

## Variance Procedures for Owner

### McCormick Place

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 2<sup>nd</sup> 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. McCormick Place 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](mailto:variances@kenrickfirst.com).
6. Once the 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 & 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 fax 585-424-1553  
[www.kenrickfirst.com](http://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:	
Organization Name		PHONE (A/C, No, Ext):	FAX (A/C, No):
Street Address		E-MAIL ADDRESS:	
City	State, Zip	INSURER(S) AFFORDING COVERAGE	
		INSURER A: XXX Insurance Compne	NAIC # XXXXX
INSURED		INSURER B: XXX Insurance Company	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 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> 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	Valid Date	Valid Date	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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MPU7668K	Valid Date	Valid Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCU7668K	Valid Date	Valid Date	<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
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**MCCORMICK PLACE CONDOMINIUM A**

**Variance Request Form**

**Board of Managers has up to 30 days for review and decision**

**Submission of Plans to the Board of Managers**

Homeowner:

Mailing Address:

City, State, Zip:

Property Address

(if different than mailing address):

Phone(s):

H

W

C

Email address:

Date Submitted:

Date Received by BOM:

In accordance with covenants, easements, charges, and liens (“Declaration & By-laws”) and the 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, the approximate date of previous request: \_\_\_\_\_. I understand that under the Declaration, By-laws, Rules and Regulations, the Board of Managers 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/condominium.
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 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 McCormick Place Condominium A, 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

**MCCORMICK PLACE CONDOMINIUM A**

**Variance Request Form**

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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 Board of Managers is final.
- 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 - Place a Check Mark Indicating Which Items are Included (all could be included):
  - \_\_\_A). A detailed drawing (to scale) or blueprint of plans
  - \_\_\_B). A copy of survey map. (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. brochure, cut sheets, style, color, etc....)
  - \_\_\_D). A copy of an insurance certificate from the contractor listing **General Liability and Worker's Compensation Insurance** coverage in effect at this time.

**Homeowner 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](mailto: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.

\_\_\_\_\_  
Board President/Architectural Committee Signature

\_\_\_\_\_  
Date