## Variance Procedures for Owner Brandon Woods HOA

- 1. Owner obtains a variance form from Kenrick Corporation or the web page
- 2. Owner obtains proposal/estimate/quote from fully insured contractor
- 3. Owner completes variance form including:
  - a. Full description of modification including style, color, materials please read the variance guidelines information carefully for any specific details required for certain types of variance requests.
  - b. Contractor's name & contact information
  - c. On 2<sup>nd</sup> page of variance, check boxes regarding drawing/plans, proposal/estimate/quote including brochure, pamphlet, tear sheet showing style, color, material.
  - d. Include general liability AND workers' compensation insurance certificates for contractor. **Brandon Woods** will not allow any contractor to work on the property who does not carry both insurances. This rule also applies for contractors who don't have any employees.
  - e. Along with any insurance certificate we require the homeowner to be listed as the certificate holder. Additionally, we require you to be listed as "additionally insured" along with the job description in the Description of Operations.
- 4. Owner signs variance
- 5. Submit variance, proposal/estimate/quote, & insurance certificates to Kenrick Corporation office, 3495 Winton Place D4, Rochester, NY 14623 to the attention of the Variance Team or via email to *variances@kenrickfirst.com*
- 6. Once variance & all required documents are received, Kenrick Corporation will submit variance to Board of Directors for review. The Board has up to 30 days to review and make a decision.
- 7. Once a decision is made & variance is signed by the Board of Directors the owner will be notified of the Board's decision.
- 8. Work is to be completed within 30 days of approved variance. If this is not possible, due to ordering product or weather, the owner must note this in the variance or to Kenrick Corporation with an explanation (i.e. product must be ordered, weather, etc....)

**Property Management office:** 

Kenrick Corporation 3495 Winton Place, D-4 Rochester, NY 14623 585-424-1540 www.kenrickfirst.com



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2021

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.

If St	JBROGATION IS WAIVED, subject to certificate does not confer rights to	o the terms	and conditions of the po	olicy, certain policie	es may require	•	
PRODU	CER			CONTACT NAME:			
	Organization Name			PHONE (A/C, No, Ext):			
Street	Address			(A/C, No, Ext): (A/C, No):  E-MAIL  ADDRESS:			
					INSURER(S) AFFOR	RDING COVERAGE	NAIC#
City State, Zip				INSURER A: XXX In	XXXXX		
INSURE	D			INSURER B: XXX Insurance Company			XXXXX
	Organization Name and addres	SS		INSURER C:			
				INSURER D:			
				INSURER E :			
				INSURER F:			
COVERAGES CERTIFICATE NUMBER: 2020 Liab				REVISION NUMBER:			
INDI CER	S IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PER LUSIONS AND CONDITIONS OF SUCH P	JIREMENT, TE TAIN, THE INS OLICIES. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEEN	CONTRACT OR OTH E POLICIES DESCRIE N REDUCED BY PAID	ER DOCUMENT IS BED EIN IS S	WITH RESPECT TO WHICH TH	-
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EF (MM/DD/YY	POLICY EXP	LIMITS	
>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED  MISES (Ea occurrence)	500,000
	<u> </u>	У				MED EXP (Any one person)	10,000

LTR		TIPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YY	(MM/DD/Y	LIMITS	
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	<b>V</b>					DAMAGE TO RENTED  MISES (Ea occurrence)	\$ 500,000
			У		•			ED EXP (Any one person)	\$ 10,000
Α					MPU7668K	07/31/2020	07/31/2021	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			MPU7668K	07/31/2020	07/31/2021	BODILY INJURY (Per accident)	\$
	×	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			_ <i>         </i>	•		PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	(Mandatory in NH)		1	VA WCU7668K			PER OTH- STATUTE ER		
В			N/A		WCU7668K	07/31/2020	07/31/2021	E.L. EACH ACCIDENT	\$ 100,000
			", "		07/31/2020	0170172020		E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		i, describe under CRIPTION OF OPERATIONS below		<u>'</u>				E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

THIS IS AN EXAMPLE

Please add the following wording to the description of operations:

The homeowner is listed as additional insured

CERTIFICATE HOLDER	CANCELLATION
Homeowner Name Association Street Address	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City, State, Zip	AUTHORIZED REPRESENTATIVE

# **Brandon Woods Variance Request**

Date received by Kenrick Corp.

Requested by (please print):
Name:
Address:
Phone :
E-mail:
Date:
(In the event of an emergency request, contact the Property Manager at 585-424-1540.)
In accordance with the Brandon Woods Declaration, By Laws, and Policies, I request your consent to make the following changes, alterations, renovations, additions and/or removals to my unit:
(Please print & give details as to specific materials & colors to be used, etc.)
(If appropriate, attach a sketch of proposed changes. Use the back of this form for additional space.)
Contractor/company who will perform work:
Insurance expiration date
Contractor's certificates of general liability and workers' compensation insurance must be attached for approval*
*/The homeowner should be listed as the certificate holder)

#### I understand and agree to the following provisions:

- Owner will abide by approval conditions and begin work only after written approval is received from the board of directors. No new changes will made to the owner's request (contractor, materials, etc.) without additional board approval.
- Owner will assume all cost for work unless otherwise agreed upon and in writing from the board. .All future maintenance & expenses relating to work will be paid by the current owner and future owners of the unit. Should an owner be remiss in their obligation, the HOA will perform maintenance/removal responsibilities at the owner's expense.
- Owner will assume liability and be responsible for injury to self or others.
- Owner will comply with local/state/federal government regulations/requirements (permits, approvals, etc.) Brandon Woods, its board of directors, the property manager, and the committee have no responsibility with respect to such compliance.

Homeowner Signature: Date:		
(Complete Awareness Form the areas or your neighbors. See p	at follows if your variance affe	ects common ground
Submit completed Variance Fo Kenrick Corporation, 3495 Win or email <u>variances@kenrickfirs</u>	ton Place, D-4, Rochester, NY	14623
**********	**********	*******
For	Board of Directors' Use	
Approved	_*Approved with Conditions	Disapproved
Completion date byyearinsurance can be resubmit	(insurance expiration da tted if it expires within a year.)	ate <u>or</u> up to one
*Conditions/responsibilities or rea	ason for disapproval:	
		<u> </u>
This change and maintenance wi responsibility of the homeowner.		
Signature of Board member:		Date:

• Owner will submit a copy of the approved building permit from the appropriate municipality to Kenrick Corporation before the project commences.

### **Brandon Woods Variance Awareness Form**

This form is used to advise homeowners that you are applying for work to be done on the exterior of you home as required by your documents. Additionally at the time contractors arrive to do the work your closest neighbors will know this is work was requested by you and approved by the HOA Board. The signatures of your two next-door neighbors are needed.

Owner's Name:
Address:
Telephone Number:
Email:
Neighbor's Name:
Address:
Telephone Number:
Email:
I have reviewed the plans for the proposed changes/improvements. My comments are noted below.
Signature:
Date:
Neighbor's Name:
Address:
Telephone Number:
Email:
I have reviewed the plans for the proposed changes/improvements. My comments are noted below.
Signature:
Date: