Variance Procedures for Owner Huntington Park HOA

- 1. Owner obtain a variance form from Kenrick Corporation
- 2. Owner obtain proposal/estimate/quote from fully insured contractor
- 3. Owner complete variance form including:
 - a. Full description of modification including style, color, materials
 - b. Contractor's name & contact information
 - c. On 3rd page of variance, check spaces regarding drawing/plans, proposal/estimate/quote including brochure, pamphlet, tear sheet showing style, color, material
 - d. D. Include general liability AND workers' compensation insurance certificates for contractor. Huntington Park 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. 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. Complete Homeowner Notification form and have neighbor(s) sign.
- 4. Owner sign variance
- 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, 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

HUNTINGTON PARK HOMEOWNERS ASSOCIATION

REQUEST FOR VARIANCE

(Please Use Pen ONLY)

To: Board of Directors (BOD) Huntington Park Homeowners Association, Inc. c/o Kenrick Corporation 3495 Winton Place, D-4 Rochester, N.Y. 14623 From: Homeowner Name: Phone: (H) (Other) E-Mail: In accordance with the Huntington Park Homeowners Association "Declaration & By-Laws," and the "Rules and Regulations," I request approval 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: Note: Applications should be received at least two weeks before the Board of Directors meeting to appear on the agenda.

Date Received by the Management Company: Date Processed by the BOD

I understand that under the "Declaration & By-Laws" and "Rules and Regulations," the BOD will act on this request and the management company will provide me with written response of their decision within 45 days of the submission of this document. 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 BOD via the management company.
- 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 professional manner by the 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 will 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 addressing inappropriate conduct of all persons, agents, contractors, and employees who are connected with this work.
- 7. I will be responsible for complying with all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I willobtain all necessary governmental permits and approvals for the work.
- 8. I understand and agree that the Huntington Park Homeowners Association and its Board of Directors have no responsibility with respect to such compliance as outlined above and that the Board of Directors' 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.
- 9. I understand that the initial denial decision regarding this variance request is not final. The Board of Directors may decide to reverse or modify its initial decision following consideration of a written appeal by the homeowner if made to the Board within thirty (30) days after the initial decision.
- 10. I understand if said construction is not in compliance with the approved variance, I am responsible for all costs associated with complying with the approved variance.
- 11. No modifications are to be made to the Huntington Park Homeowners Association Common Property. The unit owner will be responsible for the cost to repair any damages made to the common property by the unit owner or their contractor.
- 12. I understand I am responsible to notify my neighbors in my building of this request.
- 13. I understand the contractor is responsible to remove all resulting debris. If the contractor does not remove the debris, I am responsible for the removal.

| 14. I have provided the following REQUIRED items | in this variance request | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| (Check each line) | | | | | | | | | |
| The name, address and contact information of | of the contractor | | | | | | | | |
| A labeled drawing (to scale) or blueprint of m | A labeled drawing (to scale) or blueprint of my plans | | | | | | | | |
| A copy of the proposal from the contractor we to be performed and product information, e.g.: broadetailed material list | • | | | | | | | | |
| A copy of an insurance certificate from my configurance and workers compensation coverage in the work is completed Homeowner listed as additionally insured an holder on the contractor's insurance form | effect presently and at the time | | | | | | | | |
| Homeowner notification pages for all units in | ı my building. | | | | | | | | |
| 15. I agree to contact the Management Company | when the variance work is completed. | | | | | | | | |
| (Homeowner's Signature) | (Date) | | | | | | | | |
| Actions Taken by the Board of Dire | ectors (BOD) | | | | | | | | |
| Approved as RequestedApproved with the I | Following Exceptions: | | | | | | | | |
| Not Approved | | | | | | | | | |
| Reasons for decline of approval: | | | | | | | | | |
| (Signature of the President, Board of Directors) | (Date) | | | | | | | | |
| Action Taken by the Management | t Company | | | | | | | | |
| On this date the homeowner was mailed a written decisio variance proposal. | n of the Board of Directors regarding this | | | | | | | | |
| (Signature of the Representative of the Management Company) | (Date) | | | | | | | | |

Neighbor Notification

(To notify your neighbor of the work you are doing)

| l, | _am notifying you, my neighbor, at | |
|--|--|--|
| (Name of homeowner with Variance) of the following variance request wh | ich I will be submitting to the Board | (Address of neighbor) d of Directors. I am |
| requesting the following changes to | my unit: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Please sign below showing you have change the outside appearance of m submitted or approved by the Board | y unit. Please note that this variance | • |
| Neighbor Signature | Date | |
| If you, my neighbor, have any concer | rns please list them below: | |
| | | |
| | | |



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.

| If St | JBROGATION IS WAIVED, subject to certificate does not confer rights to | o the terms | and conditions of the po | olicy, certain policie | es may require | • | |
|--|---|-----------------------|--------------------------|--------------------------|------------------|---|-----------|
| PRODU | CER | | | CONTACT NAME: | | | |
| | Organization Name | | | PHONE (A/C, No, Ext): | | FAX (A/C, No): | |
| Street | Address | | | E-MAIL ADDRESS: | | (13, 113) | |
| | | | | | INSURER(S) AFFOR | RDING COVERAGE | NAIC# |
| City | | | State, Zip | INSURER A: XXX In | nsurance Compa | ne | XXXXX |
| INSURE | D | | | INSURER B: XXX In | nsurance Compa | ny | XXXXX |
| | Organization Name and addres | SS | | INSURER C: | | | |
| | | | | INSURER D: | | | |
| | | | | INSURER E : | | | |
| | | | | INSURER F: | | | |
| COVE | RAGES CE | RTIFICATE | 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. SEIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID OF MIS. | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EF (MM/DD/YY | POLICY EXP | LIMITS | |
| > | COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE \$ | 1,000,000 |
| | CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED MISES (Ea occurrence) | 500,000 |
| | <u> </u> | У | | | | MED EXP (Any one person) | 10,000 |

| LTR | | I TPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YY | (MM/DD/Y | LIMIT | |
|-----|------|---|------|----------|---------------|------------|------------|---|--------------|
| | X | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED MISES (Ea occurrence) | \$ 500,000 |
| | | | У | | | | | ED EXP (Any one person) | \$ 10,000 |
| Α | | | | | MPU7668K | 07/31/2020 | 07/31/2021 | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN | L'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| А | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY AUTOS | . | | MPU7668K | 07/31/2020 | 07/31/2021 | BODILY INJURY (Per accident) | \$ |
| | × | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | • | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | | DED RETENTION \$ | | | | | | | \$ |
| | _ | KERS COMPENSATION EMPLOYERS' LIABILITY | 1 | | | | | PER OTH- STATUTE ER | |
| В | ANY | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | WCU7668K | WCU7668K | 07/31/2020 | 07/31/2021 | E.L. EACH ACCIDENT | \$ 100,000 |
| | (Man | | | | | 0170172020 | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | , describe under CRIPTION OF OPERATIONS below | | <u>'</u> | | | | 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 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| City, State, Zip | AUTHORIZED REPRESENTATIVE |