- 1. Owner obtains proposal/estimate/quote from fully insured contractor
- 2. Owner needs to complete the following when submitting the variance form:
  - 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. The certificate holder on the insurance certificates should be listed as the homeowner and using their Towne Harbour address. A sample is included. IMPORTANT If you are using KMC, the homeowner must initiate the request for the insurance certs from KMC by calling 585-424-1080. Please note on the variance form the date that you made the request of KMC.
- 3. Owner signs the variance if on paper copy or will need to type in a signature online.
- 4. Submit variance, proposal/estimate/quote, & insurance certificates to Kenrick Corporation office online <a href="https://kenrickfirst.com/th-variance-request/">https://kenrickfirst.com/th-variance-request/</a> Or if you have a paper copy you may submit via mail to: 3495 Winton Place D4, Rochester, NY 14623 to the attention Variance Dept
- 5. Once variance & all required documents are received, Kenrick Corporation will submit variance to appropriate committee for review. The committee will forward it to the Board with their recommendation. The Board has up to 30 days to review and make a decision.
- 6. Once a decision is made & variance is signed by the Board of Directors the owner will be notified of the Board's decision.
- 7. 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

## **Towne Harbour Island Variance Request Form**

## Submission to the Board of Directors (BOD) and (check one)

Architectural Committee	Dock Committee	Landscape Committee				
domeowner:						
Aailing Address:						
City/State/Zip:						
HI Property Address:						
Home Phone: Other Phone:						
Email Address:						
Date Received by the Management	t Company:	Date received by Committee:				
n accordance with the Towne Harbour ("declaration & by-laws") and the rules changes, alterations, renovations, addi	and regulations, I requ	est approval to make the following				
s this an amendment to a previous req						

I understand that under the declaration and rules and regulations, the Committee/BOD will act on this request and the management company will provide me with a written response of their decision within 45 days of the submission of this document. 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 BOD via the management company.
- 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 professional manner.
- 4. All work will be performed at a time and in a manner to minimize interference and inconvenience to other unit owners.
- 5. I will 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 all applicable federal, state, and local laws; codes; regulations; and requirements in connection with this work, and I will obtain all necessary governmental permits and approvals for the work.
- 8. I understand and agree that Towne Harbour Island, its Board of Directors and the Committee have no responsibility with respect to such compliance as outlined above and that the Board of Directors 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.

	(Homeowner's Signature) (Date)
3.	I agree to contact the Management Company when the variance work is completed.
	(required only if using contractor; see sample Certificate of Liability Insurance on website)  If KMC is the contractor, Certificate of Insurance was requested of KMC on  (Date)
	A copy of an insurance certificate from my contractor listing General Liability Insurance and Workers Compensation coverage in effect presently and at the time the work is completed
	A detailed description of the work to be performed and product information, e.g. brochures, cut sheets, photographs (required if contractor OR homeowner completing work)
	A copy of the proposal from the contractor (required only if using contractor)
	A labeled drawing (to scale) or blueprint of my plans (required if contractor OR homeowned completing work)
	The name, address and contact information of the contractor (required only if using contractor)
	provided the following <u>required</u> items in this variance request (check each box that applies).
2.	to repair any damages make to the common property by the unit owner or their contractor.  The work will be completed by (check one) Homeowner Contractor, and I have
1.	No modifications are to be made to the THI Common Property without PRIOR consent of the Committee and BOD. If modifications are approved, the unit owner will be responsible for the cost
	about
0.	appeal by the homeowner if made to the Board within thirty (30) days after the initial decision.  If approved, the work would start on or about and would be completed on or
	Directors may decide to reverse or modify its initial decision following consideration of a written
	governmental requirement.  I understand that the initial decision regarding this variance request is not final. The Board of

Action Taken by the AC/DC/LC Committee	Date of Action:
Recommended as Requested	Recommended with the Following:
Not Recommended Based on The Following Con	cerns:
Any work not started on or before is not apto re-submittal to the committee.	oproved and later construction must be subject
(Signature of Chair, Architectural/Dock/Landscape Comn	nittee) (Date)
Action Taken by the Board of Directors (BOD)	Date of Action:
Approved as Requested	Approved with the Following Exceptions
Not Approved	
Reasons for decision to not approve:	
(Signature of the President, Board of Directors)	(Date)
Action Taken by the Management Company	
On this date the homeowner was provide Directors regarding this variance proposal.	ed with a written decision of the Board of
(Signature of the Representative of the Management Co	mpany) (Date)





## **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).											
	DUCER				CONTACT						
Organization Name Street Address					NAME:   PHONE						
Out	oct/Marcos				ADDRESS:						
City				State, Zip	INSURER(S) AFFORDING COVERAGE  INSURER A . XXX Insurance Compane						NAIC#
INSU				Otato, Zip	VVV Incurance Commons						XXXXX
INSU					MOOKER B.						70000
	Organization Name and address				INSURER C:						
					INSURER D:						
					INSURER E :						
	VERAGES CERT	IEIC	ATE I	NUMBER: 2020 Liab	INSURE	RF:		REVISION NUME	DED:		
				TOMBEIT.	ISSUED	TO THE INSUE	RED NAMED AI			IOD	
IN CI EX	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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	COMMERCIAL GENERAL LIABILITY				(						0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur		<sub>\$</sub> 500,	000
								MED EXP (Any one person) \$ 10,0			00
Α				MPU7668K		07/31/2020	07/31/2021	PERSONAL & ADV INJURY \$ 1,00			0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00			0,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG \$ 2,000			0,000
	OTHER:							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT \$ 1,000,000 (Ea accident)		0,000	
Α	ANY AUTO							BODILY INJURY (Per person) \$			
	OWNED SCHEDULED AUTOS ONLY AUTOS			MPU7668K		07/31/2020	07/31/2021	BODILY INJURY (Per accident) \$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$			
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
	DED RETENTION \$ WORKERS COMPENSATION			<del> </del>				DED	I OTH-	\$	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					07/31/2021	➤ PER STATUTE	OTH- ER	100	000	
В				WCU7668K			07/31/2020	E.L. EACH ACCIDEN		\$ 100, £ 100.	
	(Mandatory in NH)  If yes, describe under									φ .	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	attached if more s	pace is required	1			
CERTIFICATE HOLDER CAI						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							