



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.
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
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 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).

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	
		INSURER A : XXX Insurance Compane	
		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	y		MPU7668K	07/31/2020	07/31/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY			MPU7668K	07/31/2020	07/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>	PROPERTY DAMAGE (Per accident) \$				
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	WCU7668K	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

OR by mailing to:

Kenrick Corporation c/o Variances
3495 Winton Place, D-4
Rochester, New York 14623

HOMEOWNER: _____

ADDRESS: _____

PHONE: _____

PROPERTY: _____

EMAIL: _____

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).

REASON FOR VARIANCE REQUEST: _____

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: _____

DATE _____

SIGNATURE OF PETITIONER _____

=====

BOARD OF DIRECTORS ACTION:

_____ APPROVED

_____ DENIED

DATE _____

AUTHORIZED SIGNATURE _____

COMMENTS: _____

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 _____