Variance Procedures for Owner

Glenbrooke Patio Homes 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. **Include general liability AND workers' compensation insurance certificates for contractor. Glenbrooke 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.**
    d. **Along with any insurance certificate we require the homeowner to be listed as the certificate holder. Additionally, we require the HOMEOWNER, PROPERTY NAME and KENRICK CORPORATION to be listed as "additionally insured" along with the job description in the Description of Operations.**
    A SAMPLE HAS BEEN ATTACHED FOR REFERENCE
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 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

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
INSURED Organization Name and address	INSURER B : XXX Insurance Company	XXXXX
	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	[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	$ 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 [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] 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 [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[X] PER STATUTE [ ] 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)

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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GLENBROOKE PATIO HOMES
VARIANCE REQUEST

Date Received by Kenrick_____

PLEASE RETURN COMPLETED FORM TO:
Kenrick Corporation
3495 Winton Place
D-4
Rochester, NY 14623
Email variances@kenrickfirst.com

Homeowner: _____
Address: _____
Phone: _____
Email: _____
Date:_____

VARIANCE REQUEST NEEDS TO BE APPROVED BEFORE WORK CAN START

In accordance with the Glenbrooke, By Laws and Policies, I request your consent to make the following changes, alterations, renovations and/or removals to my home:(please be specific with details of specific materials and colors, etc. if applicable):

_____
_____
_____
_____
_____

Required Documents:

1. Site Map
2. Building Permit if Needed from Town of Henrietta
3. Sketch / Picture if Applicable
4. Contractor's Name and Insurance – General Liability and Workers' Compensation (The homeowner should be listed as the certificate holder)

I understand and agree to the following provisions:

1. Owner will assume all cost for work unless otherwise agreed upon and in writing from the board
2. All future maintenance & expenses relating to work will be paid by the current owner and all future owners of the home. Should an owner be remiss in their obligation, the HOA will perform maintenance/removal responsibilities at the owner's expense.
3. Owner will assume liability and be responsible for injury to self or others.
4. Owner will comply with local/state/federal government regulations/requirements (permits, approvals, etc.) Glenbrooke's board of directors, the property manager, and the committee have no responsibility with respect to such compliance.
5. Owner will submit a copy of the approved building permit from the Town of Henrietta to Kenrick Corporation.

Homeowner Signature: _____
Date: _____

For Board of Directors' Use

_____Approved _____*Approved with Conditions _____Disapproved

Completion date by_____(insurance expiration date **or** up to one year… insurance can be resubmitted if it expires within a year)

*Conditions/responsibilities or reason for disapproval:

_____

_____

_____

_____

This charge and maintenance will___ will not____ become the financial responsibility of the homeowner. If HOA assumes costs, state amount & explain reason:

_____

_____

_____

Signature of Board member:_____Date:_____