

Westbury Condominiums Association, Inc.

Renovations & Home Improvement Projects Checklist

We know renovations & home improvement projects can be stressful, so we prepared this checklist to help ensure success...



Contact White & Katzman!!!

Contact White & Katzman at least **30 days in advance** of the start of your home improvement project. Their contact information: office phone: 860-610-0160.

They will give you a Project Agreement Form (A attached) which must be completed by you and returned to W&K.

A check in the amount of \$500 must be made payable to The Westbury Condominiums Association, Inc. The deposit check should be mailed to:

*White & Katzman
ATTN: Barbara Hines
111 Roberts Street, Suite G1
East Hartford, CT 06108*

...Please include a copy of your completed Project Agreement Form.



Send a deposit check.

White & Katzman will submit your Project Agreement Form and all associated paperwork to the Board of Directors and, upon acceptance by the Board, will send you confirmation of acceptance of your project and the start date of your project.



Confirm your project date.

All project activity must occur through the rear entrances. **NEVER USE THE FRONT DOORS OR THE ELEVATORS!** The front lobby area is for quiet enjoyment and must remain neat and free of any clutter for safety reasons. The elevators have weight limits and can be damaged easily. Elevators are expensive to maintain and fix!!!



Off-limit areas...

You must be sure that all rules are communicated to your contractors. You are responsible for their conduct. Provide a map of the property, plot the route to/from the rear entrance of the building to the parking lot. We have maps of the property online or White & Katzman can supply you with one. Someone must remain with open exterior doors at all times. Be sure all inside and outside areas are free of any litter after the move in or out. **No work is to occur before 8 a.m. or after 8 p.m. No work on Sundays or any holiday.**



You need to manage your contractors!

Want more information? Visit us on the web and review The Resident Guide pages 32-34

Make your improvement project a smooth one!

www.westburycondo.com

Rules for Home Improvement Projects

The following rules apply to a Unit Owner who intends to upgrade a room or portion of the interior of his or her unit, with or without the assistance of an outside contractor. Please refer to The Westbury Declaration, Article XIII (13), Section 13.1 for further information. The Association reserves the right to impose a fine when home improvement project rules have not been respected.

1. Owner Responsibilities and Information

- AT LEAST THIRTY (30) DAYS IN ADVANCE OF THE START OF THE HOME IMPROVEMENT, the Unit Owner must obtain a Project Agreement form from the Property Manager (**See Schedule A, last page of these Rules for Property Manager contact information**).
- The Unit Owner must complete the form and mail it to the Property Manager.
- Upon written approval of the project by the Board, the Owner shall submit a \$500.00 deposit check, payable to The Westbury Condominiums Association, and mail it to White & Katzman, ATTN: Barbara Hines, 111 Roberts Street, Suite G1, East Hartford, CT 06108 _____
- The deposit will be cashed immediately upon receipt by the Association Accountant. If damage occurs to the common areas as a result of the project, the deposit will be used to remediate damage.

Prior to and During a Home Improvement Project

- If the Unit Owner hires outside contractor(s), he or she must ensure that all contractors furnish their CT license numbers and evidence of insurance.
- It is the Unit Owner's responsibility to inform the contractor that working hours are between 8:00 AM and 8:00 PM. No work is to take place on Sundays or the following legal holidays: Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas or New Year's Day.
- Equipment as well as materials and supplies must be brought into the building via the REAR DOOR ENTRANCE. NO EQUIPMENT IS TO BE BROUGHT IN OR THROUGH THE FRONT LOBBY UNLESS PRIOR PERMISSION IS OBTAINED IN WRITING from the Property Manager.
- Contractors are not to leave rear stairwell doors open, unless the Unit Owner or an individual designated and familiar with the project is present to provide assistance and monitor activity at the stairwell door.
- If the Unit Owner performs his or her own improvement, the above working hours, Sundays, and holidays are to be observed **when equipment is being operated**. The procedures for bringing in equipment, materials and supplies via rear entry building doors are also to be observed by Unit Owners undertaking their own home improvement project.
- Any necessary change or revision to the project as approved must be brought to the Property Manager's attention who will refer it to the Board.

Outside Contractor/Supplier Parking, Vehicle Notice, Clean-up, Litter/Debris Removal

- The Unit Owner must inform the contractor that parking of his vehicle should be on Farmington or Outlook Avenue. If parking is necessary in the rear of the building, advance written notice must be obtained from the Property Manager or his Designee.

Outside Contractor/Supplier Parking, Vehicle Notice, Clean-up, Litter/Debris Removal (cont'd.)

- **The contractor or supplier is required to display in the driver's side window, information including a Cell phone number as well as the building and unit number where the work is being done.**
- The Unit Owner must advise the contractor or supplier to use caution when moving or transporting equipment and supplies throughout the interior common areas of the building, allowing for enough space to "clear" doors and frames, windows, painted surfaces and furnishings.
- All interior common areas are to be kept clear of equipment and materials.
- All litter and debris MUST BE removed and transported OFF SITE at the end of each work day.
- **CONTRACTORS ARE NOT PERMITTED TO USE EITHER THE BLUE RECYCLING DUMPSTER OR BROWN DUMPSTER BEHIND BUILDING 30.**
- The Unit Owner must inform the contractor or supplier that **ELEVATORS ARE NOT TO BE USED** FOR TRANSPORTING EQUIPMENT, MATERIALS AND SUPPLIES TO AN OWNER'S UNIT. WESTBURY ELEVATORS HAVE LIMITED WEIGHT RESTRICTIONS.
- The Unit Owner must inform the Property Manager when the project has been completed.

2. Property Manager Responsibilities

- The Property Manager shall send the Project Agreement form to the Unit Owner upon request.
- Upon receipt of the completed form, the Property Manager shall inspect and ensure that licensing and insurance information provided by the contractor(s) is/are accurate and current.
- The Property Manager shall forward the Agreement form to the Westbury Board for consideration.
- The completed and approved Agreement form shall be filed in The Westbury Association office.
- The Property Manager will advise/inform the Board of any necessary changes or revisions to the project during the renovation process.
- Upon completion of the project, the Property Manager along with the Board will determine remediation if any damage to the interior common areas has occurred.
- If damage has occurred, the Board and the Property Manager will see that the Unit Owner is held responsible for any costs exceeding the \$500.00 deposit.
- If no damage has occurred, the \$500.00 deposit will be returned to the Unit Owner within ten (10) days.

3. Westbury Board Responsibilities

- Upon receipt of the Project Agreement form from the Property Manager, the Board will send a written response to the Unit Owner within fifteen (15) days, indicating approval or denial of the project.
- The Board and the Property Manager will inspect the interior common areas upon completion of the project.

SCHEDULE A
Owner's Reference Page

PLEASE DETATCH THIS PAGE & KEEP FOR FUTURE REFERENCE

PROPERTY MANAGER CONTACT INFORMATION

Property Manager: White & Katzman

Westbury Condominiums Association

Telephone: 860-610-0160

FAX: 860-610-0177

Mailing Address:
(Include Attn. line)

**Send completed Agreement
and check to:**

**White & Katzman
ATTN: Barbara Hines
Property Services
111 Roberts Street Suite G1
East Hartford, CT 06108**

HOME IMPROVEMENT PROJECT AGREEMENT FORM

Owner's Name _____

Building No., Unit No. _____

Telephone Number(s) _____

E-mail Address _____

Name of Homeowner Insurance Company _____

START DATE: _____ **EST. COMPLETION DATE:** _____

Project Description: _____

(If additional space is needed for project description, please use the reverse side of this page.)

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Date		Page		Description		Amount	
19	10	1	1	1000	1000	1000	
20	11	2	2	2000	2000	2000	
21	12	3	3	3000	3000	3000	
22	13	4	4	4000	4000	4000	
23	14	5	5	5000	5000	5000	
24	15	6	6	6000	6000	6000	
25	16	7	7	7000	7000	7000	
26	17	8	8	8000	8000	8000	
27	18	9	9	9000	9000	9000	
28	19	10	10	10000	10000	10000	
29	20	11	11	11000	11000	11000	
30	21	12	12	12000	12000	12000	
31	22	13	13	13000	13000	13000	
32	23	14	14	14000	14000	14000	
33	24	15	15	15000	15000	15000	
34	25	16	16	16000	16000	16000	
35	26	17	17	17000	17000	17000	
36	27	18	18	18000	18000	18000	
37	28	19	19	19000	19000	19000	
38	29	20	20	20000	20000	20000	
39	30	21	21	21000	21000	21000	
40	31	22	22	22000	22000	22000	
41	32	23	23	23000	23000	23000	
42	33	24	24	24000	24000	24000	
43	34	25	25	25000	25000	25000	
44	35	26	26	26000	26000	26000	
45	36	27	27	27000	27000	27000	
46	37	28	28	28000	28000	28000	
47	38	29	29	29000	29000	29000	
48	39	30	30	30000	30000	30000	
49	40	31	31	31000	31000	31000	
50	41	32	32	32000	32000	32000	
51	42	33	33	33000	33000	33000	
52	43	34	34	34000	34000	34000	
53	44	35	35	35000	35000	35000	
54	45	36	36	36000	36000	36000	
55	46	37	37	37000	37000	37000	
56	47	38	38	38000	38000	38000	
57	48	39	39	39000	39000	39000	
58	49	40	40	40000	40000	40000	
59	50	41	41	41000	41000	41000	
60	51	42	42	42000	42000	42000	
61	52	43	43	43000	43000	43000	
62	53	44	44	44000	44000	44000	
63	54	45	45	45000	45000	45000	
64	55	46	46	46000	46000	46000	
65	56	47	47	47000	47000	47000	
66	57	48	48	48000	48000	48000	
67	58	49	49	49000	49000	49000	
68	59	50	50	50000	50000	50000	
69	60	51	51	51000	51000	51000	
70	61	52	52	52000	52000	52000	
71	62	53	53	53000	53000	53000	
72	63	54	54	54000	54000	54000	
73	64	55	55	55000	55000	55000	
74	65	56	56	56000	56000	56000	
75	66						

White & Katzman Property Services (address shown on SCHEDULE A, following page)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
February 11, 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 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 Insurance Agent Name and Address	CONTACT NAME: Insurance Agent Name	
	PHONE (A/C, No. Ext): Insurance Agent Contact Number	FAX (A/C, No):
INSURED Contractors Name and Address	E-MAIL ADDRESS: Insurance Agent Email Address	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance Company For "A" Listed Below (Left)	NAIC # #####
	INSURER B: Insurance Company For "B" Listed Below (Left)	NAIC # #####
	INSURER C: Insurance Company For "C" Listed Below (Left)	NAIC # #####
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		EXMPL23684BE5	2/11/2018	2/11/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			AIP34567AL123	2/11/2018	2/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N N	N / A	WCP2354668XR12	2/11/2018	2/11/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Painting ceiling in the bathroom of Unit 20-20X, tile bath area and remove/install new sinks.

The certificate holder listed below is included as an additional insured and will be informed of any cancellation of insurance policies.

CERTIFICATE HOLDER

CANCELLATION

The Westbury Condominiums Association, Inc. ATTN: Management Office 20 Outlook Avenue West Hartford, CT 06119	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 Signature of Insurance Agent

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