

Variance Procedures for Owners  
Capron Street Lofts Condominium

1. Owner obtains a variance form from Kenrick Corporation
2. Owner obtains proposal/estimate/quote from fully insured contractor
3. Owner completes the variance form including:
  - a. Full description of modification including style, color, materials
  - b. Contractor's name & contact information
  - c. On 2<sup>nd</sup> page of variance, check appropriate 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. Capron 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 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 the variance to the President and Vice-President of the Board for review. The Board has up to 30 days to review and make a decision.
7. Once a decision is made & the variance is signed by the Board of Managers the owner will be notified of the Board's decision.
8. Work is to be completed within 30 days of the approved variance unless otherwise noted. 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		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:
Organization Name Street Address		INSURER(S) AFFORDING COVERAGE INSURER A : XXX Insurance Company
City State, Zip		NAIC # XXXXX
INSURED		INSURER B : XXX Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :
Organization Name and address		XXXXX

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)
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	MPU7668K	07/31/2020	POLICY EXP (MM/DD/YYYY)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				07/31/2020
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				07/31/2020
	OTHER:				07/31/2020
A	AUTOMOBILE LIABILITY	MPU7668K	07/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BODILY INJURY (Per accident)	\$
	DED <input type="checkbox"/> RETENTION \$			PROPERTY DAMAGE (Per accident)	\$
B	UMBRELLA LIAB	WCU7668	07/31/2020	EACH OCCURRENCE	\$
	EXCESS LIAB			AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	

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  
City, State, Zip

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

## **Capron Street Lofts Condominium**

### **Variance Request Form**

**Please give 30 days for review and decision by Board**

#### **Submission of Plans to the Board of Managers.**

Homeowner:

Mailing Address:

City, State, Zip:

Property Address

(if different than mailing address):

Phone(s):

Email address:

Date Submitted:  Date Received by BOM:

In accordance with The Capron Street Lofts Condominium covenants, easements, charges, and liens ("declaration") and the association rules and regulations, I request your consent to make the following changes, alterations, renovations, additions and/or removals to my unit:

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Is this an amendment to a previous request?  If yes, the approximate date of previous request:  I understand that under the declaration and the rules and regulations, the Board of Managers will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

1. No work or commitment of work will be made by me until I have received written approval from the association/condominium.
2. All work will be done at my expense and all future upkeep will remain at my expense or future homeowner's expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that The Capron Street Lofts Condominium, its Board of Managers, its agent and the committee have no responsibility with respect to such compliance and that the Board of Managers or its designated committee's approval of this request shall not be understood as

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the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.

8. I understand that a decision by the committee is not final. The Board of Managers may reverse or modify a decision upon written application of any owner made to the Board within thirty (30) days after the committee makes its decision.
9. The contractor is: \_\_\_\_\_
10. If approved within thirty (30) days, the work would start on or about \_\_\_\_\_ and would be completed by \_\_\_\_\_.
11. I have attached - Place a Check Mark Indicating Which Items are Included (all could be included):
  - A). A detailed drawing (to scale) or blueprint of plans
  - B). A copy of the proposal from the contractor with a detailed description of the work to be performed with product information. i.e. brochures, cut sheets.
  - C). A copy of an insurance certificate from the contractor listing Liability and Workers Compensation Insurance coverage in effect at this time.

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

***Return completed Variance Form via mail to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, or email variances@kenrickfirst.com.***

Date of Action: \_\_\_\_\_

\_\_\_\_\_ Approved as Requested

\_\_\_\_\_ Approved with the Following Exceptions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Disapproved Based on the Following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Date

Any work not started on or before \_\_\_\_\_ is not approved and later construction must be subject to re-submittal to the committee.

**This change and the maintenance thereof will \_\_\_\_\_ will not \_\_\_\_\_ become the financial responsibility of the Homeowner.**

**If the CONDO assumes costs, state amount and explain reason:** \_\_\_\_\_  
\_\_\_\_\_