

HIDDEN VALLEY HOMEOWNERS' ASSOCIATION, INC.
APPLICATION FOR EXTERIOR CHANGE OR ALTERATION
"VARIANCE REQUEST"

To: The Architectural Committee
c/o Hidden Valley Clubhouse
199 Hidden Valley Road
Rochester, NY 14624
(Mail or deliver to above address)

From: Homeowner's Name(s): _____
(Please Print)

(Please Print)

Unit Address: _____

Mailing Address (if Different): _____

Phone Number: _____

Email Address: _____

REQUEST:

The owner(s) of the unit identified above, hereby request(s) the following exterior change or alteration. _____

Reason: _____

PLANS AND SPECIFICATIONS:

Plans (to scale) and specifications MUST be attached to this form, showing the location, nature, kind, shape, height, and other dimensions, and materials to be used. **These plans were prepared by:** _____

IMPORTANT: If a contractor is involved, a current Contractors Insurance Certificate, for both liability and Workman's Compensation, MUST be included.

HOMEOWNERS RESPONSIBILITIES: The homeowner(s) hereby agree(s) that I(we) will be fully responsible for completion of the requested exterior change or alteration as stated and approved.

Any Future repairs to the alteration or any damages occurring as a result of the exterior change or alteration is the responsibility of the Homeowner(s), not the Hidden Valley Homeowners Association. It is the responsibility of the homeowner to convey this information to the subsequent owners of the unit.

The plans and specifications for the application which may affect the structural integrity of the building must be prepared by, and bear the seal of, an architect or engineer licensed by the state of New York.

(over please)

The undersigned homeowner(s) hereby agree(s) that I (we) have read the Architectural Committee Guidelines as stated in Article VII of the Declaration of Covenants, Conditions and Restrictions, entitled "Architectural Controls." I (we) hereby agree to observe all guidelines, limitation, procedures and restrictions stated therein.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

ACTION OF ARCHITECTURAL COMMITTEE

Date received by Committee: _____

Conditions of Approval (if any)

Approved: _____ Date _____
Signature of Committee Chairperson

Explanation of Disapproval:

Disapproved _____ Date: _____
Homeowner to be notified by:

_____ Architectural Committee _____ Management Company

Date of Notification to Homeowner: _____

Completed form and any attachments **MUST** be placed in the Homeowners file at the clubhouse.

This change and the maintenance thereof will _____ will not _____ become the financial responsibility of the Homeowner.

If the HOA/CONDO assumes costs, state amount and explain reason: _____



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 Organization Name Street Address City State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Organization Name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : XXX Insurance Company	NAIC # XXXXX
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
	X This box must be marked Yes or X							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$	
	DED RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N A					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

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

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