

THE CAROL CONDOMINIUMS 2019

Unit Owner _____ Unit # _____

GUIDELINES FOR RENOVATION OF YOUR HOME

At the beginning of a project, all renovations must be approved by your Board of Directors, Management and Engineering.

The engineer will be consulted so that whatever change will be made does not adversely affect the contiguous homes or violate any of the Condominium rules.

1. All contractors must have and need to submit proof of insurance of **commercial general liability, workers compensation** and a **waiver of subrogation** and required permits. The Carol Condominium must be listed as an additional insured on the certificate. Additional information for your contractors
 - a.) All electrical and plumbing work needs to be done by licensed electricians or licensed plumbers, copies of licenses must be submitted.
 - b.) All contractors must use metal studs, no wood studs allowed.
 - c.) **No romex wiring allowed. Only M C Cable or conduit may be used.**
 - d.) Painting of sprinkler covers/heads is not allowed.
 - e.) **No Kilz or Oil Based Paint allowed.**
 - f.) **No drilling into or through the concrete is allowed.**
2. Working hours in the building are from 9:00a.m. til 4:30 p.m. on weekdays only. No weekends and no holidays.
3. ALL contractors must sign in and sign out. There is a sign in/out book in the elevator lobby on the counter. There shall be no noise after 4:30 p.m.

On the floor you are working on...the hall (on the outside of the unit) must be protected by applying plastic sheeting on the floor from the service elevator to the front door of the unit you are working in and the floors must be cleaned on a daily basis by the outside worker(s) who are working in the unit that day.
4. No "tools of trade" shall be brought through the front door of The Carol Condominiums into the lobby. You must bring your "tools of trade" in the rear of the building to gain entrance with your tools and supplies and then use the service elevator to get to the unit where the work is being done. No construction workers may use the passenger elevators at any time. If there is a problem getting the service elevator, Security, or the staff can assist in retrieving it. NEVER take the passenger elevators with "tools of trade". The number to call for that is 504-522-5561.
5. The gray and green grocery carts are for residents only. If a worker needs a cart to carry things to the site, they must use only the RED carts. Once you get to the site you must unload the red cart at that time and return the red cart. You are not to keep and leave the Red cart in the unit. When you are ready to leave you must come down and get a red cart to bring your tools back down and out of the rear of the building using the service elevator.
6. No trash of any kind, (old carpets, lumber, doors, cabinets, appliances, etc.) can be placed in our dumpsters. Removal of this trash is the responsibility of the outside worker.
7. A **\$1,000.00** damage and security deposit is required from all contractors to ensure all guidelines are followed. This deposit is refundable upon completion and inspection of work (**providing there are not damages**).
8. Management is here Monday through Friday to assist in any problems that may arise.
9. Please instruct all outside workers there is to be **NO SMOKING** in the building, under over-hangs, in the stairwells or on the roof.
10. There will be **no Contractor parking** on The Carol premises when work begins. Contractor's can pull up in The Carol rear driveway to unload **only**. They will have to find parking on the street.

Please have your contractor sign and return this Renovation Form along with the \$1,000.00 deposit and insurance information **BEFORE** any work begins. If the Carol office does not have the necessary documents in **possession NO work will be allowed.**

Contractors Name: _____ Telephone number(s) _____
Address: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYY)
Recent

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		CONTACT NAME	
INSURED		PHONE	FAX
Vendor		LAIC No. Ext:	(A/C. No.):
		E-MAIL	
		ADDRESS:	
		PRODUCER	
		CUSTOMER ID #:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: ABC Insurance Company	
		INSURER B: DEF Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**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 SUPR INSR WVD	POLICY NUMBER	POLICY EFT. (MMDDYYTT)	POLICY EXP. (MMDDYYTT)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input checked="" type="checkbox"/> LOC					
<input checked="" type="checkbox"/>	AUTOMOBILES LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> <input type="checkbox"/>				
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> <input type="checkbox"/>				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS (LOCATIONS, VEHICLES, etc) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Waiver of subrogation in favor of Certificate Holder on General Liability, Automobile, Umbrella and Workers Compensation. Additional Insured in favor of the Certificate Holder for General Liability, Automobile and Umbrella policies. Additional Insured for Completed Operations in favor of the Certificate Holder for General Liability.

CERTIFICATE HOLDER**CANCELLATION**

Carol Condominium Association, Inc
2100 St. Charles Ave.
New Orleans, LA 70130

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

ACORD 25 (2009/09)

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CONTRACTOR INSURANCE AGREEMENT

This Contractor Insurance Agreement is entered by and between the Carol Condominium Association, Inc. (the "Association") and _____, (the "Contractor"), effective this, the _____ day of _____, 2018.

WHEREAS, the Association manages, operates, and is the governing body for the Carol Condominiums, located at 2100 St. Charles Avenue in New Orleans, Louisiana.

WHEREAS, the Association's Board has established rules for renovation of any and all units in the Carol Condominiums, which provide in pertinent part that "[a]ll contractors must have and need to submit proof of insurance of commercial general liability, workers compensation and a waiver of subrogation. The Carol Condominium must be listed as an additional insured on the certificate" (the "Construction Policy").

WHEREAS, Contractor wishes to perform work on a unit in the Carol Condominiums.

NOW THEREFORE, considering the foregoing recitals, the Association and the Contractor agree as follows:

1. Contractor accepts and agrees to the Association's Construction Policy and agrees to take any and all necessary steps to comply with same.
2. Contractor agrees to list the Association as an additional insured on its commercial general liability insurance policy.
3. Contractor hereby waives subrogation against the Association and agrees to take any and all necessary steps for its insurer to also waive subrogation against the Association.
4. The additional insured coverage to be provided in favor of the Association shall be primary, non-contributory coverage.
5. Contractor waives any and all claims against the Association and agrees to indemnify and hold it harmless for any and all losses.

**CAROL CONDOMINIUM
ASSOCIATION, INC.**

Through its authorized representative

Print Name: _____

Through its authorized representative

Print Name: _____