

Variance Procedures for Owner
Hunt Hollow HOA

1. Owner obtains a variance form from Kenrick Corporation
2. Owner obtains proposal/estimate/quote from fully insured contractor
3. Owner completes 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. On 2nd page of variance, check boxes regarding drawing/plans, proposal/estimate/quote including brochure, pamphlet, tear sheet showing style, color, material
 - d. **Include general liability AND workers' compensation insurance certificates for contractor. Hunt Hollow 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 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 Organization Name Street Address City State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : XXX Insurance Company	NAIC # 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	<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	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N					E.L. EACH ACCIDENT \$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y	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 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

Hunt Hollow HOA Variance Request Form

Submission of Plans to Hunt Hollow HOA Board of Directors

Homeowner: _____

Address: _____

City/State/Zip _____

Phone(s) H: _____ Cell: _____

E-Mail: _____

Date Submitted _____ Date Received by Kenrick _____

In accordance with Hunt Hollow covenants, easements, charges, and liens (“declaration”) and the association’s rules and regulations, I request your consent to make the following changes, alterations, renovations, 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 the 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:

1. No work or commitment of work will be made by me until I have received written approval from the association.
2. All work will be done at my expense and all future upkeep will remain at my expense or future homeowner’s expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like manner by myself or a contractor.
4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
5. I assume all liability and will be responsible for all damage and/or injury which may result from performance of this work.
6. I will be responsible for the conduct of all persons, agents, contractors, and employees who are connected with this work.
7. 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 Hunt Hollow HOA, its Board of Directors, its agent and the committee have no responsibility with respect to such compliance and that the Board of Directors’ 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.

8. I understand that a decision by the committee is not final and that the Board of Directors may reverse or modify a decision by the committee upon the written application of any owner made to the Board of Directors within thirty (30) days after the committee makes its decision.
9. The contractor is: _____
10. If approved within thirty (30) days, the work would start on or about _____.
11. Any work not started on or before _____ is not approved and later construction must be subject to re-submittal to the committee.
12. I have attached:

Please Include All Items and Place a Check Mark Indicating Which Items are Included

- A) A detailed drawing (to scale) or blueprint of my plans
- B) A copy of my survey map. (Needed for fences and decks)
- C) A copy of the proposal from the contractor with a detailed description of the work to be performed with product information. ie: brochures, cut sheets.
- D) A copy of an insurance certificate from my contractor listing Liability and Workers Compensation Insurance coverage in effect at this time.

The homeowner, Hunt Hollow HOA, and Kenrick Corporation must be indicated as additionally insured on the certificate.

Signature: _____

Return completed Variance Form to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, or email to variances@kenrickfirst.com.

Action Taken by Hunt Hollow Board of Directors

Date of Action: _____

_____ Approved as Requested

_____ Approved with the Following Exceptions:

_____ Disapproved Based on The Following:
