

Stony Point Variance Process

(Steps in the process)

1. The resident fills out a Variance form, providing details about the planned work, including who will be doing it (themselves and/or a contractor), and any additional information required, such as proof of the contractor's insurance. The resident then sends the Variance form and any related documents to the Property Management Company at Variances@kenrickfirst.com.

If homeowner is hiring a contractor the following needs to be attached to the variance.

- a. Include general liability AND workers' compensation insurance certificates for contractor. Stony Point 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.
- b. 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.

2. Property Management Company records into tracking system and forwards to Board Variance Committee Chairperson for review and determination.
3. Board Variance Committee reviews for completeness of details and may contact resident for clarification as required – If subject of variance is Landscaping, the variance is forwarded to the Chairperson of the Landscaping Committed for Committee review and recommendations.
4. Landscaping committee reviews and makes recommendation and Chairperson of the Landscaping Committed advises Board.
5. Board Variance Committee reviews submission and makes a determination by Board Vote and forwards results: (Approved or Disapproved) to Property Management Company.
6. Property Management Company records Board assessment/disposition and notifies Resident by letter (including copy of variance) of Board Decision and places copy of Variance in Residents file.
7. If Approved - Residents Completes work and notifies Property Management Company when work is completed.
8. Board reserves the right to confirm/inspect work is completed as approved. If OK Variance/matter is closed

If work is found not to be in compliance with, approved variance matter is addressed with resident until compliance is achieved then Variance Closed.

Stony Point Homeowners Association Variance Request

Stony Point Homeowner Name _____

Stony Point House number and street _____

Phone (Daytime) _____ Phone (Evenings) _____

Email Address _____

I request permission to make the following changes to the exterior of my townhouse, patio home, detached home, or to the common area of the community: If it applies, include dimensions, shapes, the color-specific location, and a list of materials to be used. Extra pages related to the details of the project, including a sketch, may be attached to this form.

Change(s) Requested: _____

Reason for changes: _____

The work will be done by _____

All contractors must provide the Association with a certificate of general liability insurance and a certificate of workers' compensation insurance.

Projected project starting date _____; completion date _____

I understand that it is my responsibility to obtain any governmental permits that may be necessary for this work. **I understand that the Association reserves the right to inspect the completed work and/or revoke the variance if the results do not meet the approved submission.**

Indicate any future maintenance required by the Association: _____

Homeowner Signature _____

Date Submitted _____

Mail Form To: Stony Point Homeowners Association
c/o Kenrick Corporation
3495 Winton Place, D-4
Rochester, NY 14623

Board of Directors Action

_____ Approved
_____ Denied

Authorized Signature _____

Date _____

Comments _____

Latest completion date after which any approval is automatically revoked, and a new variance is required _____

Date that resident notified Property Management Company the work has been completed
_____. Date of compliance/completion inspection _____



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):	
Street Address		FAX (A/C, No):	
City		E-MAIL ADDRESS:	
State, Zip		INSURER(S) AFFORDING COVERAGE	
		INSURER A: XXX Insurance Compne	
		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 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 <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	07/31/2020	07/31/2021	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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MPU7668K	07/31/2020	07/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WCU7668K	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE 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