

APARTMENT NUMBER: _____

RESIDENT NAME: _____

CONTACT# _____

The following documentation will be required for any ceiling repair/replacement work:

- Detailed scope of work from the contractor (must be submitted to Stillman Management).
- Certificate of Insurance from the contractor (attached) unless already on file with Stillman Management.
- Please contact Stillman Management to see if your contractor has up-to-date insurance on file in which case no certificate is required.
- Indemnification form to be completed by resident (attached, to be signed on page 3).
- Building Engineer prepared mandated protocol for repair/replacement of the apartment ceilings will be supplied for all contractors to follow.
- If any other renovation/alteration work is proposed in combination with the ceiling work, contact Stillman Management regarding additional requirement in connection with the alteration agreement.

CONTRACTOR NAME: _____

CONTRACTOR CONTACT#: _____

ANTICIPATED START AND END DATE OF WORK: _____

PLEASE SUBMIT THE NECESSARY MATERIALS TO Stillman Management Realty Corp AT LEAST 10 DAYS prior to start of work for review.

Submit to: Hmati@stillmanmanagement.com by email or leave in an envelope with the door attendant

Additionally, please submit a copy of materials to Algiersboard@gmail.com **or in an envelope with the door attendant addressed to Erica Noy**

INSURANCE/COI REQUIREMENTS
and
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

As a condition of doing business with 3616 Henry Hudson Parkway Owners Corp. ("Unit Owner" OR "Building Owner"), every Contractor or Vendor (Including any Subcontractors) performing work on the premises of 3616 Henry Hudson Parkway, Bronx, NY, 10463 (the "Location") MUST:

- I. provide insurance of the types and in not less than the limits set forth below (or in a greater amount if requested by the condominium or corporation). If the Contractor or Subcontractor is carrying higher limits than those limits set forth below, then those higher limits shall be deemed to be required. Contractors or Subcontractors insurance coverage is primary and non-contributory to Building Owner, Unit Owner and Property Manager, and grants such parties a waiver of subrogation; and no diminution of limits of insurance will be permitted. Each of the contractors and subcontractors shall maintain the insurance throughout the duration of its portion of the Work (and any warranty period given to the unit owner or shareholder by the contractor or the subcontractor)
 - a. Commercial General Liability using an industry standard unmodified coverage form including contractual liability with minimum limits of \$1,000,000 each occurrence, \$2,000,000 aggregate with either per project or per location endorsement for property damage and bodily injury
 - b. Comprehensive Automobile Liability insurance with minimum limits of \$1,000,000 combined single limit each accident, including bodily injury and property damage liability for any owned, hired/borrowed and non-owned autos.
 - c. Workers' Compensation Employers Liability Insurance and any statutory state disability benefits law insurance including Occupational Disease in the minimum amounts as required by the jurisdiction where the work is performed
 - d. Umbrella/Excess Liability insurance on an occurrence basis following the form of the primary coverage or coverage as broad as or no less restrictive than the primary commercial general liability policy. The minimum limits shall be Three Million (\$3,000,000) per occurrence and in the policy aggregate. LOWER OR HIGHER LIMITS MAY BE REQUIRED OR APPROVED ON CASE BY CASE BASIS BY APPROVAL OF PROPERTY MANAGER.
- II. have the following entities named as Additional Insured in the Contractor's or Vendor's Commercial general liability, automobile and umbrella/excess insurances. For CGL on an Ongoing and Completed Operations basis using forms (CG 2010/2037 OR CG2037/CG2038). CG2033 NOT ACCEPTABLE:
 - a. Unit Owner (If Any):
 - b. Building Owner (MUST BE COMPLETED: 3616 Henry Hudson Parkway Owners Corp. its officers, directors and unit owners or shareholders, its engineer, the managing agent and the occupants of the building (the "Indemnified Persons")
 - c. Property Manager (MUST BE COMPLETED: Stillman Management Realty Corp. its officers, directors and unit owners or shareholders, its engineer, the managing agent and the occupants of the building (the "Indemnified Persons")
- III. on each occasion prior to the commencement of work at the Location on behalf of Apartment Owner or Building Owner, provide Property Manager with, at a minimum:
 - a. a then-current Certificate of Insurance meeting the requirements set forth above and as indicated on the sample Certificate of Insurance provided; Each insurance policy or certificate of insurance rejected by the condominium or corporation shall be corrected as necessary and shall be resubmitted until approved. Failure to reject a certificate or a policy shall not relieve the contractor of the obligation to provide insurance in accordance with this agreement.
 - b. a completed Acord 855-NY;
 - c. a fully-executed copy of this Insurance/COI Requirements and Hold Harmless and Indemnification Agreement; and any additional documentation requested by Property Manager.

INSURANCE/COI REQUIREMENTS
and
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Contractor or Vendor or Subcontractor warrants that:

- II. its insurance coverage is primary and non-contributory to Building Owner, Unit Owner and Property Manager, and grants such parties a waiver of subrogation; and
- III. the commercial general liability insurance and excess insurance procured by Contractor or Vendor or Subcontractors do not contain any Third-Party Action Over exclusion clauses.
- IV. The insurance certificates shall provide that the said insurance may not be canceled, terminated or modified without ten (10) days' written advance notice thereof to the condominium or corporation.
- V. The contractor shall promptly furnish the condominium or corporation with copies of any endorsements subsequently issued amending insurance coverage or limits.
- VI. The Completed Operations Coverage is to extend for a period of one year following termination of the Work and Contractual Indemnity Coverage is also to extend for one year following termination of the Work

In the event of the failure of the contractor to furnish and maintain such insurance, the condominium or corporation shall have the right, at its option, at any time:

- (a) to revoke permission to perform the work and to deny entry into the Building of all workers, except that if such workers are escorted by a member of the Building's staff, they shall be permitted to remove their tools and supplies, or
- (b) to take out and maintain the said insurance for and in the name of the condominium or corporation. and, in such a case, the unit owner or shareholder agrees to pay the cost thereof and to furnish all information and consents necessary to permit the condominium or corporation to take out and maintain such insurance for and in the name of the condominium or corporation.

Compliance with the foregoing requirements to carry insurance and furnish certificates shall not relieve the unit owner or shareholder from liability assumed under any provisions of this Agreement.

Further, contractor agrees that, to the fullest extent permitted by law, it will indemnify, hold harmless and defend, at its expense, the building owner, the condominium or corporation, the unit owner or shareholder and the managing agent, tenants/occupants ("indemnitees") against all losses, lawsuits, actions, proceedings, costs, liabilities, expenses and damages, including, without limitation, reasonable attorney's fees and disbursements relating to death, personal injuries or property damage (including the loss of use thereof) arising out of or in connection with any acts or omissions of contractor or subcontractors its agents or employees, including any judgment, award or settlement and any and all costs and expenses related thereto, including, without limitation, court costs and fees, and the costs and expenses of defending and monitoring the foregoing, using counsel reasonably acceptable to the condominium or cooperative and the unit owner or shareholder. This agreement to indemnify specifically contemplates full indemnity in the event of liability imposed against the Indemnitees without negligence and solely by reason of statute, operation of law or otherwise, and partial indemnity in the event of any actual negligence on the part of Indemnitees either causing or contributing to the underlying claim. In that event, indemnification will be limited to any liability imposed over and above that percentage attributable to actual fault, whether by statute, by operation of law or otherwise.

The contractor's insurance policy shall also contain in substance the following endorsement:

This insurance shall not be invalidated should the insured waive, in writing, prior to a loss, any or all right of recovery against any party for the loss occurring to the property described herein.

Nothing in this Rider shall constitute a waiver of or limitation of any other rights or remedies the Corporation may have for consequential damages or otherwise.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
CURRENT DATE

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 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 Agency Agency Address City, ST zip	CONTACT NAME: FULL NAME OF CONTACT PHONE (A/C, No, Ext): PHONE OF CONTACT FAX (A/C, No): FAX OF CONTACT E-MAIL ADDRESS: EMAIL ADDRESS OF CONTACT INSURER(S) AFFORDING COVERAGE INSURER A: CARRIER 1 INSURER B: CARRIER 2 INSURER C: (etc...) INSURER D: INSURER E: INSURER F:
INSURED NAME OF INSURED (MUST MATCH SIGNED CONTRACT) FULL CURRENT ADDRESS OF CONTACT	NAIC # NAIC REQ NAIC REQ

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X	\$1,000,000 / \$2,000,000 Minimum	CURRENT	CURRENT	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		\$1,000,000 MINIMUM	CURRENT	CURRENT	GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	IF AVAILABLE	CURRENT	CURRENT	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> N/A	STATUTORY LIMITS	CURRENT	CURRENT	EACH OCCURRENCE \$ 5,000,000
						AGGREGATE \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Regarding work at _____ For Unit Owner / Unit # _____

Property Name/ Location 3616 Henry Hudson Parkway Owners Corp.

Managing Agent Stillman Management Realty Corp.

Unit Owner, Property (and its board members), and Managing Agent are listed as Additional Insured

CERTIFICATE HOLDER

CANCELLATION

3616 Henry Hudson Parkway Owners Corp.
Stillman Management Realty Corp.
440 Mamaroneck Ave., S-512
Harrison, NY 10528

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
MUST HAVE A SIGNATURE

INSURANCE/COI REQUIREMENTS
and
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Apartment Owner (If Any):

Contractor or Vendor:

Building Owner:

Print Name

Print Contractor Name

3616 Henry Hudson Parkway Owners Corp.

Print Building Owner Name

Name/Title of Authorized Signatory

Name/Title of Authorized Signatory

Name/Title of Authorized Signatory

Signature of Authorized Signatory
Signatory

Signature of Authorized Signatory

Signature of Authorized

Date

Date

Date

Property Manager

OTHER (If Any)

OTHER (If Any)

Print Property Manager Name

Print Name

Print Name

Name/Title of Authorized Signatory

Name/Title of Authorized Signatory

Name/Title of Authorized Signatory

Signature of Authorized Signatory
Signatory

Signature of Authorized Signatory

Signature of Authorized

Date

Date

Date

Instructions for Repair of Interior Ceilings

**3616 Henry Hudson Parkway
Bronx, NY 10463**

Contractor is to follow these instructions for the repair of the existing interior ceilings at 3616 Henry Hudson Parkway:

1. Plaster ceiling was previously removed and replaced with gypsum board: No repair is required at this time.
2. Ceiling is original plaster with no cracks or visible defects, and is not bowing: No repair is required at this time. It is recommended that the Owner/resident monitor the ceiling periodically and report any sagging or cracking to Building Management. We recommend resealing the ceiling (particularly the metal lath) with type W screws and plastic washers, followed by patching and painting.
3. Ceiling is original plaster with hairline cracks or minor bowing: Shore the existing plaster ceiling and resecure the plaster and metal lath to the wood joists utilizing 2 ½" type W screws and 1½" steel or plastic washers at 16" O.C., followed by patching and painting.
4. Ceiling is original plaster with large cracks and bowing: Contractor is to shore the ceiling and open probes to verify the condition of the ceiling. If the ceiling is not detached from the wood beams, resecure the plaster and metal lath to the wood joists utilizing 2 ½" type W screws and 1½" steel or plastic washers at 16" O.C., followed by patching and painting. If the ceiling is detached from the wood joists, remove and replace the plaster ceiling and install a new 4'-0"x8'-0" 5/8" thick X-type gypsum board ceiling, followed by patching/taping the joints and priming/painting. If Contractor is replacing only a section of the ceiling, 1/2" thick sheetrock with a min. of 1/8" plaster over the sheetrock can be used to reach a thickness of min. 5/8".
5. If the ceiling is to be replaced at floors two through six, install new 3" Rockwool Safe n Sound insulation between the wood joist.
6. If the ceiling is to be replaced at the 7th floor (under the main roof), install 9" thick batt insulation.

AVL

Construction Corp.
NYC Lic: 2107116401A

3901 Independence Ave. Bronx, NY 10463. 718-543-9565. 914-309-3305

Fax: 718-601-9719

CONTRACT

Stillman Management Realty
Corp
440 Mamaroneck Ave S 512,
Harrison, NY 10528

January 27 2023

Re: 3616 Henry Hudson Parkway

In regards to interior preparation at the above referenced property, provide the necessary labor and materials to prepare and replace interior as detailed below.

CEILING REINFORCMENT AND REPAIR

- Protect entire Area of living room (based on Approximately 280 SQFT)
- Cover all floors and furniture
- Divide room we are working in with plastic and zipper access
- Install dust collector with hepa filter
- Open probe to check condition
- Jack ceiling back up to its original position
- Re-secure plaster and metal lath to the beams using 2-1/2 inch type W Screws and 1-1/2 steel and or plastic washers at 16 inches.
- Apply tape over all screws and washers
- Apply two coats of plaster
- Apply one coat of compound
- Sand prime and paint entire ceiling with two coats of BM Flat.

Cost \$ 4,245.00 Plus Applicable Tax

**If we are to skim coat entire reinforced ceiling there will be a \$2,100.00 Additional charge.*

CEILING REPLACEMENT

- Protect entire Area of living room (based on Approximately 280 SQFT)
- Cover all floors and furniture

- Divide room we are working in with plastic and zipper access
- Install masonite board to protect parquet floor
- Install dust collector with hepa filter
- Remove and dispose entire ceiling
- Supply and install all new Rock-wool safe n sound Insulation
- Supply and install all new 5/8th gypsum Boards
- Install boards using 32 screws per sheet or every 12 inches (Floors 2-6)
- Tape all seams and joints on all newly installed sheetrock
- Apply two coats of plaster
- Apply one coat of compound
- Sand prime and paint entire ceiling using BM Flat paint.

Cost \$8,450.00 Plus Applicable Tax

Items specifically included: All material to be supplied by contractor. If any work is to be done on the 7th floor, we will install 9 inch thick batt insulation.

Items specifically not included : All small & miscellaneous stuff such as pictures , books, cloth, to be removed by owner.

Contract good for 90 days.

Payments as Scheduled

First draw:	50%	Due: Acceptance of contract
Final draw:	50%	Due: Upon completion

Acceptance

The undersigned proposes to furnish materials and labor to complete the work mentioned above, for the amount in said proposal and according to the terms thereof:

I acknowledge and accept the terms and conditions of this proposal. Signature:

HCP. _____ Date: _____

AVL Construction Corp. _____ Date: _____



RVF Contracting, Corp. 5921
Calloway Street, Rego Park, NY
11368
Phone: (646) 243-1713 / **Fax:** (718) 699-1320
Email: info@rvfcontracting.com

To:
3616 Henry Hudson Parkway Bronx, NY
10463

January 26, 2023

**RVF Contracting Corp. is pleased to submit a proposal for the following:
scope of work**

OPTION 1-CEILING REPAIR

PREPERATION

- Provide protection in building's common areas as needed before commencing any work in the apartments.
- Relocate and protect furniture as needed.
- Protect apartment's floor before commencing any work.
- Install dust barrier zipper door.
- Open a probe as needed to verify the condition of the ceiling. If the ceiling is not detached from the wood beams, we will be using stud beam finder to locate the stud beams behind the drywall. This method will be used in order to avoid multiple ceiling openings and disturb the drywall further if the ceiling does not need to be replaced.
- Install shoring to the existing ceiling as required.

CEILING REPAIR

- Resecure the plaster and metal lath to the wood joists utilizing 2 1/2" type W screws and 1 1/2" steel or plastic washers at 16" O.C.
- Apply taping to the ceiling cracks and installed washer and screws.
- Apply plaster and compound to taped ceiling cracks.
- Apply plaster and compound to taped installed washers and screws.
- Sand patched areas to a smooth surface and prepare for priming/painting.
- Prime and paint the entire ceiling with Benjamin Moore white flat finish. o All paint to be used low VOC as per NY State VOC regulations.

OTHER

- Remove debris, protection from the job site and clean all work area.

Total price including labor and materials per bedroom for the above scope of work is: \$3,875.00 Note: Living room, kitchen, bathroom, foyer, closets etc. to be priced separately after the work commence.

RVFContracting, Corp
5921 Calloway Street, Rego Park, NY 11368 T: (646) 243-1713 F: (718) 699-1320



RVF Contracting, Corp.
5921 Calloway Street,
Rego Park, NY 11368
Phone: (646) 243-1713 / **Fax:** (718) 699-1320
Email: info@rvfcontracting.com

OPTION 2 - CEILING REPLACEMENT

PREPERATION

- Provide protection in building's common areas as needed before commencing any work in the apartments.
- Install floor Masonite in bedroom to protect floors from debris and drywall/metal lath failings before commencing any work.
- Bedroom floor and walls to be all cleared by other before the work commencement.
- Install dust barrier zipper door.
- Install shoring to the existing ceiling as needed.

CEILING REPLACEMENT

- Open probes to verify the condition of the ceiling.
- If the ceiling is detached from the wood beams, remove and replace the plaster ceiling
- Install new 3" Rockwool Safe n Sound insulation between the wood joist if ceiling is to be replaced at floors two through six.
- Install a new 4'-0"x8'-0" 5/8" thick X-type gypsum board ceiling
- Apply taping to gypsum seams and comers.
- Apply plaster and compound to taped patched areas
- Sand patched areas to a smooth surface and prepare for priming/painting
- Prime and paint the entire ceiling with Benjamin Moore white flat finish
 - All paint to be used low VOC as per NY State VOC regulations

OTHER

- Remove debris, protection from the job site and clean all work area.

Total price including labor and materials per bedroom for the above scope of work is: \$7,975.00

Note: Living room, kitchen, bathroom, foyer, closets etc. to be priced separately after the work commence.

Payment Terms: 50% deposit required with signed contract. 25% on the first day of work commencement. 25% due upon completion of phased work.

Notes, clarifications, and exclusions:

- The above price will remain the same for entire project.
- Tasks will be performed only for items described in the scope of work.
- Any additional work after commencement of project will be priced separately as a new change order.
- Repairs are intended to match as much as possible. However, line of repair may still be visible after procedure.
- Contractor will not take any responsibility of any unforeseen conditions.



RVF Contracting, Corp.
5921 Calloway Street,
Rego Park, NY 11368
Phone: (646) 243-1713 / Fax: (718) 699-1320

CONTRACTING CORP Email: info@rvfcontracting.com

Acceptance of this Proposal/Contract- I/We do hereby agree to the price, specifications and conditions referred to herein, and authorize the contractor named herein to perform the work as specified with payment to be made as outlined above.

Customer:

Print Name: _____

Signature: _____

Date of Acceptance: ____ / ____ / ____

Contractor:

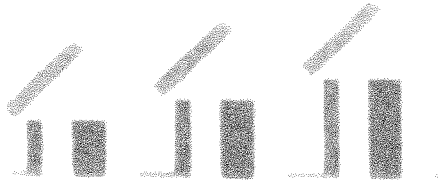
Print Name: **RVF Contracting, Corp.**

Signature: _____

Date of Acceptance:

Thank you for your business!

RVF Contracting, Corp.
5921 Calloway Street, Rego Park, NY 11368 T: (646) 243-1713 F: (718) 699-1320



3849 Independence Street, Suite SG
Bx, NY 10463
201- 615-6133

Proposal and work description for reinforcing a ceiling:

1. Move all furniture around the room and cover furniture and floors
2. Open a hole to locate the beams
3. Use a jack to lift the ceiling if necessary
4. Install proper screws with proper steel washers which must be screwed into the beams
5. Cover all screws and washers with rolls of MESH WIRE
6. Plaster and compound a couple of coats to cover the Mesh Wire, screws and washers
7. Skim coat with compound a couple of coats on every inch of the ceiling
8. Prime and paint entire ceiling
9. Put furniture back where it belongs
10. Clean up all work area and remove all debris

Materials and Labor Total **\$3,700** this price is for the bedrooms.

The living room will be a little more because it's bigger than a bedroom and the smaller rooms such as the foyer or dining room will be less depending on the size after we measure.

Proposal and work description for replacing a ceiling:

1. The room must be empty. In most cases, we can assist with the furniture
2. Cover all work area, cover all doors and entrances, cover floors
3. Remove entire mesh wire, cement and plaster from ceiling
4. Install Rockwool Safe and Sound Insulation in between all beams
5. Install 5/8 sheetrock on entire ceiling
6. Tape and plaster all seams
7. compound and plaster a couple of coats
8. Repair all walls on edges where ceiling meets the wall with corner tape and plastering
9. Prime and paint ceiling (No wall Painting)
10. Clean up all work area and remove all debris

Materials and Labor Total **\$7,500** this price is for the bedrooms.

The living room is a little more because it's bigger than a bedroom and the smaller rooms such as the foyer or dining room will be less depending on the size after we measure.
