

## 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 the HOMEOWNER, PROPERTY NAME and KENRICK CORPORATION to be listed as "additionally insured" along with the job description in the Description of Operations.**

**A SAMPLE HAS BEEN ATTACHED FOR REFERENCE**

4. Owner signs the 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](mailto: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](http://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.

**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  Organization Name  Street Address  City State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : XXX Insurance Company		XXXXX
INSURER B : XXX Insurance Company		XXXXX
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES** CERTIFICATE NUMBER: 2020 Liab 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE   <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY   <input checked="" type="checkbox"/> PRO-JECT   <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED   RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE   <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							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)

Homeowner name here, Association name here, Kenrick Corporation all named as Additional Insureds in regard to general liability.

Regarding: Homeowner Name, Association Street Address, City, NY Zip Code

<b>CERTIFICATE HOLDER</b>  Homeowner Name Association Street Address City, State, Zip	<b>CANCELLATION</b>  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

# 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\***

**\*HOMEOWNER, PROPERTY NAME and KENRICK CORPORATION to be listed as additionally insured**

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

Homeowner Signature: \_\_\_\_\_

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

**(Complete Awareness Form that follows if your variance affects common ground areas or your neighbors. See pg. 3.)**

**Submit completed Variance Form to:  
Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623 or  
email [variances@kenrickfirst.com](mailto:variances@kenrickfirst.com)**

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**For Board of Directors' Use**

\_\_\_\_\_ Approved      \_\_\_\_\_ \*Approved with Conditions      \_\_\_\_\_ Disapproved

Completion date by \_\_\_\_\_ (insurance expiration date **or** up to one year...insurance can be resubmitted if it expires within a year.)

\*Conditions/responsibilities or reason for disapproval:

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

This change and maintenance will \_\_\_\_\_ will not \_\_\_\_\_ become the financial responsibility of the homeowner. If HOA assumes costs, state amount & explain reason:

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

Signature of Board member: \_\_\_\_\_ Date: \_\_\_\_\_

## **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 your 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.

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Signature: \_\_\_\_\_

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

**Neighbor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I have reviewed the plans for the proposed changes/improvements. My comments are noted below.

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Signature: \_\_\_\_\_

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