- 1. Owner obtains proposal/estimate/quote from fully insured contractor
- 2. Owner needs to complete the following when submitting the variance form:
 - 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. Check boxes regarding permits (if applicable), drawing/plans, proposal/estimate/quote including brochure, pamphlet, or tear sheet showing style, color, material
 - d. Include general liability AND workers' compensation insurance certificates for contractor. The certificate holder on the insurance certificates should be listed as the homeowner using their Holiday Harbour address. Holiday Harbour 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.
 - e. Along with any insurance certificate we require the homeowner to be listed as the certificate holder. Additionally, we require you to be listed as "additionally insured" along with the job description in the Description of Operations.
 - f. IMPORTANT If you are using KMC, the homeowner must initiate the request for the insurance certs from KMC by calling 585-424-1080.
- 3. Owner signs the variance.
- Submit variance, proposal/estimate/quote, & insurance certificates to Kenrick Corporation office via email to <u>variances@kenrickfirst.com</u> OR if you have a paper copy you may submit via mail to: 3495 Winton Place D4, Rochester, NY 14623 to the attention of the Variance Team
- 5. Once variance & all required documents are received, Kenrick Corporation will submit variance to the Committee for review. The Board has up to 30 days to review and make a decision.
- 6. Once a decision is made & variance is signed by the Board of Managers the owner will be notified of the Board's decision.
- 7. 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.												
lf	SUE	BROGATION IS W	AIVED, subject to	the t	erms	ONAL INSURED, the polic and conditions of the po cate holder in lieu of such	licy, ce n endor	rtain policies sement(s).				
PRODUCER							CONTACT NAME:					
Organization Name							PHONE FAX (A/C, No, Ext): (A/C, No):					
Street Address						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
City State, Zip						INSURER A : XXX Insurance Compane					XXXXX	
INSURED							INSURER B: XXX Insurance Company					XXXXX
Organization Name and address							INSURER C :					
CO	/ER	AGES	CER	TIFIC	ATE I	NUMBER: 2020 Liab	INSURER F : REVISION NUMBER:					
						LISTED BELOW HAVE BEEN						
C	ERTI	FICATE MAY BE ISSU	JED OR MAY PERTA	AIN, TH	IE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	E POLIC	IES DESCRIBE	D HEREIN IS S			
INSR LTR		TYPE OF INSU	JRANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	\times	COMMERCIAL GENER								EACH OCCURRENCE	\$ 1,00	0,000
		CLAIMS-MADE		у						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
				•						MED EXP (Any one person)	\$ 10,000	
A						MPU7668K		Valid Date	Valid Date	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN	VLAGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000 \$ 2,000,000	
		POLICY	LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
										COMBINED SINGLE LIMIT		0.000
	A01	ANY AUTO						Valid Date	Valid Date	(Ea accident) BODILY INJURY (Per person)	\$ 1,000,000 \$	
А						MPU7668K				BODILY INJURY (Per accident)	\$	
	×	AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS UNLT	AUTOS UNLT								\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENT									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? Y								X PER OTH- STATUTE ER			
В				N/A	N/A	WCU7668K		Valid Date	Valid Date	E.L. EACH ACCIDENT	\$ 100,	
	(Mar If ves	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	<mark>\$</mark> 100, \$ 500,	
	DES	CRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$ 300,	000
DES	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule	, may be a	attached if more s	pace is required)	I	1	
THIS IS AN EXAMPLE Please add the following wording to the description of operations: The homeowner is listed as additional insured												
CEF	RTIF	ICATE HOLDER					CANC	ELLATION				
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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Holiday Harbour Condominium Variance Request Form

Submission of Plans to Board of Managers (BOM) or Variance Committee (VC)

Review and decision by VC and/or BOM may take up to 30 days from date of receipt

Homeowner:		Holiday Harbour Unit #:								
Mailing Address:										
City/State/Zip:										
	Home/Other:									
Email Address:										
		Date Received by VC/BOM:								
My Check List. Please	ck each item below to indicate	e items are included.								
A. A labeled drawing (to scale) or blueprint of my plans, or photos										
B. The contractor is:										
C. Copy of the proposal from the contractor with a detailed description of the work tobe										
performed, j	product information (i.e. brochu	res, cut sheets, specs on product).								
D. Copy of an in	surance from my contractor listir	g General liability insurance coverage in the								
amount of \$1	,000,000 & workers comp insura	ance in effect currently and at the time the work is to								
be done. ****	Must Submit with Each Applicati	on***								
E. Ck if permit is	needed from City – 90% efficier	nt furnaces & on-demand hot water tanks.								
and liens ("declaration	& by-laws") and the condominit	r Condominium covenants, easements, charges, um rules and regulations, I request approval to additions and/or removals to my unit:								

Is this an amendment to a previous request?_____ If yes, approximate date of previous request:_____ I understand that under the Declaration and Rules and Regulations, the committee will act on this request and provide me with a written response of their decision. I further understand and agree to the following provisions:

- I will submit the variance and supporting documents to the Kenrick office at least one week prior to the Holiday Harbour Board of Managers meeting. They may be emailed to: <u>variances@kenrickfirst.com</u> or mailed to 3495 Winton Place D4, Rochester, NY 14623. If the variance is not received prior to the meeting, it will not be reviewed until the next month's meeting.
- No work or commitment of work will be made by me until I have received written approval from the Variance Committee (VC) and/or Board of Managers (BOM).
- All work will be done at my expense and all future upkeep will remain at my expense or future homeowner's expense. All work will be done expeditiously once commenced and will be done in a good workman-like manner by contractor.

- All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
- I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work and be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
- I will be responsible for complying with, and will comply with, all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain any necessary governmental permits and approvals for the work. I understand and agree that Holiday Harbour Condominium, its Board of Managers, its Agent, and the Variance Committee have no responsibility with respect to such compliance and that the Board of Managers or its designated committee's approval of this request shall not be understood as the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.
- I understand that a decision by the Variance Committee (VC) is not final and that the Board of Managers (BOM) may reverse or modify a decision by the Variance Committee (VC) upon the written application of any owner made to the Board within thirty (30) days after the committee makes its decision.
- If approved within thirty (30) days of application, the work would start on or about ______ and would be completed on or about ______.
- Homeowner agrees to notify on-site Superintendent when work is completed so it can be reviewed. This is
 required for all variances. Homeowner's initials:

Homeowner's Signature:

Action taken by Board of Managers or Variance Committee

Date of Action:

_____Approved as Requested

_____Approved with the Following Exceptions

Permit Needed:

____Disapproved Based on The Following:_____

Any work not started on or before______is not approved and later construction must be subject to re-submittal to the committee.

Signature	Date
Holiday Harbour Condominium Board of Managers / Variance Committee	

HH Superintendent Final Inspection Approval of Work _____ Date: _____