

Workers Comp Waiver Procedure for Owner
Towne Harbour HOA

PROCEDURES & REQUIRED INFO

- 1) NYS validation that contractor is exempt from requirement to provide Workers' Compensation coverage
- 2) Workmans' Comp Waiver form (*attached*) with **notarized** Contractor's signature
- 3) **Submit the waiver with one of the following ways:**
 - a) Submit the waiver when you submit the variance form on the Kenrick Corp Website.
 - b) Email Variances@kenrickfirst.com with *your address as the subject line*.

NOTE: Homeowner must submit all other requested information along with the waiver as stated on the "*Variance Procedures for Owner Towne Harbour HOA.*" This is on the Kenrickfirst.com Website along with the official Variance Request form.

Property Management Office:
Kenrick Corporation
3495 Winton Place, D-4
Rochester, NY 14623
(585) 424-1540
www.kenrickfirst.com

TOWNE HARBOUR ASSOCIATION, INC.
CANANDAIGUA, NY 14424

CONTRACTOR WORK ACKNOWLEDGEMENT, WAIVER, AND INDEMNITY
(For specific project where the Association elects not to require Workers' Compensation coverage)

- Property / Association Name: _____
- Property Address: _____
- Building / Phase / Unit(s) / Project ID: _____

Contractor Information

- Contractor / Business Name: _____
- Contractor Contact Name: _____ Phone: _____
- Email: _____ License / Registration #: _____
- Description of Work to be Performed: _____

- Work Start Date: _____ Estimated Completion Date: _____
- Expected number of persons on site (including employees / subs): _____

Contractor Employment Status (circle one)

- I certify I am a sole proprietor / owner-operator and WILL NOT bring employees or subcontractors to perform the work described above.
- I will bring employees or subcontractors to the site in connection with this work. (If checked, WC documentation required unless Association elects otherwise)

Insurance and Documentation (check all that apply)

- Contractor will provide a current Certificate of Insurance for Commercial General Liability with limits no less than \$1,000,000 per occurrence / \$2,000,000 aggregate.
 - Insurer: _____ Policy #: _____ Expiration: _____
 - Certificate to name: _____
 - Association to be named Additional Insured on CGL for operations described above
- Contractor will provide Automobile Liability insurance with limits no less than \$1,000,000 CSL (if vehicles used).
 - Insurer: _____ Policy #: _____ Expiration: _____
- Tools / Equipment Floater or Inland Marine coverage in the amount of \$_____ (if requested)
 - Insurer: _____ Policy #: _____ Expiration: _____
- Workers' Compensation: Contractor acknowledges the Association does not require Workers' Compensation coverage for this project. Contractor selection of the sole-proprietor/no-employee box above is a material representation.

Acknowledgement, Waiver, and Indemnity

- Contractor Certification: I certify under penalty of perjury that the information above is true and accurate. If I checked the sole-proprietor box, I represent that I have no employees or subcontractors who will be performing work on the property for this project. I understand that misrepresenting employee status may expose me to legal and financial liability.

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- Waiver and Release: Contractor acknowledges that the Association has elected not to require Workers' Compensation coverage for this project. To the maximum extent permitted by law, Contractor hereby RELEASES AND WAIVES ANY CLAIMS OR CAUSES OF ACTION AGAINST the Association, its Board members, managers, employees, agents, and unit owners for any injuries to Contractor or Contractor's employees, agents, or subcontractors arising out of the work performed on the Property.
- Indemnity: Contractor agrees to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Association, its board members, officers, managers, employees, agents, and unit owners from and against any and all claims, losses, damages, liabilities, expenses, and costs (including reasonable attorneys' fees) arising out of or related to the Contractor's operations, including injuries to Contractor's employees, agents, or subcontractors, except to the extent caused by the gross negligence or willful misconduct of the Association.
- Safety and Compliance: Contractor will comply with all applicable laws, codes, permit requirements, and safety standards, including OSHA requirements. Contractor is responsible for site safety and securing the work area.
- Scope Limitation: This acknowledgement and any acceptance by the Association applies only to the specific Contractor and project identified above and does not create any blanket waiver for other contractors or future projects.

Association Acceptance (required for Association to accept work without Contractor WC)

- Association Acceptance: The Association hereby acknowledges it is electing to accept the Contractor's representation and proceed without requiring Workers' Compensation coverage for this specific project only.
 - Association Representative Name: (i.e. Homeowner's name)

 - Title: THI Association Member and Homeowner
 - Homeowner Signature: _____ Date: _____
 - Homeowner Initials Accepting Risk: _____

Contractor Acceptance (Contractor signature must be notarized)

- Contractor Signature: _____ Date: _____
- Printed Name / Title: _____

Notary witnessing Contractor signature

- Witness / Notary Name: _____ Signature: _____
- Date: _____ Notary Commission #: _____

Important Notices and Legal Caveat

- I understand and agree to the terms above. I acknowledge that this document is a contractual agreement and may have legal consequences. I understand that enforceability of waivers and indemnities varies by jurisdiction.
- Recommended: Seek legal counsel before signing if you have questions about rights or liabilities arising from this form

Required attachments:

- Completed variance request form, including required items
- NYS validation that contractor is exempt from requirement to provide Workers' Compensation coverage