

## Variance Procedures for Owner

### Crossways Condominium 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 - 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. 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)

## CROSSWAYS CONDOMINIUM

### REQUEST FOR VARIANCE

(Please Use Pen ONLY)

Any changes to exterior of building (e.g., windows, doors, paint, railings, etc.) or grounds (e.g., shrubs, trees, new or existing beds) must first be approved, in writing, by the Board of Managers.

To: Board of Managers  
Crossways Condominium Association, Inc.  
c/o Kenrick Corporation  
3495 Winton Place, D-4  
Rochester, N.Y. 14623

From: Homeowner: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Variance requested: (Include dimensions, shapes, color, specific location, materials. Attach sketch if applicable).

#### Reason for Request:

Expected Completion Date: \_\_\_\_\_

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

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BOARD OF MANAGERS:    ☐ Approved    ☐ Denied    ☐ More Information Required

A. Any approval granted hereunder is subject to inspection of completed work by the Board of Managers within thirty (30) days following written notification of completion which notification must be on or before latest completion date established with this approval.

B. Any modification or variance effected with approval hereunder shall be maintained in a manner satisfactory to the Board of Managers and shall not be further modified or removed without additional approval.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Latest completion date following which any approval hereunder is automatically revoked.

\_\_\_\_\_



# 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):
Street Address	FAX (A/C, No):
City	E-MAIL ADDRESS:
State, Zip	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A : XXX Insurance Compne
Organization Name and address	INSURER B : XXX Insurance Company
	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"/> COMMERCIAL GENERAL LIABILITY 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> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>			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 <input type="checkbox"/> 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 Y	N/A	WCU7668K	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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