



Application for Building Modification Instructions

Each Mutual's property management team reviews proposed building modifications for the purpose of providing professional guidance to the mutual's Boards of Directors. The goal is to protect and ensure that there is a high level of quality and continuity for all construction projects throughout the Leisure World community.

PLEASE NOTE: Unit owners must refer to their Mutual Bylaws, Rules, and Regulations to ensure that modification is allowed, *before* submitting this form for approval.

It is very important that you do not enter any contract with a contractor or give a contractor a deposit until your building modification application has been approved, in writing by your Mutual's Property Management. If you need permits and/or plans from a contractor to get board approval, we recommend that you do a draft application (this form) with details of exactly what you want to do prior to getting permits. Your Mutual can then give you advice on the project and an indication (non-binding) as to whether the project may be approved. Note that if you must enter a contract to get permits and formal plans, we recommend that you write into the contract that it is void if you don't get Mutual approval by a certain date.

How to Apply

Copies of the ABM Form can be obtained from your Property Management team or from the Leisure World web site (www.residents.lwmc.com).

The ABM must be filled out completely and all supporting documents included. If you fill in the form by hand, please write clearly and neatly since many people must read the form. If you have access to a computer, you can download the form as a fillable PDF and enter the information as you would on a typewriter.

- **Master Metered Mutuals:** Please submit to your ABM to the Mutual Services office or email ABM to ABMsubmittal@lwmc.com
- **High Rise Mutuals:** Please submit ABM to your Mutual's property manager.
- Once submitted, the ABM will be reviewed by the property management team, and either approve or deny the application. The mutual and the resident will be notified of the ABM status once the application has been reviewed. Upon approval by property management, the ABM will be sent to the mutual board for approval. ***Work may not begin until the ABM is approved by the Property Manager and the Mutual Board.***

Other Information

- This application is good for 180 days from date of final approval by the owner's Mutual board. If work is not started within 180 days, a new application must be submitted.
- Permits, if needed, must be provided to the property manager.
- A new application must be submitted if there are any changes or additions to the original application, highlighting the changed or additional material.
- All forms without the necessary information included will be returned to the resident for completion.
- All contractors working in Leisure World and the Mutual's must be licensed as the Maryland Home Improvement Act requires, regardless of whether an ABM is required. This includes:
 - MD HVAC license board for HVAC service technicians and installers.
 - Montgomery County Electrical board for electricians.
 - Washington Suburban Sanitary Commission (WSSC) for plumbers.

Checklist:

The following checklist is a guide to help ensure that the information you need to successfully complete the ABM Form has been provided.

- Filled out the ABM form.
- Signatures of the three closest residents who might be affected by modification, *if applicable*.
- Typed or neatly printed detailed description of the proposed modifications. Scaled drawing or sketches and manufacturer product information (specifications, brochures with descriptive information, etc.) must be included for proposed materials. (Note: if using a contractor other than PPD, include contractor's written scope of work).

If you are using a contractor other than PPD, you must include the following:

- **Contractor and business name, address, phone number.**
 - **Copy of contractor's license/contractor's Maryland (specific) trade license number.**
 - **Copy of contractors' Certificate of Liability Insurance which names the unit owner(s) as certificate holder AND the mutual, and Leisure World of Maryland Corporation as additional insured.**
 - **Detailed scope of work prepared/written by the contractor.**
 - **Relevant material and equipment specifications**
- Copies of approved **Montgomery County Permits** if applicable, prior to starting work, and *after* initial approval.
 - For Master Meter home projects that include doors, windows, or anything else that might change the homes E-Rating you must contact your property manager.



For office use only:
Dated Submitted to Mutual: _____

Application for Building Modification

Name (include co-owner): _____

Address: _____

Mutual #: _____

Unit #: _____

Phone: _____

E-mail: _____

TYPE of MODIFICATION:

<input type="checkbox"/> Lighting/Electrical	<input type="checkbox"/> Window/Patio Door/Skylight	<input type="checkbox"/> Florida Room/Addition, or enclosure
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Bonus Room (garage conversion)	<input type="checkbox"/> Patio/Awning/Patio cover
<input type="checkbox"/> Hand Rail	<input type="checkbox"/> Satellite Dish	<input type="checkbox"/> Exterior Ramp (temporary)
<input type="checkbox"/> Fence	<input type="checkbox"/> Shed	<input type="checkbox"/> Exterior Door/Storm
<input type="checkbox"/> Other (indicate what it is): _____		

If work is to be performed by a contractor, please provide the following information (if dealing with more than one general contractor provides the same information for each). Also please note the additional items you must include with this application that are listed in the checklist of the instructions. These items must be provided, if applicable to your job, even if you do not use a contractor.

Name of General Contractor: _____

Address: _____

MD (specific) Trade License #: _____

You are responsible for the signatures of the *three closest residents* who will be most affected by the modification attesting to their approval:

1) Resident: _____ Address: _____ Date: _____

2) Resident: _____ Address: _____ Date: _____

3) Resident: _____ Address: _____ Date: _____

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

- 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 will save Leisure World of Maryland Corporation harmless, by employing only licensed Contractors, who furnish a Liability Insurance Certificate to mutual management, and agree to adhere to all applicable regulations established for Contractors, when operating within Leisure World.
- 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:** _____

PROPERTY MANAGEMENT RECOMMENDATION AND COMMENTS:

APPROVE **DISAPPROVE**

Signed: _____ **Date:** _____

Print Name and Title: _____

MUTUAL BOARD OF DIRECTORS RECOMMENDATION AND COMMENTS:

APPROVE **DISAPPROVE**

Signed: _____ **Date:** _____

Print Name and Title: _____

EXHIBIT "G" – Sample Certificate

SAMPLE CERTIFICATE OF LIABILITY INSURANCE		PAGE 1 DATE (MM/DD/YYYY)
PRODUCER Your Broker Address City, State, Zip	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.	
INSURERS AFFORDING COVERAGE		
INSURED Sub Contractor's Name Address City, State, Zip	INSURER A: A. M. Best rating of A- or better INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES

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	GENERAL LIABILITY	Policy Number	(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Must Include: - Additional Insured – Including Completed Ops - Primary & Non-Contributory - Per Project Aggregate - Waiver of Subrogation			FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GENERAL AGGREGATE LIMIT APPLIES PER:				PERSNAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/> POL-ICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS – COMP/OP AGG \$ 2,000,000				
A	AUTOMOBILE LIABILITY	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					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACCIDENT \$
					AGGREGATE \$
A	EXCESS/UMBRELLA LIABILITY	Policy Number	(MM/DD/YY)	(MM/DD/YY)	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Must follow form of: - GL, Auto & WC Policies			AGGREGATE \$ 5,000,000
<input type="checkbox"/> DEDUCTIBLE					
	<input type="checkbox"/> RETENTION				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Policy Number	(MM/DD/YY)	(MM/DD/YY)	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	Must Include: - Waiver of Subrogation			E.L. EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				E.L. DISEASE – EA EMPLOYEE \$ 500,000
					E.L. DISEASE – POLICY LIMIT \$ 500,000
	OTHER		(MM/DD/YY)	(MM/DD/YY)	Jobsite \$1,000,000
	Installation Floater /Builder's risks				Tranist \$500,000
					Temp Storage \$500,000
					Deductible: \$5,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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.

CERTIFICATE HOLDER

Association'/Mutual name and address

CANCELLATION

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

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

Mutual #	Legal Name
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