SEVENTEEN
SEVENTEEN
ALA WAI

CATEGORY “A” APPLICATION

Maintenance, Modification, Renovation

Seventeen Seventeen Ala Wai — MMR Application Process (Q&A)

Note: The Maintenance, Modification, and Renovation (MMR) Manual and Applications (Forms A, B, and C) are available for download on the Association's website: https://1717alawai.info The Manual also includes the Insurance Requirements and the Window Replacement Guidelines for your reference.

Q: How do I submit an MMR application?

A: Complete an MMR application (Form A, B, or C, depending on the scope of work). Return the completed form to the Seventeen Seventeen Ala Wai Management Office.

Office Phone: **(808) 946-9160**
Office Email: **sitemanager1717alawai@gmail.com**

Q: What happens after I turn in my application?

A: The process depends on which application form is used:

- Category A: These applications are reviewed and approved directly by the Seventeen Seventeen Ala Wai Management Office. Approval takes approximately 7 business days.
- Category B or C: The Management Office forwards your application to NextDesign LLC for review.

Q: How will I know the cost of the review (Category B & C)?

A: The Management Office will contact you with the fee quoted by NextDesign.
Please note: The fee schedule is attached to MMR Application Forms B and C for your reference.

Q: What are the insurance requirements?

A: All contractors and workers must provide proof of insurance that meets the minimum requirements in order to work on the property.
The insurance requirements are attached to all MMR Application Forms (A, B, and C) and must be submitted with the application.
If insurance requirements are not clearly stated or attached to your application, this may delay approval.

Q: What if I am installing hard flooring in a bedroom?

A: Hard flooring installations in bedrooms fall under Category B. In this case, the owner must complete and notarize an Indemnification Agreement.
- The agreement is included in the MMR Manual and attached to the MMR Application as an example.
- Please speak with the Management Office before submitting your application, as staff will need to collect information to prepare the agreement.
- The cost of notarization is paid by the owner.
- While this requirement will not slow the application review itself, work cannot begin until the notarized agreement is completed, which may delay final approval to start construction.

Q: How do I pay the review fee (Category B & C)?
A: Pay by check only, made payable to NextDesign. Cash or electronic payments are not accepted.

Q: When does the review start (Category B & C)?
A: Once your check is received, the office forwards confirmation of payment to NextDesign and the review begins.

Q: How long does the review take (Category B & C)?
A: Reviews typically take 6–7 business days. If more information is required, the timeline may be extended.

Q: How will I receive communication during the review (Category B & C)?
A: NextDesign communicates by email only from **slee@nextdesignllc.com**. You will receive either:
- An approval, or
- A request for additional information, which may extend the review time.

Q: How do I receive my approved MMR?
A: Once approved, NextDesign emails the approved MMR to you and the Seventeen Seventeen Ala Wai Management Office.

AOAO Vendor Insurance Requirements

For vendors, contractors and businesses that the AOAO deals with, we recommend the following insurance limits and additions.

- The **General Liability (CGL)** Coverage with at least:
  - $1million per occurrence/$2million aggregate
  - Association and/or the Property Management Company to be named as ***additional insured****
  - ***Waiver of subrogation**** in favor of the Association and/or Property Management Company
- The **Automobile Liability** coverage with at least $1million combined single limit
- The **Workers Compensation** coverage:
  - Association and/or the Property Management Company to be named as ***additional insured or alternate employer****
  - ***Waiver of subrogation**** in favor of the Association and/or Property Management Company

*The ***additional insured and alternate employer*** status extend coverage to the Association under the vendor/contractor's policies.

**** The purpose for having the ***waiver of subrogation*** is that it prevents the vendor's/contractor's insurance company from going after the association for their employees' injuries sustained while working.

If the property management company, also had a part in selecting or hiring the vendor/contractor, they may also want to be named as additional insured and have the waiver of subrogation include them.

ATLAS
INSURANCE AGENCY

Client#: 164575 SEVESEV

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Vendor's Insurance Agency Address SAMPLE ONLY	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : _____Insurance Company	
INSURED Vendor's Business Name Address	INSURER B : _____Insurance Company	
	INSURER C : _____Insurance Company	
	INSURER D : _____Insurance Company	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X	X	XXX1234	09/15/2020	09/15/2021	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE OCCUR	Additional Insured and Waiver of Subrogation required for ALL Vendors			check if dates are current/not expired		DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			XXX5678	09/15/2020	09/15/2021	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO	Some small businesses like handyman services, home cleaning services may not carry a commercial automobile policy. It will be at the AOAO's discretion if they accept proof of personal automobile policy					BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB OCCUR			XXXX2468	09/15/2020	09/15/2021	EACH OCCURRENCE	$ limits available starting
	EXCESS LIAB CLAIMS-MADE	Required coverage limit depends on the size of the project & contract between AOAO & Vendor. Can be optional for smaller projects.					AGGREGATE	$ at $1 million
	DED RETENTION $							$ up to $50 million
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		X	XXXX1357	09/15/2020	09/15/2021	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A	Waiver of Subrogation required for vendors with employees.					E.L. EACH ACCIDENT	$ 500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	For smaller businesses with no employees or no workers comp insurance, a Liability & Workers Compensation waiver will be required. Please consult with your legal counsel.					E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	500,000
							$1 million for each limit is also available, typically for bigger/more hazardous jobs	

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

Project Name: 1717 Ala Wai AOAO, Roof Repair Job#123

1717 Ala Wai AOAO is named as Additional Insured per form CGXXX

For major AOAO projects (depending on project size and contract) request for the alternate employer endorsement for the duration of the project/contract.

CERTIFICATE HOLDER	CANCELLATION
1717 Ala Wai AOAO	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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Maintenance Modification and Renovation Application for Approval to Renovate or Remodel Category A

Apartment #: _____

Please print or type the following:

Owner's Name: _____ Telephone/ Email: _____

Architect/Designer: _____ Telephone/ Email: _____

Submitted by: _____ Telephone/ Email: _____

Submittal Date: _____

Owners may make desired modification, alteration, renovation, or remodeling of apartments only after the review and processing of this application. If an emergency repair is needed, contact the Manager immediately.

Category A: Plan of work may proceed after approval by the Manager.

Description of Work:

_____

_____

_____

Is a building permit required? _____YES, _____NO If yes, have you applied? _____YES, _____NO

Estimated start date: _____ Estimated completion date: _____

The Manager shall be notified to make inspections prior to, during, and after the work is complete.

Initial

_____ Inspection prior to work.

_____ Inspection during work.

_____ Inspection at completion

_____ Pictures attached.

Will any of the planned modifications include changes to exist:

Plumbing: _____ YES _____NO Electrical: _____ YES _____ NO
Mechanical: _____YES_____NO Structural: _____YES _____ NO

If any of the above questions are answered “YES,” you will be required to submit plans and specifications prepared by a registered architect (or professional registered engineer if permitted by the 1717 Ala Wai Board of Directors (the “Board”) showing details of the proposed work. You are also required to submit the name of the licensed contractor(s) you intend to employ for the work.

Even if you answered “NO” to each question, the Board may require plans and specifications and other information from you before deciding upon your application.

SUBMISSION CHECKLIST:

_____ Application

_____ The contractor shall provide the Manager with proof of insurance and a schedule of the work. The contractor shall inform the Manager of any changes to the schedule. An inspection by the Manager may be required.

N/A Design review fee (if required)

N/A Plan and specifications for Category B and C work (two sets drawn by registered architect or engineer)

N/A Building permits or building permit application number (if required)

List of Contractors, Engineers, and/or Architects:

Name: _____

Address: _____ Phone: _____

License #: _____ License Type: _____

Name: _____

Address: _____ Phone: _____

License #: _____ License Type: _____

Name: _____

Address: _____ Phone: _____

License #: _____ License Type: _____

Notice of approval to proceed with the work will come from the Manager, who will also inspect the work upon completion. See Section V. Procedures for Approval, § B (1) of the 1717 Ala Wai Maintenance, Modification and Renovation Policy Manual (Revised [insert month here] 2023) (the "MMR Manual") for details.

I/We, the undersigned, hereby request that the Board approve the alterations and/or additions described above and on any accompanying plans, specifications, or drawings.

I/We hereby acknowledge receipt of a copy of the MMR Manual. I/We acknowledge and agree that any approval given by the Board shall be conditioned upon all work conforming to all applicable building and zoning laws, ordinances, and rules and regulations and all other conditions established by the Board. I/We agree to periodic inspections during the renovation work by the Manager and/or representatives of the Board. I/We agree that all noise generating work shall be accomplished during normal working hours, which are Monday through Saturday from 8:00 a.m. to 5:00 p.m. only. No work on Sundays and state and federal Holidays. I/We understand that no work is to be done in the common areas and further agree to pay for the repair of any damage or the cleaning of the common areas needed as a result of this renovation and/or remodeling activity.

Owner's Signature: _____ Apt: _____ Date: _____

Owner's Signature: _____ Owner Email:_____

Received by Manager's Office:

Date: _____ by: _____

For Office Use Only:

Apartment #: _____

Date Application Received: _____ Date Reviewed: _____

Approved by: _____ Manager.

Approved with conditions by: _____ Manager.

Declined by: _____ Manager.

Reason for Declination and/or Additional Requirements/Conditions:

_____

_____

_____

_____

Maintenance which may be undertaken by the owner after the application for planned work is submitted to the Manager and the timing of the work is coordinated by the Manager. (If an emergency repair is necessary, notify the Manager immediately.) Owners must coordinate with the Manager for elevator use, work hours, and any required shutoffs of water or electricity. The Manager and/or the on-duty security officer should be informed of any work that involves outside workmen to alert management of non-residents in the building.

The Manager cannot grant any variances in the rules of the provisions of the governing documents.

All modification requests must be in writing. Documentation (i.e., description of work, sketches or plans, manufacturers' catalog cuts and product documentation, etc.) of the proposed work and materials must be presented to the Manager. Drawings of your unit may be available at the request of the Manager at: (808) 946-9160.

Owners are required to adhere to the insurance requirements outlined in "Exhibit 1 – Vendor Insurance Requirements" on page 32 of the MMR Manual in his/her contracts with contractors and subcontractors.

Category A includes but is not limited to:

1. Interior painting of the apartment unit (excluding the lanai walls and ceiling).

2. The application of wallpaper and wall covering to interior of apartment.

3. Installation of drapery, mini-blinds, vertical blinds in white, or off-white color or linings of white or off-white.

4. Window tinting: owners may choose from a list of manufacturers' specifications from the Board pre-approved list of materials.

5. Replacement of kitchen or bathroom faucets, toilets, sinks, cabinets (if no electrical wiring is needed), interior light fixtures, electrical outlets, garbage disposal and other built-in appliances (use of a licensed contractor required).

6. Replacement of shower doors.

7. Replacement of window screens.