Variance Procedure for Owners Lake Breeze Condominiums

- 1. Owner obtains a variance form from Kenrick Corporation
- 2. Owner obtains a proposal/estimate/quote from fully insured contractor
- 3. Owner completes the variance form including:
 - a. Full description of modification including style, color, materials
 - b. Contractor's name & contact information
 - c. On 2nd page of variance, check boxes for all that apply 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. The certificate holder should be listed in the name of the homeowner, and the homeowner should be listed as additionally insured in the description of operations box. WORKERS COMPENSATION IS REQUIRED.
- 4. Owner signs the variance
- 5. Submit variance, proposal/estimate/quote, & insurance certificates to Kenrick Corporation office.
- 6. Once the variance & all required documents are received, Kenrick Corporation will submit variance to Board of Managers for review. The Board has up to 30 days to review and make a decision.
- 7. Once a decision is made & the variance is signed by the Board of Managers the owner will be notified of the Board's decision.
- 8. Work is to be completed within 30 days of the 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 notice/fies) must have ADDITIONAL INSURED provisions or be endorsed

| If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights | t to the terms | and conditions of the po | olicy, certain policies | | • | |
|---|---------------------------------|---|----------------------------------|------------------------|--|-----------|
| PRODUCER | | | CONTACT NAME: | | | |
| Organization Name | | | PHONE (A/C, No, Ext): (A/C, No): | | | |
| Street Address | E-MAIL ADDRESS: | | | | | |
| | | | IN | ISURER(S) AFFOR | DING COVERAGE | NAIC # |
| City | | State, Zip | INSURER A: XXX Ins | urance Compa | ne | XXXXX |
| INSURED | | | INSURER B: XXX Ins | urance Compa | ny | XXXXX |
| Organization Name and address | | | INSURER C: | | | |
| | | | INSURER D : | | | |
| | | | INSURER E : | | | |
| | | | INSURER F: | | | |
| COVERAGES CERTIFICATE NUMBER: 2020 Liab REVISION NUMBER: | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH | QUIREMENT, TE RTAIN, THE INS | ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH | CONTRACT OR OTHER | R DOCUMENT I | WITH RESPECT TO WHICH THIS | |
| INSR LTR TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EF (MM/DD/YY | POLICY EXP (MM/DD/Y | LIMITS | |
| COMMERCIAL GENERAL LIABILITY | | | | | LACITOCCORRENCE \$ | 1,000,000 |
| CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED MISES (Ea occurrence) \$ | 500,000 |
| | У | | | | | 10,000 |

| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YY) | (MM/DD/Y | LIMITS | |
|-----|-----------------------------|---|------|----------|--------------------------------|------------|----------------------------|---|--------------|
| | 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 | I'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ | |
| Α | | OWNED SCHEDULED AUTOS ONLY AUTOS | | | MPU7668K | 07/31/2020 | 07/31/2021 | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS ONLY AUTOS ONLY | | • | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | | \$ |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | | EXCESS LIAB CLAIMS-MADE | _ | L _ | L | | | AGGREGATE | \$ |
| | | DED RETENTION \$ | | | | | | | \$ |
| В | (Mandatory in NH) | | 1 | WCU7668K | | | ➤ PER OTH-ER | | |
| | | | N/A | | WCU7668K 07/3 ⁻² | 07/31/2020 | 07/31/2021 | E.L. EACH ACCIDENT | \$ 100,000 |
| | | | ,,, | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 100,000 |
| | | i, describe under CRIPTION OF OPERATIONS below | | <u>'</u> | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| | | | | | | | | | |
| | | | | | | | | | |
| l | | | | | | | | | |

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 |
| | |

Lake Breeze Condominiums Variance Request Form

| Homeowner: | | |
|--|-----------------------------------|--|
| Address: | | |
| City/State/Zip | | |
| | | |
| E- | | |
| Mail: | | |
| | | red by BOM |
| condominium rules and | regulations, I request your conse | charges, and liens ("declaration") and the ent to make the following changes, |
| alterations, renovations, | additions and/or removals to my | y unit: |
| | | |
| | | |
| | | |
| previous request: the rules and regulations | I understand | If yes, approximate date of that under the declaration, by-laws and est and provide me with a written e to the following provisions: |
| 1. No work or committ | nent of work will be made by m | ne 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 workmanlike 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 Lake Breeze Condominiums, its Board of Managers, its agent and the 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.

| | nay reverse or modify a decision by the committee upon the written application of any |
|-------|--|
| О | owner made to the Board of Managers within thirty (30) days after the committee makes its |
| | lecision. |
| | The contractor is: |
| | f approved within thirty (30) days, the work would start on or aboutnd would be completed by |
| | have attached: |
| | se Include All Items and Place a Check Mark Indicating Which Items are Included |
| | A) A detailed drawing (to scale) or blueprint of my plans |
| | A) A copy of my survey map. (Needed for fences and decks) |
| | 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 General Liability and |
| | Workers Compensation Insurance coverage in effect at this time. |
| | |
| Sign | ature: |
| | |
| Retur | rn completed Variance Form to Kenrick Corporation, 3495 Winton Place, D-4, |
| Roch | nester, NY 14623 or email to <u>variances@kenrickfirst.com</u> |
| | |
| Actio | on Taken by Board President or Architectural Committee |
| | |
| Date | of Action: |
| | |
| | Approved as Requested |
| | |
| | Approved with the Following Exceptions: |
| | |
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| | D' 1D 1 TH E 11 ' |
| | Disapproved Based on The Following: |
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| | |
| P.00# | d President or Committee Chairman |
| Doar | a fresident of Committee Chairman |
| Anr | work not started on or hefore |
| | work not started on or before is not approved and later construction be subject to re-submittal to the Board of Managers |
| must | of subject to re-submittan to the board of Managers |