

Variance Procedures for Owner

Linden East Condominium

1. Owner obtains a variance form from Kenrick Corporation, website or Superintendent
2. Owner obtains 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 back of variance, check boxes 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. Linden East 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.
4. Initial that Owner agrees to contact Superintendent for inspections
5. Owner sign variance
6. Page 4 addresses particular approved styles; circle your choice of style
7. 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 variances@kenrickfirst.com.
8. Once 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.
9. Once a decision is made & variance is signed by the Board of Managers, the owner will be notified of the Board's decision.
10. 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 with Kenrick Corporation 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 Organization Name | | CONTACT NAME: | |
| Street Address | | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| City | | E-MAIL ADDRESS: | |
| State, Zip | | INSURER(S) AFFORDING COVERAGE | |
| INSURED Organization Name and address | | INSURER A: XXX Insurance Compne | 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"/> COMMERCIAL GENERAL LIABILITY 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 ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS 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 EXCESS LIAB 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 | | 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

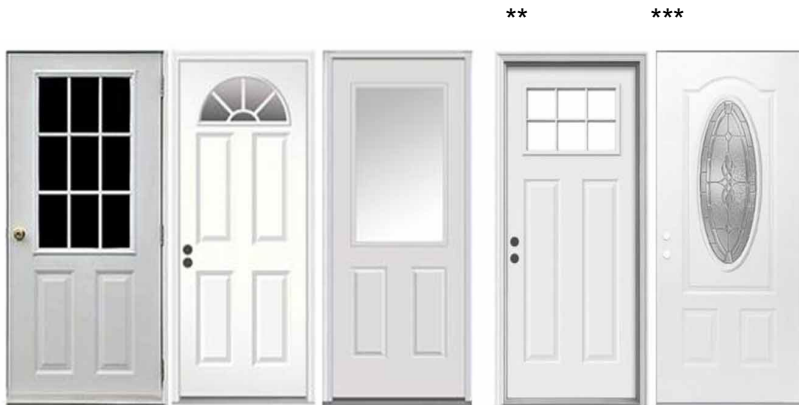
CANCELLATION

| | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |

ENTRY DOORS

Replacement of the unit entry door must be approved style and of solid core construction. The entry door must be white, preferably factory finished, not primer only. Future painting of the entry door is the responsibility of Linden East. Before replacing the unit entry door, a unit owner must submit a variance request for approval. No work should be done prior to receipt of written variance approval. Allow at least one month for the variance request to be approved.

Approved Entry Door Styles



** = new approved style 10/2019

*** = new approved style 5/2020, 2/3 oval glass, clear or etched only, no colored glass.

SCREEN/STORM DOORS

Before making any changes to the outside of a unit, including the addition or replacement of a screen/storm door, a unit owner must submit a variance request for approval. No work should be done prior to receipt of the approved variance request. Allow at least one month for the variance request to be approved. The screen/storm door must be an approved design & white in color. The screen/storm door must be of metal construction, vinyl covered wood core, or metal covered wood core.

Approved Screen/Storm Door Styles



WINDOW REPLACEMENT

Before replacing the unit windows, a unit owner must submit a variance request for approval. No work should be done prior to receipt of written approval. Allow at least one month for the variance request to be approved. All windows are sliding style windows and the exterior finish must be white or brown. Suggested vendors are Pace Window & Door and Wonder Windows.

Fogged Windows – There are contractors who specialize in replacing just the glass for less money (Lucian Waters 585-227-6548).

AIR CONDITIONERS

All Air Conditioning Condensers that are placed on the driveway (or in the flower bed for the ranch unit) **MUST** be placed on an appropriate pad under the condenser. (added by BOM 7/2019).

UP-FLOW FURNACES FOR RANCH & 2-STORY STYLE CONDOS

All duct work must be hard style pipe, no flexible piping allowed.

HEAT PUMP FOR RANCH

All lines are concealed and not run in overhead space. Condenser unit should be placed where the existing AC unit is located. Currently Taylor has installed heat pumps in 2 ranch units.

ELECTRIC CAR CHARGE STATION

The dealer where the car is purchased will have information and recommend vendors who can supply and install charge stations. Most will have 2 options:

- 1) a 110 volt slow charging
- 2) 220 volt fast charge stations. Power will come from the owners electric panel.

Linden East Condominium Variance Request Form

Review and decision Board may take up to 30 days

Owner's Name:

Mailing Address:

City/State/Zip

Property Address

Phone(s) H:

W:

Other:

Email address:

Date submitted:

Date BOM received:

In accordance with the Linden East Condominium covenants, easements, charges, and liens ("declaration & by-laws") and the association's 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: _____. I understand that under the declaration and 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 association.
2. All work will be done at my expense and all future upkeep will remain at my expense or future owner's expense.
3. All work will be done expeditiously once commenced and will be done in a good workman-like 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 Linden East Condominium, its Board of Managers, and its agent have no responsibility with respect to such compliance and that the Board'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. The contractor is: _____

9. Below check below to indicate items are included

___A). A labeled drawing (to scale) of my plans

___B). A copy of the proposal from the contractor with a detailed description of the work to be performed and product information. i.e. brochures, cut sheets (REQUIRED)

___C). A copy of an insurance certificate from my contractor listing **General Liability and Workers Compensation Insurance** coverage in effect presently and at the time the work is completed. (REQUIRED)

____I agree to contact the property superintendent for inspection following completion of the work.
HO initials

Owner's Signature: _____

[Return completed Variance Form via mail to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, or email to \[variances@kenrickfirst.com\]\(mailto:variances@kenrickfirst.com\).](#)

Action Taken by Board of Managers (BOM)

Date of Action: _____

_____Approved as Requested

_____Approved with the Following Exceptions:

_____Disapproved Based on The Following:

If the change requested is not made within 30 days of the date of approval, approval of the variance request is automatically revoked. Later construction must be subject to re-submittal.

(Signature & Title) Linden East Condominium Board of Managers (date)