



## Variance Request Instructions

### Harbor Hill HOA

1. Owner obtains a blank Variance Request Form from Kenrick Corporation either by visiting the [Harbor Hill HOA \(click here!\)](#) page on Kenrick's website, or by emailing [variances@kenrickfirst.com](mailto:variances@kenrickfirst.com).
2. Owner obtains proposal/estimate/quote from fully insured contractor
3. Owner completes the variance form which will include:
  - a. Full description of requested modification including: style, color, and 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. Harbor Hill will not allow any contractor to work on the property who does not carry both insurances. *The Certificate Holder on the insurance certificates should be listed in the name of the homeowner with the homeowner's association address.***
  - d. *Additionally, we require you to be listed as "additionally insured" along with the job description in the Description of Operations.*
4. Owner signs the completed variance form
5. Submit completed variance form, proposal/estimate/quote, insurance certificates and any other related documents to Kenrick Corporation. You can send either by mail (USPS), or via email:
  - a. **ATTN: Variance Team**, 3495 Winton Place, Suite D-4, Rochester, NY 14623
  - b. Email to: [variances@kenrickfirst.com](mailto:variances@kenrickfirst.com)
6. Once the variance form & all other required documents are received, Kenrick Corporation will submit to the Board of Directors for review. \*Please note: 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 going to be possible, the owner must note this in the variance or notify [variances@kenrickfirst.com](mailto:variances@kenrickfirst.com) with an explanation of the delay in work (i.e. product must be ordered, weather, etc...)

#### Property Management Information:

Kenrick Corporation  
3495 Winton Place, D-4  
Rochester, NY 14623

Office: (585) 424-1540

[Harbor Hill HOA Webpage](#)



# 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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b>	
Organization Name		PHONE (A/C, No, Ext):	
Street Address		FAX (A/C, No):	
City		E-MAIL ADDRESS:	
State, Zip		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> XXX Insurance Compne	
		<b>INSURER B :</b> XXX Insurance Company	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**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"/> <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> <b>EXCESS LIAB</b> 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 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

**HARBOR HILL SUBDIVISION ASSOCIATES, INC.**  
**VARIANCE REQUEST**

**PLEASE RETURN COMPLETED FORM TO:**

[variances@kenrickfirst.com](mailto:variances@kenrickfirst.com)

**OR by mailing to:**

Kenrick Corporation c/o Variances

3495 Winton Place, D-4

Rochester, New York 14623

PROPERTY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOMEOWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**TO THE BOARD OF DIRECTORS:**

I REQUEST PERMISSION TO MAKE THE FOLLOWING CHANGES TO THE EXTERIOR OF MY TOWNHOUSE OR TO THE COMMON AREA OF THE COMMUNITY. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO OBTAIN ANY BUILDING PERMITS THAT MAY BE NECESSARY FOR THIS WORK. I HAVE ATTACHED A SKETCH OF PROPOSED CHANGES, LISTED MATERIALS TO BE USED, AND INDICATED WHO WILL DO THE WORK (please be explicit; extra sheets may be attached).

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REASON FOR VARIANCE REQUEST: \_\_\_\_\_

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WHO WILL COMPLETE THE WORK? (All contractors must provide Kenrick Corporation a Certificate of Insurance evidencing appropriate liability and a current Workers Compensation policy): \_\_\_\_\_

LENGTH OF GUARANTEE (If applicable): \_\_\_\_\_

Does your project require a construction dumpster, POD storage, or access to neighboring properties? (circle one) **YES** **NO**

INDICATE ANY FUTURE MAINTENANCE REQUIRED BY THE ASSOCIATION: \_\_\_\_\_

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DATE \_\_\_\_\_

SIGNATURE OF PETITIONER \_\_\_\_\_

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**BOARD OF DIRECTORS ACTION:**

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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LATEST COMPLETION DATE AFTER WHICH ANY APPROVAL IS AUTOMATICALLY REVOKED AND NEW VARIANCE REQUEST IS NECESSARY: \_\_\_\_\_

DATE ON WHICH ACTED-ON VARIANCE REQUEST MAILED TO PETITIONER \_\_\_\_\_

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: \_\_\_\_\_

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