

## Variance Procedures for Owner

### Villas at Coldwater C

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 2<sup>nd</sup> 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 C 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, the Homeowner, the condo association and Kenrick Corporation to be listed as "additionally insured" along with the job description in the Description of Operations.
4. Owner signs the 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 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](http://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.

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 Street Address City State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Organization Name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	XXX Insurance Company
	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 CLAIMS-MADE <input type="checkbox"/> OCCUR						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
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>						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) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Homeowner name here, Association name here, Kenrick Corporation all named as Additional Insureds in regard to general liability.

Regarding: Homeowner Name, Association Street Address, City, NY Zip Code

## 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

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**Villas at Coldwater Condominium C**

**Variance Request Form**

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

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 the certificate holder and Homeowner, the Condo association and Kenrick Corporation listed as additionally insured on the contractor's insurance form.**

**Homeowner Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*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 [variances@kenrickfirst.com](mailto:variances@kenrickfirst.com).*

**Action Taken by Board of Managers**

\_\_\_\_\_ Approved as Requested

\_\_\_\_\_ Approved with the Following Exceptions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Disapproved Based on The Following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This change and the maintenance thereof will \_\_\_\_\_ will not \_\_\_\_\_ become the financial responsibility of the Homeowner.

If the CONDO assumes costs, state amount and explain reason:

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of VCWC Board President

\_\_\_\_\_  
Date