



May 11, 2023
Bulletin No. 31

MANOR ALTERATIONS NEWS BULLETIN

Functional Improvements to the Manor Alterations Division

- In order to expedite the mutual consent application process, a certified asbestos consultant (CAC) survey report will **no longer** be required as a prerequisite for approval by Manor Alterations.
- The responsible regulatory agency for an asbestos survey is the city of Laguna Woods. Please contact the city building permits office to confirm if your work requires both a permit and an asbestos survey. Call 949-639-0500.

CITY OF LAGUNA WOODS SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT RULE 1403 INFORMATION

California Health and Safety Code Section 19827.5 requires permit applicants to provide notification, as required by South Coast Air Quality Management District (SCAQMD) Rule 1403, prior to obtaining a demolition permit. The Rule 1403 Notification Form is available on SCAQMD's website at:

<http://www.aqmd.gov/home/regulations/compliance/asbestos-demolition-removal/r1403-web-app>

SCAQMD Rule 1403 Section (d)(1)(A) generally requires that a California State Certified Asbestos Consultant who is certified by the California Department of Industrial Relations' Division of Occupational Health and Safety (Cal/OSHA) perform an asbestos survey prior to any demolition or renovation work (see definitions below), in accordance with all applicable federal, state, and local laws and regulations.

State law also requires that a California State Certified Asbestos Contractor who is certified by Cal/OSHA perform all asbestos abatement work in accordance with all applicable federal, state, and local laws and regulations.

The City is unable to waive these requirements of state law. SCAQMD can be reached at (909) 396-2336.

- The member or his/her contractor is required to submit to our office a copy of the final city demolition permit and its accompanying asbestos clearance report.
- For clarity, we have updated our Certificate of Insurance Explained instructions, which now serves as an example of how the document should look and how to understand it.
- [Click here](#) for more information from the Manor Alterations Division.



Laguna Woods Village®

Certificate of Insurance Explained

CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 5/25/2023		
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 ACME Insurance & Associates Insurance 10148 Riverside Drive Toluca Lake, CA 91602		CONTACT NAME: Manor Alterations PHONE (A/C, No. Ext.): (949) 597-4616 FAX (A/C, No.): (949) 597-4316 E-MAIL ADDRESS: alterations@vmsinc.org				
INSURED Smith, John 123 Main St Anytown, CA 90001		INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # 00000		
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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <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 OTHER:		XYZ1234	6/4/2016	6/6/2016	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 250,000 PROPERTY DAMAGE (Per accident) \$ 100,000 OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ 250,000 AGGREGATE \$ 500,000 OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	Rented/Leased Equipment					Limit: \$50,000 Deductible: \$500 Example limit and deductible
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Description of Operations Golden Rain Foundation of Laguna Woods Village Management Services Inc. Third Laguna Hills Mutual United Laguna Woods Mutual P.O. Box 2220 Laguna Hills, CA 92654						
CERTIFICATE HOLDER			CANCELLATION			
Certificate Holder Golden Rain Foundation of Laguna Woods Village Management Services Inc. Third Laguna Hills Mutual United Laguna Woods Mutual P.O. Box 2220 Laguna Hills, CA 92654			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 Sign here			

- 1 Producer**
Your insurance agent; please contact your insurance carrier to have a document produced for you
- 2 Insured**
Your name and address
- 3 Insurance Carrier**
- 4 Policy Number**
- 5 Effective Dates**
- 6 Liability Insurance Limits**
Limits (maximum coverage) purchased for each coverage
General liability: \$500,000/\$1,000,000
Auto (personal vehicle): \$250,000/\$500,000
Auto (commercial vehicle): \$500,000/\$1,000,000
- 7 Description of Operations**
Golden Rain Foundation of Laguna Woods Village Management Services Inc.
Third Laguna Hills Mutual
United Laguna Woods Mutual
P.O. Box 2220
Laguna Hills, CA 92654
- 8 Certificate Holder**
Golden Rain Foundation of Laguna Woods Village Management Services Inc.
Third Laguna Hills Mutual
United Laguna Woods Mutual
P.O. Box 2220
Laguna Hills, CA 92654

What is a certificate of insurance?

You must provide a certificate of insurance, which is a document detailing the type, dates and limits of insurance coverage. You may also be required to add an "additional insured" person or entity.

What is an "additional insured" person or entity?

A person or entity other than the named insured, which is also provided insurance under the policy. The person or entity may request specific wording be added to the certificate of insurance.

Contact Manor Alterations

8 a.m. to 5 p.m., Monday through Friday • 949-597-4616 • alterations@vmsinc.org
lagunawoodsvillage.com/residents/resident-services#manor-alterations