

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2009

Insurer Name

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

INSURERS AFFORDING COVERAGE

NAIC#

Contractor Name

INSURER A: **CNA Insurance Company**

INSURER B

INSURER C

INSURER D

INSURER E

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		04/04/09	04/04/10	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
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		04/04/09	04/04/10	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE \$ RETENTION \$		04/04/09	04/04/10	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>		09/08/09	09/08/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

*Sample*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

Cypress Landings HOA  
 10036 Lone Cypress St.  
 Fort Myer, Florida 33966

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*





Sample  
go to [Leepa.org](http://Leepa.org)

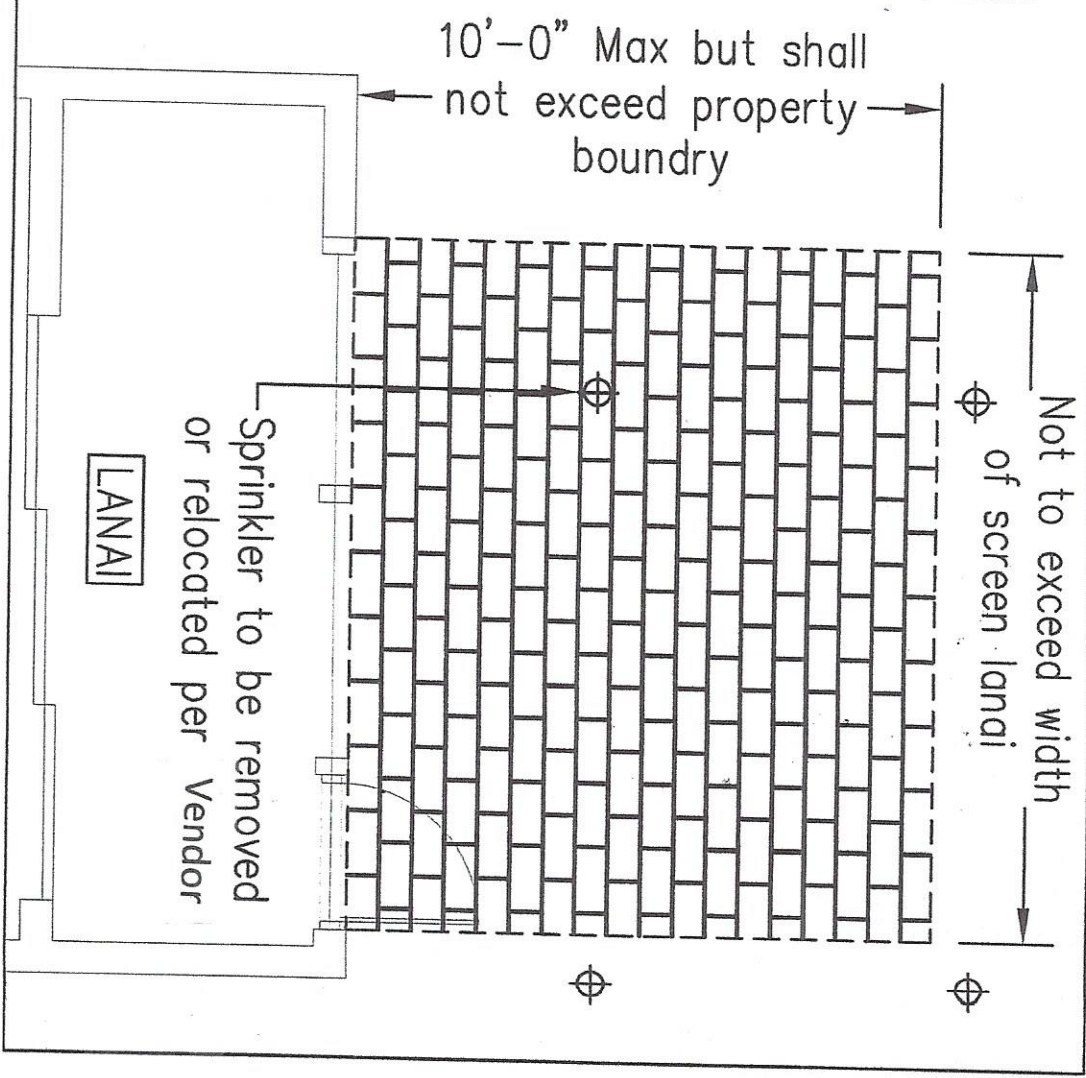


Existing irrigation sprinkler, homeowner is responsible for coordinating with Irrigation Vendor for relocation of swap out of head types. Must be indicated on your submission.

Provide written verification/estimate from Irrigation vendor for any sprinkler work

As part of submission ----->

**SAMPLE OF DRAWING**



For most applications specifications of modifications (i.e. size, color, type of material) and diagram or site plan are required. Other documentation may be required, please check the appropriate items below:

Initial plans and/or specification attached

Materials designation plan/sample attached

Revised plans and/or specification attached

Plans sealed & signed by Professional

Tree survey attached

Plans signed by owner

Lot survey attached

Proposed improvement contract attached

Color plan/samples attached

ANTICIPATED COMMENCEMENT DATE: \_\_\_\_\_

ANTICIPATED COMPLETION DATE: \_\_\_\_\_

Owner's

Signature(s): \_\_\_\_\_

\*\*\*\*\*For ARC Committee use only\*\*\*\*\*

Date application received: \_\_\_\_\_

Date of approval/disapproval \_\_\_\_\_

Signature of Architectural Control Committee \_\_\_\_\_

Date reviewed by PM: \_\_\_\_\_ approved \_\_\_\_\_ disapproved \_\_\_\_\_

Your approval is subject for the following:

- You are responsible for obtaining any necessary permits from the appropriate building and zoning department(s).
- Access to areas of construction is only to be allowed through your property and you are responsible for any damages done to the Common Areas during construction.

Explanation of Disapproval:

\_\_\_\_\_  
\_\_\_\_\_

# Request for Architectural Control Review

Cypress Landing Association  
10036 Lone Cypress St.  
Fort Myers, FL 33966

PLEASE NOTE: Faxed copies are not accepted; original form must be submitted.

Name of Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Approval is hereby requested for the following modification(s), additions(s), and or alterations as described below and on attached pages. Please check applicable item(s), and/or describe below.

Hurricane Shutters

Roof Repair

Doors new

Screening/enclosure new

Exterior

Wall/fence

Driveway

Satellite dish

Patio Extension

Solar Collectors

Other (please list below)

THIS IS A RE-SUBMITTAL:  Yes  No

Additional information \_\_\_\_\_

**This section must be completed:**

The work will be performed by a contractor. (Please provide a copy of their license & proof of insurance)

The work will be performed by the homeowner. (Please read and initial the statement below)

The applicant AKA homeowner holds the association and its managing agent hold harmless in the even that we (the applicant) plan on initiating the improvement ourselves.



## CYPRESS LANDING PATIO/LANAI EXTENSION GUIDELINES

1. Sprinklers affected by installation must be capped by the association irrigation contractor at the owners' expense. Ask office for # [JoAnnCypressLanding@comcast.net](mailto:JoAnnCypressLanding@comcast.net)
2. Property boundaries must be delineated by plot and marked out prior to installation for approval by the board after the recommendation of the Architectural Review Committee (ARC) before work can begin. Go to [Leepa.org](http://Leepa.org) for boundaries.
3. No fence may be installed as part of any patio or lanai extension. This is the Fire Code requirement for multi-family dwellings.
4. All colors of stone, paver or other ground cover for the patio must be of earth tone shades and be approved by the board prior to installation after review and recommendation by the ARC. Color: Chestnut-Buff-Charcoal 3piece Euro Cobble.
5. Patio/lanai extensions cannot impose on association's common foliage or plantings.
6. Lateral edges of patio surface must rest within the confines of the units lateral lanai openings by a minimum of 6 inches of each side.
7. Back edge of patio must rest at least 1 (one) foot inside the back boundary property line, but in no case will a patio be deeper than 10 feet from the back edge of the lanai regardless of property line boundaries.
8. In no case may a patio breach a community or association easement and must stay 1 foot back from easement lines. See guideline 7.
9. All installations are contingent upon final ARC/Board approval after all work has been completed.
10. A site plan must be submitted to the ARC with the request for patio installation to be considered.
11. Permitting compliance is expected and a copy provided to the Board prior to work beginning if one is required by local or city ordinance, or by rule of another governing body.
12. Any planting that obstructs the view of another resident and a complaint is registered with the Board, then the planting must be moved or removed at the direction of the Board.
13. Any planting that obstructs the view of another resident and a complaint is registered with the Board, then the planting must be moved or removed at the direction of the Board.
14. See attached sample submission as a guideline for the information that is required for a complete submission. Incomplete submissions will not be reviewed and will be returned to the owner.

Check List for Homeowner & ARC Committee members

\_\_\_\_\_Landscape initials

\_\_\_\_\_ARC initials