Variance Procedures for Owner

Parkview Place Condominium A

- 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. Parkview 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 <u>variances@kenrickfirst.com</u>.
- 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).												
		0	the c	ertifi	cate holder in lieu of such	CONTAC	()					
PRODUCER Organization Name							NAME:					
Street Address							PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL (A/C, No): ADDRESS:					
City State, Zip					INSURER(S) AFFORDING COVERAGE				NAIC # XXXXX			
						INSURER A: INSURER B: XXX Insurance Company					XXXXX	
		Organization Name and address	5			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 TO REIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID OF MS.												
INSR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EF	POLICY EXP (MM/DD/)	LIMIT	s		
LTR	\times		INSD	WVD					EACH OCCURRENCE	s \$ 1,00	0,000	
	F	CLAIMS-MADE 🗙 OCCUR						Y	DAMAGE TO RENTED DAMAGE TO RENTED DAMAGES (Ea occurrence)	\$ 500,		
			У						ED EXP (Any one person)	<u>\$</u> 10,0	00	
А					MPU7668K		07/31/2020	07/31/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN	J'							GENERAL AGGREGATE	\$ 2,00	0,000	
	-								PRODUCTS - COMP/OP AGG	<mark>\$</mark> 2,00	0,000	
		OTHER:								\$		
	AUT					V			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
		ANYAUTO							BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS ONLY			MPU7668K		07/31/2020	07/31/2021	BODILY INJURY (Per accident)	\$		
	\times	HIRED AUTOS ONLY					•		PROPERTY DAMAGE (Per accident)	\$		
										\$		
									EACH OCCURRENCE	\$		
		CLAIMS-MADE							AGGREGATE	\$		
	WOF	DED RETENTION \$							Y PER OTH- STATUTE ER	\$		
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В	OFF	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WCU7668K		07/31/2020	07/31/2021		\$ 100,		
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 500,		
	DES	GNE HUN OF OFERALIONS DEIOW	-						L.L. DISEASE - PULICY LIMIT	φ,		
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01. Additional Remarks Schedule	may be a	ttached if more s	nace is required)				
					,	,		,				
THIS IS AN EXAMPLE												
Please add the following wording to the description of operations:												
The homeowner is listed as additional insured												
CEI	RTIF	ICATE HOLDER				CANC	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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PARKVIEW 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 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 Parkview 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 the making of any representation or warranty that the plans, specifications, or work comply with any law, code, regulation, or governmental requirement.

PARKVIEW PLACE CONDOMINIUM A

Variance Request Form

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

- 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 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 <u>General Liability and Worker's</u> <u>Compensation Insurance</u> 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 Signature:

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

Action Taken by Board of Managers

Date of Action: _______Approved as Requested ______Approved with the Following Exceptions

Any work not started on or before ______ is not approved and later construction must be subject to re-submittal to the committee.

Board President/Arch Committee Signature