

Variance Procedures for Owner
Lakewood Shores Condominium

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. Lakewood 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. 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 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 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		CONTACT	
Organization Name		NAME:	
Street Address		PHONE (A/C, No, Ext):	FAX (A/C, No):
City		E-MAIL ADDRESS:	
INSURED		INSURER(S) AFFORDING COVERAGE	
Organization Name and address		INSURER A: XXX Insurance Company	NAIC # XXXXX
		INSURER B: XXX Insurance Company	XXXXXX
		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			MPU7668K	Valid Date	Valid Date	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	Y				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			
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$				
	<input type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC								
	OTHER:										
A	AUTOMOBILE LIABILITY			MPU7668K	Valid Date	Valid Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	Hired AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB		<input checked="" 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"/> Y / N	<input type="checkbox"/> N / A	WCU7668K	Valid Date	Valid Date	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y					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)

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 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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Lakewood Shores Condominium Variance Request Form

Please give 30 days for review and decision by the Board of Managers

Name _____

Address _____

City/State/Zip _____

Phone(s) H: _____ W: _____ Other: _____

Email Address: _____

Date Submitted _____ Date Received by AC _____

In accordance with the Lakewood Shores Condominium covenants, easements, charges, and liens ("declaration & by-laws") and the condominium/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 condominium/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 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 Lakewood Shores Condominium, 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.
8. I understand that a decision by the committee is not final and that the board of Managers may reverse or modify a decision by the committee upon the written application of any owner made to the board within thirty (30) days after the committee makes its decision.

Lakewood Shores Condominium Variance Request Form

Please give 30 days for review and decision by the Board of Managers

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: **Below please place a check mark indicating which items are included**

- A). A labeled drawing (to scale) or blueprint of my plans
- B). A copy of my survey map, if applicable. (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 General Liability and Workers Compensation Insurance coverage in effect at this time**

Homeowner's Signature: _____

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

Action Taken by Board of Managers

Date of Action: _____

_____ Approved as Requested

_____ Approved with the Following Exceptions

_____ Disapproved Based on The Following

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 assumes costs, state amount and explain reason: _____

Lakewood Shores Condominium Board of Managers