FRENCH COURT WEST CONDOMINIUM
APPLICATION FOR APPROVAL OF ARCHITECTURAL CHANGE

UNIT OWNER:_____PHONE: HOME_____WORK_____DATE: _____

ADDRESS OF WHERE WORK IS TO BE DONE:_____

NATURE OF PROPOSED ALTERATION OR ADDITION:_____

_____

PROPOSED STARTING DATE:_____PROPOSED COMPLETION DATE: _____
WORK TO BE PERFORMED BY: _____
LIST OF MATERIALS TO BE USED (be specific):_____

_____

_____

FOR THE CONTRACTOR OR PERSON DOING THE WORK:
Please supply the following information:

1. **Name, address and phone number**
2. **Proof of General Liability and Works Compensation. Example attached.**
3. **Copies of blue prints or drawings done to scale showing plans, elevations, and cross section**
4. **Specific materials list including brand and model when appropriate.** (Architectural Standards Committee may supply you with the third and forth items, through the homeowner.)

FOR THE HOMEOWNERS:

The homeowner understands he/she will be responsible for the quality of construction; repair of any Association property damage during construction/installation; maintenance, upkeep, and replacement (up to the standards set by the Board of Managers) of any architectural change. Upon the sale of your unit, the seller must provide the Board with written approval from the purchaser that they will maintain any landscaping additions or the seller must return the area to its original condition before closing. Accordingly, the purchaser also inherits the responsibility to maintain any installed satellite dish as well as becomes responsible for any damage due to installation or removal thereof; as well as any damage to any common area during the operational life of the dish. As part of the approval for the indicated Architectural change Application, Owner is advised that the underground utility line serving the unit (electricity, water, gas, telephone, cable, et.) is the responsibility of the unit owner in the case of any damage, severing, relocation, movement, or other action causing a service disruption to any unit. All cost associated with such repair or replacement is exclusive responsibility of the unit owner. The association assumes no responsibility for repairs and shall be held harmless.

X SIGNATURE OF HOMEOWNER:_____DATE:_____

This application will be forwarded to the ARCHITECTURAL STANDARDS COMMITTEE for preliminary review and recommendation and then submitted to the Board of Directors for final review and decision. **Please allow up to 60 days for processing.**

PLEASE RETAIN A COPY FOR YOUR RECORDS AND SEND ONE COPY OF THIS APPLICATION AND ALL SUPPORTING PAPERWORK TO: Kenrick Corporation **3495 Winton Place D4, Rochester, NY 14623 or email it to variances@kenrickfirst.com.**

THIS SECTION TO BE COMPLETED BY THE ASSOCIATION BOARD

The Above Application is:
_____Approved Subject to final inspection
_____Approved with restrictions (See Attachment)
_____Disapproved

Signed:_____Date: _____

LATEST COMPLETION DATE FOLLOWING WHICH ANY APPROVAL GRANTED ABOVE IS AUTOMATICALLY REVOKED IS:_____.

FINAL INSPECTION CONDUCTED ON:_____. APPROVED BY:_____

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 Street Address City State, Zip	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 :	

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	X This box must be marked Yes or X					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 500,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 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

CERTIFICATE HOLDER

Homeowner Name
Association Street Address
City, State, Zip

CANCELLATION

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

SAMPLE

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