

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 2nd 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.
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



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 INSURER A : XXX Insurance Compene INSURER B : XXX Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # XXXXX XXXXX
INSURED Organization Name and address				

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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		y	MPU7668K	07/31/2020	07/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			MPU7668K	07/31/2020	07/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	Y	WCU7668K	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 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)

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
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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):

H

W

C

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:

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

Capron Street Lofts Condominium

Variance Request Form

Please give 30 days for review and decision by Board

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.