

Variance Procedures for Owner

Maplehurst Commons HOA

1. Owner obtains a variance form from Kenrick Corporation
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 2nd page of variance, 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. **Maplehurst Commons** 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 sign 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 variance & all required documents are received, Kenrick Corporation will submit variance to Board of Directors for review. The Board has up to 30 days to review and make a decision.
7. Once a decision is made & variance is signed by the Board of Directors the owner will be notified of the Board's decision.
8. 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 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 NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:
Organization Name Street Address		FAX (A/C, No):
City State, Zip		INSURER(S) AFFORDING COVERAGE INSURER A : XXX Insurance Company
INSURED		NAIC # INSURER B : XXX Insurance Company
Organization Name and address		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	COMMERCIAL GENERAL LIABILITY	Y	MPU7668K	Valid Date	Valid Date	EACH OCCURRENCE	\$ 1,000,000				
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>					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				
A	AUTOMOBILE LIABILITY	MPU7668K	Valid Date	Valid Date	PRODUCTS - COMP/OP AGG	\$ 2,000,000					
	ANY AUTO <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000					
	OWNED AUTOS ONLY <input type="checkbox"/>				BODILY INJURY (Per person)	\$					
	Hired AUTOS ONLY <input checked="" type="checkbox"/>				BODILY INJURY (Per accident)	\$					
	SCHEDULED AUTOS <input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$					
B	UMBRELLA LIAB	Y/N	N/A	Valid Date	Valid Date	EACH OCCURRENCE	\$				
	EXCESS LIAB					AGGREGATE	\$				
	DED <input type="checkbox"/>					RETENTION \$ <input type="checkbox"/>				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					Y					E.L. EACH ACCIDENT
						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

Maplehurst Commons Homeowner's Association

Variance Request Form

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

Name_____

Address_____

City/State/Zip_____

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

Email Address:_____

Date Submitted_____ Date Received by BOD_____

In accordance with the Maplehurst Commons Homeowner's Association covenants, easements, charges, and liens ("Declaration & By-laws") and the 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 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 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 Maplehurst Commons Homeowner's Association, 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 committee is not final and that the Board of Directors 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.
9. The contractor is:_____
10. If approved within thirty (30) days, the work would start on or about _____ and would be completed by_____.

Maplehurst Commons Homeowner's Association Variance Request Form

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

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. i.e.: 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.
- E). **Homeowner listed as additionally insured and listed as the certificate holder on the contractor's insurance form.**

Homeowner's Signature: _____ **Date:** _____

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

Action Taken by Board of Directors

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/CONDO assumes costs, state amount and explain reason:

Maplehurst Commons Homeowner's Association Board of Directors