Whispering Wood Homeowners Association
975 Easton Road, Suite 102, Warrington, PA 18976
FAX: 215-343-4409

ENVIRONMENTAL REVIEW BOARD
Request Form

Name: _____ Phone: _____

Address: _____ Email: _____

DESCRIPTION OF PROPOSED IMPROVEMENT, CHANGE, ADDITION, OR ALTERATION:

1. Prepare a sketch or a written description of the proposed improvement, change, addition, or alteration in sufficient detail so the Board can make a decision. Attach sketches, photos, etc., if necessary to provide adequate details.
2. Provide a site sketch. Include unit location and indicate where on the property the improvement is to be located.
3. Include a color chip or material sample to show texture or color of change.

CONTRACTOR: Name: _____

Address: _____

Phone: _____

Estimated Schedule of work being done: Start:_____ Finish: _____

Once started, work is to be completed within a reasonable time

SCOPE OF WORK

Describe the work, including its location, dimensions, materials, and colors, as applicable.

_____

_____

_____

_____

_____

I understand that the approval of this project does not waive the necessity for the unit owner to obtain township permits or comply with applicable building or zoning codes. I am attaching my contractor's **Certificate of Insurance (COI)** to the Property Management office. The COI must name Whispering Wood HOA, 975 Easton Road, Suite 102, Warrington, PA 18976, as the certificate holder and identify the Association as an additional insured for commercial general liability, as shown in the attached sample.

If this request is authorized and installed, the above described is the sole property of the unit owner requesting the approval. By executing this alteration, I accept all responsibility for its maintenance and good repair and certify that the work will be done by qualified personnel.

I understand that no work can begin on this until receipt of written approval from the Environmental Review Board has been received.

Signed: _____ Date: _____

Signed: _____ Date: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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:
	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Your Contractor's Name and Address

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	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY					EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC					PRODUCTS - COMP/OP AGG	$
							$
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS					BODILY INJURY (Per person)	$
	HIRED AUTOS / NON-OWNED AUTOS					BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
							$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	$
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	$

SAMPLE

Amounts

Amounts

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Whispering Wood HOA, 975 Easton Road, Suite 102, Warrington, PA 18976 is listed as an additional insured for commercial general liability coverage.

CERTIFICATE HOLDER	CANCELLATION
Whispering Wood HOA **975 Easton Road, Suite 102** **Warrington, PA 18976**	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

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