

Lac De Ville Village HOA

Variance Request Form

Variance Procedures for Homeowner

Lac de Ville Village Homeowners Association, Inc.

1. Homeowner obtains a variance form from Property Management office
2. Homeowner obtains proposal/estimate/quote from fully insured contractor
3. Homeowner completes variance form including:
 - a. Full description of modification including style, color, material if necessary
 - b. Contractor's name
 - c. 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. Lac De Ville 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.*
4. Homeowner signs variance
5. Submit variance, proposal/estimate/quote, & insurance certificates to Property Management office by mailing to the address below or by sending an email to variances@kenrickfirst.com.
6. Once variance & all required documents are received, Property Management Company will submit items to Board of Directors for review. The Board has up to 30 days to review and make a decision on the variance.
7. Once a decision is made, variance is signed by the Board of Directors, the homeowner will be notified of the Board's decision.
8. If variance was approved, Homeowner may order products and/or schedule work to be begin.
9. Work is to be completed within 30 days of approved variance. If this is not possible, due to ordering product or weather, the homeowner must note this in the variance or contact the Property Management Company with explanation.

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 Compne NAIC # XXXXX INSURER B: XXX Insurance Company XXXXX INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Organization Name and address	

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

Variance Request Form

Homeowner:

E-Mail Address:

Mailing Address:

City, State, Zip:

Property Address

(if different than mailing address):

Phone(s):

H

W

C

Date Submitted:

Date Received by BOD:

In accordance with the Lac De Ville Village HOA covenants, easements, charges, and liens ("declaration") and the association 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, the approximate date of previous request: _____. I understand that under the declaration and the rules and regulations, the Board of Directors 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/condominium.
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.

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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 the Lac De Ville Village 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 Board of Directors is final.
9. The contractor is: _____
10. If approved within thirty (30) days, the work would start on or about _____ and would be completed by _____.
11. I have attached: Place a Checkmark Indicating Which Items are Included (all could be included)
- A). A detailed drawing (to scale) or blueprint of plans
- B). A copy of 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 the contractor listing Liability and Workers Compensation Insurance coverage in effect at this time.

Homeowner Signature: _____

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

Date of Action: _____

Approved as Requested: _____

_____ Approved with the following Exceptions:

_____ Disapproved based on the following:

Signature of Board Representative

Date

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