

**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 along with the HOA and Kenrick Corporation (see sample).*
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](mailto: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](http://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
	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"/> <b>COMMERCIAL GENERAL LIABILITY</b>						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	<b>AUTOMOBILE LIABILITY</b>						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) \$	
							\$	
	<b>UMBRELLA LIAB</b>   <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$	
	<b>EXCESS LIAB</b>   <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$	
	DED   RETENTION \$						\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE   <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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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**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.

# Lac De Ville Village HOA

## Variance Request Form

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](mailto:variances@kenrickfirst.com).*

Date of Action: \_\_\_\_\_

Approved as Requested: \_\_\_\_\_

\_\_\_\_\_ Approved with the following Exceptions:

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\_\_\_\_\_ Disapproved based on the following:

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\_\_\_\_\_  
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.*

**"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: \_\_\_\_\_**

\_\_\_\_\_