

***This is the “Remodel of Units” procedure, extracted from Venetian Bay Schedule A.***

**34) Remodel of Units**

*All remodel work must have BOD approval prior to commencement and is subject to BOD inspection during work and at completion. All listed work must be performed by a contractor bearing a Florida business license appropriate for the particular work at hand and carrying general liability (with Venetian Bay listed as ‘additional insured’) and worker’s compensation insurance. Work not listed but performed by a contractor carries the same notification, licensure, and insurance requirements.*

Categories of work are:

- a) Removal of flooring.
- b) Installation of flooring. Any non-carpet flooring (including but not limited to wood, tile, vinyl, vinyl tile, or ceramic) requires the installation of a sound barrier with an impact insulation class (IIC) rating of 50 or higher and a Delta IIC of 20 or higher. Examples: NAC SAM 125, Proflex SIM 90, Whisper Mat HW or CS (not a recommendation or exhaustive list). Cutting of any flooring material must be performed within the unit, with the unit’s storm shutters closed. A Visqueen enclosure to reduce dust in the unit is highly recommended.
- c) Replacement of cabinets, countertops, vanities, bathtubs, or showers including enclosures.
- d) Rerouting of or addition to a *unit*’s electrical wiring, TV cabling, or phone wiring inside walls.
- e) Rerouting of or addition to a *unit*’s plumbing, to include water, sewage, drains, or A/C water supply inside walls.
- f) Rerouting of or addition to a *unit*’s air conditioning ducts, dryer ducts, air intake ducts, or exhaust fan ducts inside walls.
- g) Replacement of a *unit*’s entry door, sliding doors/screens, or windows (replacement must match the current design).
- h) Replacement of a *unit*’s hurricane shutters (replacement must match the current design).
- i) The following work is expressly prohibited:
  - 1. Modification of load bearing walls, ceiling or floor slabs, or structural members
  - 2. Modification of Common Elements such as sewer, water, electrical, and A/C water
  - 3. Modification of fire suppression system piping or sprinkler heads
  - 4. Modification of balconies or walkways including the walls, ceilings, and railings
  - 5. Modification of garage parking spaces or storage areas
  - 6. Installation of any flooring on balconies

**j) Remodel Approval**

Unit Owners seeking to remodel their unit must meet all the requirements contained in this section (Schedule A paragraph 34). The process begins with a *fully complete* “Application for Authorization to Remodel” (form attached below); incomplete forms will be returned with no action taken.

All plumbing, electrical, cabling, and ductwork requires a detailed drawing of the work involved. Unit Owners and their contractors must provide a reasonable estimate of the number of days (“Noise Days”) during which noise likely to disturb other residents (tile removal, sawing, hammering, etc.) will be produced. Unit Owners must provide notice to surrounding residents regarding noise and duration of work.

The application and all supporting documents required on the form should be emailed to “[remodel@venetianbaycondo.com](mailto:remodel@venetianbaycondo.com)” or hand-delivered to either the Vice

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President, the Secretary, or the Ops Director at Venetian Bay. Completed packages will be evaluated by those three Board members and then passed on to the full Board for action.

Throughout the remodel process, a Board member may examine the work being performed in order to verify work is proceeding in accordance with the Board-approved plan and schedule.

Owners, tenants, or occupants who violate any of the procedures set forth herein, or allow their contractors to violate these procedures, shall be subject to fines, per the Association’s By-Laws, for each day the violation continues. A violation of the provisions set forth herein may also constitute a private or public nuisance for which injunctive relief may be available to the Association, its owners, or residents against owners who violate any of the procedures set forth herein and who may be liable for any costs incurred by those seeking injunctive relief, including court costs and reasonable attorney’s fees.

k) Remodel Work Rules

1. All contractors performing remodel work at Venetian Bay must provide a copy of their Florida contractor’s business license, a certificate of insurance (COI) specifying Venetian Bay as an “additional insured,” and a copy of their general liability and workers’ compensation insurance. (Both a sample and a fillable PDF COI form are attached and are also available on the Venetian Bay website.) Owner-operators who do not provide workers’ compensation insurance must provide a “Certificate of Election to be Exempt From Florida Workers’ Compensation Law.”
2. Remodeling work is permitted 8:00 am to 5:00 pm Monday through Saturday (but not during Federal holidays), except for emergency repairs such as an A/C failure or a leaking water fixture.
3. Storage of construction equipment and materials must be inside the unit or on the unit’s balcony and is not permitted in any Common Element, including the garage space or walkways.
4. All material and equipment must go through the garage, not through the lobby. Elevator pads and rugs must be installed to prevent damage to the elevator, and cardboard must be taped to the lobby floors to prevent damage to the marble flooring. The unit owner is responsible for ensuring the garage door is closed at the end of the work day.
5. The contractor and Unit Owner are responsible for daily cleanup of the Common Elements to remove any debris and marks caused by the work.
6. The contractor shall not use the Association’s shopping carts or dispose of debris in the building dumpsters.
7. Noise must be kept to a minimum (see remodel form).

## Application for Authorization to Remodel

***No remodeling is authorized until this form is completed and work has been approved by the Board***

Owner name \_\_\_\_\_ Bldg/Unit \_\_\_\_\_ Date \_\_\_\_\_

Description of remodeling: \_\_\_\_\_

Contractor \_\_\_\_\_ Contact \_\_\_\_\_ Ph# \_\_\_\_\_

Expected duration of work (days) \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Expected # of Noise Days \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

*"Noise Days" counts days when noise likely to disturb other residents (tile removal, hammering, sawing, etc.) is planned. Owners/contractors must minimize the total number of noise days and concentrate the noise-producing work into as few, contiguous days as possible. Plans to mitigate noise & minimize noise days may be required.*

Submittals (see relevant Schedule A section for additional information) >>>>>	Section	Yes	NA
Detailed drawing of work (plumbing, electrical, cabling, and ductwork) attached	34(j)		
Non-carpet flooring to be installed, details on sound barrier attached and specify Class IIC rating of 50+ and Delta IIC rating of 20+ (provide specific product name)	34(b)		
Disturbing construction noise/vibration expected, surrounding residents notified	34(j)		
Copy of Florida contractor's business license attached	34(k)		
Copy of contractor's Certificate of Insurance & General Liability/Workers Comp attached	34(k)		
Copy of Remodel Work Rules provided to and discussed with contractor(s)	34(k)		

I, the owner of Bldg \_\_\_\_ Unit \_\_\_\_, hereby guarantee the requirements specified in Schedule A of the Venetian Bay by-laws will be followed and guarantee that I (or my representative, \_\_\_\_\_) will be present during the remodeling work. Further, I, as owner, give the Board permission to enter my unit to ensure the procedures are being followed.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Action	
Application Approved on:	Application Disapproved on:
Reason(s) for Disapproval	

\_\_\_\_\_ Date \_\_\_\_\_

for Venetian Bay Board of Directors



# 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 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 Company's Name, Address, Email, and Phone Number	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED  Contractor's Name, Address, Email, and Phone Number	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	Must be provided			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		May be provided			COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	See note below			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 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)

Venetian Bay Condominium Association, Inc. is an additional insured within the coverage of the above policies

If Workers Compensation is not provided because the contractor is an owner-operator, a valid "Certificate of Election to be Exempt From Florida Workers' Compensation Law" must be attached to this form.

**CERTIFICATE HOLDER****CANCELLATION**

Venetian Bay Condominium Association, Inc. 4955 Dixie Hwy NE Palm Bay, FL 32905	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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PRODUCER	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<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:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

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AUTHORIZED REPRESENTATIVE