Variance Procedures for Owner

Villas at Coldwater A

- 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. Villas at Coldwater A 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 signs the variance
- 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 <u>variances@kenrickfirst.com</u>
- 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 fax 585-424-1553 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.												
lf	SUE	BROGATION IS W	AIVED, subject to	the t	erms	ONAL INSURED, the polic and conditions of the po cate holder in lieu of such	licy, ce n endor	rtain policies sement(s).				
PRODUCER						CONTACT NAME:						
Organization Name						PHONE FAX (A/C, No, Ext): (A/C, No):						
Street Address						E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE				NAIC #	
City State, Zip						INSURER A: XXX Insurance Compane				XXXXX		
							INSURER B: XXX Insurance Company				XXXXX	
		Organization	Name and address	6			INSURER C :					
							INSURER E :					
CO	/ER	AGES	CER	TIFIC	ATE I	NUMBER: 2020 Liab	INCOME			REVISION NUMBER:		
						LISTED BELOW HAVE BEEN						
C	ERTI	FICATE MAY BE ISSU	JED OR MAY PERTA	AIN, TH	IE INS	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	E POLIC	IES DESCRIBE	D HEREIN IS S			
INSR LTR		TYPE OF INSU	JRANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	\times	COMMERCIAL GENER								EACH OCCURRENCE	\$ 1,00	0,000
		CLAIMS-MADE		у						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
				•						MED EXP (Any one person)	\$ 10,000	
A						MPU7668K		Valid Date	Valid Date	PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN	VLAGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000 \$ 2,000,000	
		POLICY	LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
										COMBINED SINGLE LIMIT		0.000
									(Ea accident) BODILY INJURY (Per person)	\$ 1,000,000 \$		
А		OWNED SCHEDULED				MPU7668K		Valid Date	Valid Date	BODILY INJURY (Per accident)	\$	
	×	AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
		AUTOS UNLT	AUTOS UNLT								\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENT									\$	
	YORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH) Y If yes, describe under Y			N/A			Valid Date	Valid Date	X PER OTH- STATUTE ER			
В					WCU7668K				E.L. EACH ACCIDENT	\$ 100,		
									E.L. DISEASE - EA EMPLOYEE	<mark>\$</mark> 100, \$ 500,		
	DES	CRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$ 300,	000
DES	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule	, may be a	attached if more s	pace is required)	I	1	
THIS IS AN EXAMPLE Please add the following wording to the description of operations: The homeowner is listed as additional insured												
CEF	RTIF	ICATE HOLDER					CANC	ELLATION				
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						

© 1988-2015 ACORD CORPORATION. All rights reserved.

Villas at Coldwater Condominium A

Variance Request Form

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

Submission of Plans to the Sponsor or Board of Managers.

Homeowner:					
Mailing Address:					
City, State, Zip:					
Property Address					
(if different than mailing add	ress):				
Phone(s):	Н	W	С		
Email address:					
Date Submitted:		Date Received	Date Received by BOM:		

In accordance with The Villas at Coldwater Condominium A covenants, easements, charges, and liens ("declaration") and the condominium 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 Sponsor / Board of Managers will act on this request and provide me with a written					
response of their decision. I further understa	nd 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 Villas at Coldwater Condominium A, its Sponsor / Board of Managers, its agent and the committee have no responsibility with respect to such compliance and that the Sponsor / 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.

Villas at Coldwater Condominium A

Variance Request Form

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

- 8. I understand that a decision by the Sponsor / Board of Managers is final.
- 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 survey 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 listed as additionally insured and listed as the certificate holder on the contractor's insurance form.

Homeowner Signature:

Return completed Variance Form via mail to Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623, via fax to Kenrick Corporation at 585-424-1553 or email to <u>variances@kenrickfirst.com</u>.

Action Taken by Sponsor / Board of Managers

Date of Action:

_____Approved as Requested

_____Approved with the Following Exceptions:

_____Disapproved Based on The Following:

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

Signature of Board President

Date