

## Variance Procedures for Owner

### Colby East HOA

1. Owner obtains a variance form from Kenrick Corporation
2. Owner obtains proposal/estimate/quote from fully insured contractor 3.

Owner complete 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 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. Colby East 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 sign 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		CONTACT NAME:	
Organization Name		PHONE (A/C, No, Ext):	FAX (A/C, No):
Street Address		E-MAIL ADDRESS:	
City		INSURER(S) AFFORDING COVERAGE	
State, Zip		INSURER A : XXX Insurance Compne	NAIC # XXXXX
INSURED		INSURER B : XXX Insurance Company	XXXXX
Organization Name and address		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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <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	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	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



**Colby East Homeowners Association**

**Variance Request Form**

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

- 8. I understand that a decision by the Board of Directors is final.
- 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 survey map. (Needed for fences and decks)
  - \_\_\_C). 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.
  - \_\_\_D). **A copy of an insurance certificate from the contractor listing Liability and Workers Compensation Insurance coverage in effect at this time (Required for all contractors) Homeowner Signature:**\_\_\_\_\_

*Return completed Variance Form via mail to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, or email to [variances@kenrickfirst.com](mailto: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 HOA assumes costs, state amount and explain reason:**

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