

INDEMNIFICATION - FOR RENOVATIONS BY SHAREHOLDERS

Dear Shareholder,

You have notified the undersigned that it is your intent to cause certain renovations to your unit. In addition to the insurance requirements of the Board, please take notice that Bethpage Park Owners Corp is only liable for the Board's negligence. Be further advised that you, as the shareholder, are liable for personal injury or property damage due to your own negligence. A contractor or subcontractor is liable for their negligence, and we reiterate that you are required to have liability insurance naming the co-op and you, as owner, from all contractors and subcontractors.

Please be advised that in the event of property damage to the building or the property of any resident, thereof, caused by you or your contractors/subcontractors, you will be responsible for the full cost of all repairs and such repairs must be to the satisfaction of the cooperative and liable for the cost of damage to the resident's property.

During the process of the "work", you shall take such protective measures as may be necessary and as may be determined by the Board, Agent, or Superintendent to insure that other portions of the Building, its mechanical systems and property of all other unit owners, residents or occupants are not damaged as a result of the work. The contractor will be responsible to clean all common areas that are not left acceptable to the superintendent or the Management office.

You agree to indemnify and hold us, the Board, the owners(shareholders), the tenant and occupants of the Building, the "Agent" and our architects, engineers and attorneys harmless from and against all losses, liabilities, costs and expenses (including, without limitation, reasonable attorneys' fees and disbursements) suffered by reason of any injuries or damage to persons or property as a result of the "work" and any fault or defect therein or created thereby whether or not caused by negligence. This indemnification shall survive completion of the "work".

Bethpage Park Owners Corp.

By: _____
(representative)

Acknowledge and Agreed to this Date : _____

(Shareholder)

FOR RENOVATIONS/CONTRACTOR WORK

Contractors must complete the following forms **BEFORE** any work can be done in the units. Maintenance Work Request Form must be submitted to the management office 7 days prior to any work being started.

Upon review, management will give written authorization to proceed. This process will be done expediently based on the detailed accurateness of the forms.

Please note: Any contract work not approved prior to start, will be halted by management until all compliances are met.

Complete and submit the following forms to the management office:

1. Maintenance Work Request Form
 - attach plans and specifications, where applicable
 - attach copy of Lead Paint Renovator Certificates
 - attach copy of contractors' license, plumber's, electrician's, all that apply
2. Pre-Renovation Form- Signed by Occupant
3. Renovation Notice to Occupant- signed by Renovator
4. Certificate of Liability and Workmen's Compensation insurance naming the Cooperative and other companies as specified on attached list as "additional insureds"
5. Indemnification- signed by shareholder

No construction or repair work or other installation involving noise shall be conducted in any apartment except on weekdays- no including legal holidays- and such work shall be done between hours of 8AM and 6PM.

All materials must be carted away by contractor and no parking overnight on premises.

NOTE: There will be NO closing of walls until after inspections have been made by the building superintendent at plumbing phase, electrical phase and then at final inspection.

Note: Above Procedures In Compliance with Property's O & M Program and EPA Rule 40 CFR 745.89/745.226 - Lead Paint Based Activities and Renovations

Contractor Instructions for Insurance

ALL CONTRACTORS MUST PROVIDE AN INSURANCE CERTIFICATE AND "HOLD HARMLESS AGREEMENT- RIDER" WITH ADDITIONAL INSUREDS AS FOLLOWS:

1. *Insurance Certificates must be provided, depending on which company the work is held at, additional insureds must be designated as follows:*
2. *Minimum General Liability should be no less than \$500,000/\$1,000,000 and Workmen's Compensation. Sole proprietors must sign Hold Harmless Agreement.*

For Bethpage Park Owners Corp:

The additional insureds section shall read: Bethpage Park Owners Corp and Bethpage Park Apartments, LLC and Fishman Group Management, LLC addressed to 74 Jervis Avenue, Farmingdale, NY 11735

For Farmingdale College Apartments Owners Corp:

The additional insureds shall read: Farmingdale College Apartments Owners Corp and Farmingdale Garden Apartments, LLC ,and Fishman Group Management, LLC addressed to 74 Jervis Avenue, Farmingdale, NY 11735

For Farmingdale Garden Apartment, LLC:

The additional insureds shall read: Farmingdale Garden Apartments, LLC ,and Fishman Group Management, LLC addressed to 74 Jervis Avenue, Farmingdale, NY 11735

For Bethpage Park Apartments, LLC:

The additional insureds shall read: Bethpage Park Apartments, and Fishman Group Management, LLC addressed to 74 Jervis Avenue, Farmingdale, NY 11735

2. Riders:

-Sign "Hold Harmless" Insurance Rider for each company and the managing agent.

-Sole Proprietors without Workmen's Compensation must sign a Hold Harmless Workmen's Comp Insurance Rider

-Insurance Certificates must have workmen's compensation listed as well unless you are a sole proprietor without Workmen's compensation.

You may fax to #631-420-4745 or email to Beth.Farm@verizon.net Office Phone: 631-249-0652
Superintendent Phone: cell 516-982-3040

FOR CONTRACTOR AND RESIDENT TO COMPLETE

Maintenance Work Request Form

Name: _____ Date: _____

Telephone No.: _____ Job Request No.: _____

Requested starting date: _____ Anticipated finish date: _____

Address, building and room number(s) (or description of area) where work is to be performed (Include information on the presence of children, if known): _____

Description of work:

Description of any lead-containing material that might be affected, if known (include location, condition and paint and substrate, and type): _____

Name and telephone number of requestor:

Name and telephone number of supervisor:

Submit this application to:

**BETHPAGE PARK APTS.
74 JERVIS AVENUE
FARMINGDALE, NEW YORK 11735**

(The Designated Person)

Granted (Job Request No. _____)

With conditions*

Denied

*Conditions: CONTRACTOR MUST BE Lead Renovator Certified

Presence of Lead-Based Paint

- _____ Lead-based paint is not present in the vicinity of the maintenance work.
- _____ Lead is present, but its disturbance is not anticipated: however, if conditions change, the Designated Person will reevaluate the work request prior to proceeding.
- _____ Lead is present and expected to be disturbed.
- _____ Level 1, 2, or 3 based on amount of lead expected to be distributed.

Work Practice if Lead-based Paint is Present or Assumed to be Present

The following work practices shall be employed to avoid or minimize disturbing lead:

AS SET FORTH BY EPA RULE 40 CFR, 745.
EFFECTIVE APRIL 22, 2010

Personal Protection if Lead-based Paint is Present

The following equipment/clothes shall be used/worn during the work to protect workers:

AS SET FORTH BY EPA RULE 40 CFR, 745.
EFFECTIVE APRIL 22, 2010

(manuals on personal protection can be referenced)

Special Practices and/or Equipment Required:

(4)

Signed: _____
(Designated Person)
(Certified Lead Renovator)

Date: _____

Contractor: Attach copy of Lead Renovator Certification

I hereby authorize the above related work to be completed and I understand the rules and regulations per EPA Lead Paint Disclosures and Renovations

(4)

Resident/Shareholder/Tenant

Date: _____

Evaluation of Work Affecting Lead-Based Paint

This evaluation covers the following maintenance work: Location of work (address, building, room number(s) or general description): _____

Date(s) of work: _____

Description of work: _____

Work approval form number: _____

Evaluation of work practices employed to minimize disturbance of lead: _____

Evaluation of work practices employed to contain exposure to lead and to clean up the work area: _____

Evaluation of equipment and procedures used to protect workers: _____

Personal air monitoring results: (both in-house and contract)

Worker name _____

Results: _____

Worker name _____

Results: _____

Handling or storage of Lead waste: _____

Signed: _____

(Designated Person)

Date: _____

Waste Tracking Form

Part 1 – To be completed by workers:

Maintenance Work Authorization No. _____

Work Location Building: _____

Room # or Area: _____

Type of Lead Removed: _____

Quantity of Waste generated: _____

Waste transported to: _____

Transported by: _____

Tracking Form given to: _____

Part 2 – To be completed by Designated Person:

Waste Properly Packaged & Labeled: Yes _____ No _____

EXCEPTIONS: _____

Waste Storage Location: _____

Waste Disposal Location: _____

Hazardous Waste Manifest Received: _____

Date: _____

SIGNED: _____
(Designated Person)

DATE: _____

FOR CONTRACTOR AND RESIDENT TO COMPLETE

Pre-Renovation Form

This sample form may be used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair, and painting regulations.

Occupant Confirmation

Pamphlet Receipt

- I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Owner-occupant Opt-out Acknowledgment

- (A) I confirm that I own and live in this property, that no child under the age of 6 resides here, that no pregnant woman resides here, and that this property is not a child-occupied facility.

Note: A child resides in the primary residence of his or her custodial parents, legal guardians, foster parents, or informal caretaker if the child lives and sleeps most of the time at the caretaker's residence.

Note: A child-occupied facility is a pre-1978 building visited regularly by the same child, under 6 years of age, on at least two different days within any week, for at least 3 hours each day, provided that the visits total at least 60 hours annually.

If Box A is checked, check either Box B or Box C, but not both.

- (B) I request that the renovation firm use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule; or
- (C) I understand that the firm performing the renovation will not be required to use the lead-safe work practices required by EPA's Renovation, Repair, and Painting Rule.

Printed Name of Owner-occupant _____

Signature of Owner-occupant _____

Signature Date _____

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined - I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature - I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left) _____

Printed Name of Person Certifying Delivery _____

Attempted Delivery Date _____

Signature of Person Certifying Lead Pamphlet Delivery _____

Unit Address _____

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

Note: This form is not effective until April 2010.

Forms

Renovation Notice — For use in notifying tenants of renovations in common areas of multi-family housing.

The following renovation activities will take place in the following locations:

Activity (e.g., sanding, window replacement)

Location (e.g., lobby, recreation center)

The expected starting date is _____ and the expected ending date is _____.
Because this is an older building built before 1978, some of the paint disturbed during the renovation may contain lead. You may obtain a copy of the pamphlet, *Renovate Right*, by telephoning me at _____. Please leave a message and be sure to include your name, phone number and address. I will either mail you a pamphlet or slide one under your door.

Date

Printed name of renovator

Signature of renovator

Record of Tenant Notification Procedures — Future Sample Renovation Recordkeeping Checklist

Project Address _____

Street (apt. #) _____

City _____ State _____ Zip Code _____

Owner of multi-family housing _____ Number of dwelling units _____

Method of delivering notice forms (e.g. delivery to units, delivery to mailboxes of units) _____

Name of person delivering notices _____

Signature of person delivering notices _____ Date of Delivery _____