

Variance Procedures for Owner
Parkview Place Condominium C

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 the HOMEOWNER, PROPERTY NAME and KENRICK CORPORATION to be listed as "additionally insured" along with the job description in the Description of Operations.
A SAMPLE HAS BEEN ATTACHED FOR REFERENCE**
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
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).

PRODUCER Organization Name Street Address City State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Organization Name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : XXX Insurance Company	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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	X This box must be marked Yes or X						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
B	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)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A				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)

Homeowner name here, Association name here, Kenrick Corporation all named as Additional Insureds in regard to general liability.

Regarding: Homeowner Name, Association Street Address, City, NY Zip Code

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

PARKVIEW PLACE CONDOMINIUM C

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). 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.
 - ___E). HOMEOWNER, PROPERTY and KENRICK CORPORATION listed as additionally insured and homeowner 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 email 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/Arch Committee Signature

Date