Variance Procedures for Owner

Shadow Pines HOA

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. **Shadow Pines HOA 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, the Homeowner, the Shadow Pines HOA and Kenrick Corporation to be listed as "additionally insured"** 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

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	CONTACT NAME:	
Organization Name Street Address City State, Zip	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XXX Insurance Company	XXXXX
INSURER B : XXX Insurance Company	XXXXX
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Organization Name and address

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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	X This box must be marked Yes or X					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	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[X] PER STATUTE [ ] 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)

Homeowner name here, Shadow Pines HOA and Kenrick Corporation all named as Additional Insureds in regard to general liability.

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

CERTIFICATE HOLDER

Homeowner Name
Homeowners Street Address
City, State, Zip

CANCELLATION

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

SAMPLE

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Shadow Pines Homeowners Association

Variance Request Form

Please give 30 days for review and decision by Board of Managers

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 Shadow Pines HOA covenants, easements, charges, and liens ("declaration") and the HOA 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 and the 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 the Shadow Pines Homeowners Association, 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.
8. I understand that a decision by the Board of Managers is final.

Shadow Pines Homeowners Association

Variance Request Form

Please give 30 days for review and decision by Board of Managers

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 site 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, tear sheet, proposal, pamphlet).
___D). **A copy of an insurance certificate from the contractor listing General Liability and Workers Compensation Insurance coverage in effect at this time.**
___ E). **Homeowner is listed as the certificate holder, the homeowner, the Condo association and Kenrick Corporation should be listed as additionally insured on the contractor's insurance form.**

Homeowner 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 Managers

_____Approved as Requested

_____Approved with the Following Exceptions:

_____

_____

_____

_____Disapproved Based on The Following:

_____

_____

_____

This change and the maintenance thereof will_____ will not_____ become the financial responsibility of the Homeowner.

If the HOA assumes costs, state amount and explain reason:

_____

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

_____ _____

Signature of SHP Board President Date

Updated 11.9.26