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 <u>variances@kenrickfirst.com</u>.
- 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 fax 585-424-1553 www.kenrickfirst.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2021

C B	ERT ELO	IFICATE DOES NO W. THIS CERTIFIC	OT AFFIRMATIVE	LY OF ANCE	R NEO	NFORMATION ONLY AND GATIVELY AMEND, EXTER S NOT CONSTITUTE A CO RTIFICATE HOLDER.	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLI	CIES	
lf	SUE	BROGATION IS WA	VIVED, subject to	the t	erms	ONAL INSURED, the polic and conditions of the po cate holder in lieu of such	licy, ce n endor	rtain policies sement(s).				
PRO	DUCE	R					CONTACT NAME:					
Organization Name							PHONE FAX (A/C, No, Ext): (A/C, No):					
Stre	et A	ddress					E-MAIL ADDRESS:					
City							INSURER(S) AFFORDING COVERAGE				NAIC #	
City State, Zip							INSURER A : XXX Insurance Compane					XXXXX
INSURED							INSURER B: XXX Insurance Company					XXXXX
Organization Name and address												
							INSURER D :					
CO	COVERAGES CERTIFICATE NUMBER: 2020 Liab											
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												
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				y						MED EXP (Any one person)	\$ 10,000	
A						MPU7668K		Valid Date	Valid Date	PERSONAL & ADV INJURY	\$ 1,000,000 \$ 2,000,000	
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A						MPU7668K				BODILY INJURY (Per accident)	\$	
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В	OFF	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				WCU7668K				E.L. EACH ACCIDENT	400	
	If ves									E.L. DISEASE - EA EMPLOYEE	\$ 100, \$ 500,	
	DES	CRIPTION OF OPERATIO	JNS below							E.L. DISEASE - POLICY LIMIT	\$,	
DES	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule	, may be a	attached if more s	pace is required)			
	Т	HIS IS AN EXA	MDLE									
				ina t	o the	e description of opera	ations					
	Please add the following wording to the description of operations: The homeowner is listed as additional insured											
CEF	RTIF	ICATE HOLDER					CANC	ELLATION				
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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Maplehurst Commons Homeowner's Association Variance Request Form

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

Na	me										
Ad	dress										
Cit	y/State/Zip										
	one(s) H:W:Other:										
	nail Address:										
	te SubmittedDate Received by AC										
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 n unit:											
pre Reg	this an amendment to a previous request?If yes, approximate date of evious request:I understand that under the Declaration and the Rules and gulations, the committee will act on this request and provide me with a written response of their cision. 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.	1									
2.	All work will be done at my expense and all future upkeep will remain at my expense or future										
3.	homeowner's expense. 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 inconvenienc to other unit owners.	e									
5.	I assume all liability and will be responsible for all damage and/or injury which may result from										
6.	performance of this work. 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.

Maplehurst Commons Homeowner's Association Variance Request Form

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

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

Homeowner's Signature:

Return completed Variance Form via mail to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, via fax to Kenrick Corporation at 585-424-1553 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.

Maplehurst Commons Homeowner's Association Board of Directors