPRESENTATIVE SIGNATURE			

INITIAL GC \_\_\_\_\_

INITIAL SUBCONTRACTOR \_\_\_\_\_

# SAMPLE CERTIFICATE

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DATE (MM/DD/YYYY)

DESCRIPTIONS (Continued from previous page)

**Additional Insured:** The following are included as Additional Insureds (per ISO endorsement Form CG2010 0704 and CG 2037 0704) or equivalent with respects to General Liability. Association' name, Mutual name, unit owner per the attached endorsement, per project aggregate applies.

**Primary & Non-Contributory Insurance:** As respects the General Liability Policy, the Additional Insured coverage afforded shall be Primary & Non Contributory for all Additional Insureds, and any other insurance maintained by such Additional Insureds shall be excess only and shall not be called upon to contribute with this insurance. Per attached endorsement.

**Waiver of Subrogation:** Waiver of Subrogation is also provided in favor of the following Additional Insureds with respects to General Liability & Workers Compensation. Per attached endorsements.

**Umbrella: Is written on followed form.**

Type text here

INITIAL GC \_\_\_\_\_

INITIAL SUBCONTRACTOR \_\_\_\_\_

<b>Mutual #</b>	<b>Legal Name</b>
MM	Montgomery Mutual, Inc.
5	Maryland Mutual No. Five, Inc.
6A	Council of Unit Owners of Mutual 6A Condominium of Rossmoor, Inc.
6B	Council of Unit Owners of Mutual 6A Condominium of Rossmoor, Inc.
6C	Villa Cortese at Leisure World, A Condominium
7	Maryland Mutual No. Seven, Inc.
8	Maryland Mutual No. Eight, Inc.
9	Maryland Mutual No. Nine, Inc.
10	Maryland Mutual No. Ten, Inc.
11	Maryland Mutual No. Eleven, Inc.
12	Maryland Mutual No. Twelve, Inc.
13	Maryland Mutual No. Thirteen, Inc.
14	Council of Unit Owners of Mutual 14 Condominium of Rossmoor, Inc.
15	Council of Unit Owners of Mutual 15 Condominium of Rossmoor, Inc.
16	Council of Unit Owners of Mutual 16 Condominium of Rossmoor, Inc.
17A	Fairways South at Leisure World, A Condominium
17B	Fairways North at Leisure World, A Condominium
18	Council of Unit Owners of Mutual 18 Condominium of Rossmoor, Inc.
19A	Council of Unit Owners of Mutual 19A Condominium of Rossmoor, Inc.
19B	Council of Unit Owners of Mutual 19B Condominium of Rossmoor, Inc.
20A	The Greens at Leisure World, A Condominium
20B	The Greens at Leisure World II, A Condominium
21	Turnberry Courts at Leisure World, A Condominium
22	Council of Unit Owners of Mutual 22 Condominium of Rossmoor, Inc.
23	Vantage Point West at Leisure World, A Condominium
24	Vantage Point East at Leisure World, A Condominium
25	The Regency at Leisure World
26	The Overlook at Leisure World
27	Creekside at Leisure World, A Condominium