

Variance Procedures for Owner  
Southfield 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 - please read the variance guidelines information carefully for any specific details required for certain types of variance requests.
  - b. Contractor's name & contact information
  - c. On 2<sup>nd</sup> 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. Southfield 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 [variances@kenrickfirst.com](mailto:variances@kenrickfirst.com).
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 [www.kenrickfirst.com](http://www.kenrickfirst.com)

**SOUTHFIELD HOMEOWNERS ASSOCIATION, INC.**  
**VARIANCE REQUEST**

**(Please Use Pen ONLY)**

**RETURN FORM/TO:**

Southfield Homeowners Association  
c/o Kenrick Corporation  
3495 Winton Place, D-4  
Rochester, NY 14623

HOMEOWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**TO: THE BOARD OF DIRECTORS**

I request permission to make the following changes to the exterior of my home or to the common area of the community. I have attached a sketch of proposed changes, listed materials to be used, and indicated who will do the work. (Please be explicit. Extra sheets may be attached.)

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Reason for variance request: \_\_\_\_\_

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Length of guarantee (if applicable): \_\_\_\_\_

Indicate future maintenance required by the Association: \_\_\_\_\_

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Date

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Homeowner Signature

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BOARD OF DIRECTORS:  Approved  Denied  More Information Required

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Date

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Signature

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Signature

COMMENTS: \_\_\_\_\_

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Latest completion date after which any approval is automatically revoked and new variance request is necessary: \_\_\_\_\_

Date acted-on variance request mailed to homeowner: \_\_\_\_\_



# 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<br>Street Address<br>City | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): | FAX<br>(A/C, No): |
|                                   |   | E-MAIL<br>ADDRESS:                           |                   |
|                                   |   | INSURER(S) AFFORDING COVERAGE                |                   |
| INSURER A : XXX Insurance Company |   | NAIC #<br>XXXXX                              |                   |
| INSURED                           | Organization Name and address               | INSURER B : XXX Insurance Company            |                   |
|                                   |   | 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<br>LTR   | TYPE OF INSURANCE  | ADDL<br>INSD                  | SUBR<br>WVD | POLICY NUMBER    | POLICY EFF<br>(MM/DD/YYYY)           | POLICY EXP<br>(MM/DD/YYYY)                      | LIMITS       |  |
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               | Y                             | MPU7668K    | 07/31/2020       | 07/31/2021                           | EACH OCCURRENCE                                 | \$ 1,000,000 |  |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                               |             |                  |                                      | DAMAGE TO RENTED PREMISES (Ea occurrence)       | \$ 500,000   |  |
|   |  |                               |             |                  |                                      | MED EXP (Any one person)                        | \$ 10,000    |  |
|   |  |                               |             |                  |                                      | PERSONAL & ADV INJURY                           | \$ 1,000,000 |  |
| A   | AUTOMOBILE LIABILITY   | MPU7668K                      | 07/31/2020  | 07/31/2021       | GENERAL AGGREGATE                    | \$ 2,000,000                                    |              |  |
|   | <input type="checkbox"/> ANY AUTO  |                               |             |                  | PRODUCTS - COMP/OP AGG               | \$ 2,000,000                                    |              |  |
|   | <input type="checkbox"/> OWNED AUTOS ONLY                                      |                               |             |                  | OTHER:                               | \$  |              |  |
|   | <input checked="" type="checkbox"/> HIRED AUTOS ONLY                           |                               |             |                  | SCHEDULED AUTOS                      | COMBINED SINGLE LIMIT (Ea accident)             | \$ 1,000,000 |  |
|   | UMBRELLA LIAB  | MPU7668K                      | 07/31/2020  | 07/31/2021       | BODILY INJURY (Per person)           | \$  |              |  |
|   | EXCESS LIAB  |                               |             |                  | OCCUR                                | BODILY INJURY (Per accident)                    | \$           |  |
|   | <input type="checkbox"/> DED   |                               |             |                  | <input type="checkbox"/> CLAIMS-MADE | PROPERTY DAMAGE (Per accident)                  | \$           |  |
|   |  |                               |             |                  | RETENTION \$                         |   | \$           |  |
| B   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  | Y / N                         | WCU7668     | 07/31/2020       | 07/31/2021                           | <input checked="" type="checkbox"/> PER STATUTE | OTH-ER       |  |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    |                               |             |                  |                                      | E.L. EACH ACCIDENT                              | \$ 100,000   |  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                         |                               |             |                  |                                      | 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