#### Villas at Coldwater E

- 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 E 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
- 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
- 6. Once the variance & all required documents are received, Kenrick Corporation will submit variance to Sponsor/Board of Managers for review. The Sponsor/Board has up to 30 days to review and make a decision.
- 7. Once a decision is made & the variance is signed by the Sponsor/Board of Managers the owner will be notified of the Sponsor's/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.

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)

|                                 |   | ertificate does not confer rights to  |                           |                            |   |  |  | may require                              | an endorsement                          | . A SIGIE  | aneni (            | лі     |
|---------------------------------|---|---|---------------------------|----------------------------|---|--|--|--|---|------------|--------------------|--------|
| PRODUCER                        |   |   |                           |                            |   |  | CONTACT<br>NAME:                               |  |   |            |                    |        |
| Organization Name               |   |   |                           |                            |   |  | PHONE FAX                                      |  |   |            |                    |        |
| Stre                            | et A  | ddress  |                           |                            |   | E-MAIL   |  |  |   |            |                    |        |
|                                 |   |   |                           |                            |   | ADDRESS:   |  |  |   |            |                    |        |
| City                            |   |   |                           |                            | State, Zip  | INSURER(S) AFFORDING COVERAGE  INSURER A . XXX Insurance Compane |  |  |   |            | NAIC #             |        |
| INSURED                         |   |   |                           |                            |   |  | VVV Insurance Comments                         |  |   |            |                    | XXXXX  |
|                                 |   |   |                           |                            |   |  | MOOKER B.                                      |  |   |            |                    | 70000  |
| Organization Name and address   |   |   |                           |                            |   |  | INSURER C:                                     |  |   |            |                    |        |
|                                 |   |   |                           |                            |   |  | INSURER D:                                     |  |   |            |                    |        |
|                                 |   |   |                           |                            |   | INSURER E :  |  |  |   |            |                    |        |
|                                 |   |   |                           |                            | 00001:1   | INSURER F:   |  |  |   |            |                    |        |
| _                               |   |   |                           |                            | NUMBER: 2020 Liab   | REVISION NUMBER:   |  |  |   |            |                    |        |
| IN<br>C<br>E                    | DIC/<br>ERTI  | S TO CERTIFY THAT THE POLICIES OF I<br>NTED. NOTWITHSTANDING ANY REQUI<br>FICATE MAY BE ISSUED OR MAY PERTA<br>USIONS AND CONDITIONS OF SUCH PC | REME<br>AIN, TI<br>ILICIE | NT, TE<br>HE INS<br>S. LIM | ERM OR CONDITION OF ANY (<br>SURANCE AFFORDED BY THE<br>ITS SHOWN MAY HAVE BEEN | CONTRA<br>E POLIC  | ACT OR OTHER<br>IES DESCRIBE<br>CED BY PAID CI | R DOCUMENT V<br>D HEREIN IS SI<br>_AIMS. | WITH RESPECT TO                         | WHICH T    | HIS                |        |
| INSR<br>LTR                     |   | TYPE OF INSURANCE   | ADDL<br>INSD              | SUBR<br>WVD                | POLICY NUMBER   |  | POLICY EFF<br>(MM/DD/YYYY)                     | POLICY EXP<br>(MM/DD/YYYY)               |   | LIMIT      | S                  |        |
|                                 | ×   | COMMERCIAL GENERAL LIABILITY  |                           |                            |   |  |  |  | EACH OCCURRENCE                         |            | \$ 1,00            | 00,000 |
|                                 |   | CLAIMS-MADE OCCUR   |                           |                            |   |  |  |  | DAMAGE TO RENTED                        |            | <sub>\$</sub> 500, | ,000   |
|                                 |   |   | У                         |                            |   |  |  |  | 40.0                                    |            | <sub>\$</sub> 10,0 | 00     |
| Α                               |   |   |                           |                            | MPU7668K  |  | Valid Date                                     | Valid Date                               |   |            | 00,000             |        |
|                                 | GEI   | N'L AGGREGATE LIMIT APPLIES PER:  |                           |                            |   |  |  |  | GENERAL AGGREGA                         |            | \$ 2,00            | 00,000 |
|                                 |   | POLICY PRO- LOC   |                           |                            |   |  |  |  | PRODUCTS - COMP/0                       |            |                    | 00,000 |
|                                 |   | OTHER:  |                           |                            |   |  |  |  | 7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 3. 7.00    | \$                 |        |
|                                 | AUTOMOBILE LIABILITY  ANY AUTO  OWNED SCHEDULED   |   |                           |                            |   |  |  |  | COMBINED SINGLE LIMIT (Ea accident) \$  |            | \$ 1,00            | 0,000  |
|                                 |   |   |                           |                            | MPU7668K  |  | Valid Date                                     | Valid Date                               | <u> </u>                                |            | \$                 |        |
| Α                               |   |   |                           |                            |   |  |  |  | BODILY INJURY (Per accident) \$         |            |                    |        |
|                                 | ×   | AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY   |                           |                            |   |  |  |  | PROPERTY DAMAGE<br>(Per accident)       |            | \$                 |        |
|                                 |   | AUTOS ONLY  |                           |                            |   |  |  |  | (Fer accident)                          |            | \$                 |        |
|                                 |   | UMBRELLA LIAB OCCUR   |                           |                            |   |  |  |  | EACH OCCURRENCE                         | :          | \$                 |        |
|                                 |   | EXCESS LIAB CLAIMS-MADE   |                           |                            |   |  |  |  | AGGREGATE                               |            | \$                 |        |
|                                 |   | DED RETENTION \$  |                           |                            |   |  |  |  |   |            | \$                 |        |
|                                 |   | KERS COMPENSATION   |                           |                            |   |  |  |  | ➤ PER<br>STATUTE                        | OTH-<br>ER | Ψ                  |        |
| _                               | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |   |                           | WCU7668K                   |   |  |  |  | E.L. EACH ACCIDENT                      | ·          | <sub>\$</sub> 100, | ,000   |
| В                               |   |   |                           |                            | WCU7668K  |  | Valid Date                                     | Valid Date                               |   |            | \$ 100,            |        |
|                                 |   |   |                           |                            |   |  |  |  |   | \$ 500,    | .000               |        |
|                                 |   |   |                           |                            |   |  | E.L. DISEASE - POLIC                           | T LIIVIII                                | <b>Φ</b> '                              |            |                    |        |
|                                 |   |   |                           |                            |   |  |  |  |   |            |                    |        |
|                                 |   |   |                           |                            |   |  |  |  |   |            |                    |        |
| DES                             | CRIPT   | TION OF OPERATIONS / LOCATIONS / VEHICL   | ES (A(                    | ORD 1                      | <br>  01. Additional Remarks Schedule.  | may be a   | attached if more s                             | pace is required)                        |   |            |                    |        |
|                                 |   |   |                           |                            | ,,  | ,  |  |  |   |            |                    |        |
|                                 | THIS IS AN EXAMPLE  |   |                           |                            |   |  |  |  |   |            |                    |        |
|                                 |   | lease add the following word  | ina t                     | o the                      | e description of opera  | tions:   |  |  |   |            |                    |        |
|                                 |   | he homeowner is listed as a   | _                         |                            |   |  |  |  |   |            |                    |        |
|                                 |   |   |                           |                            |   |  |  |  |   |            |                    |        |
|                                 |   |   |                           |                            |   |  |  |  |   |            |                    |        |
| CERTIFICATE HOLDER CANCELLATION |   |   |                           |                            |   |  |  |  |   |            |                    |        |
| JLI                             |   | O. T. E. HOLDEN   |                           |                            |   | CANC   |  |  |   |            |                    |        |
| 1                               |   |   |                           |                            |   | SHO.   |  | TE VBOVE DE                              | SCDIDED DOI ICIES                       | DE CAN     | CELLE              | DEEODE |

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Homeowner Name

City, State, Zip

**Association Street Address** 

## Villas at Coldwater Condominium E

## 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 address   | ss): |  |   |  |  |  |
| Phone(s):  | Н    | W  | С |  |  |  |
| Email address:   |      |  |   |  |  |  |
| Date Submitted:  |      | Date Received by BOM:  |   |  |  |  |
| In accordance with The Villas at Coldwater Condominium E 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: |      |  |   |  |  |  |
|  |      |  |   |  |  |  |
|  |      |  |   |  |  |  |
| previous request:regulations, the Sponso   |      | derstand that under the declaret on this request and provide |   |  |  |  |

- 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 E, 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 E

# Variance Request Form

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

| _         | I understand that a decision by the Sponsor/Board of Managers is final.  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|
| 10.       | The contractor is:  If approved within thirty (30) days, the work would start on or about  |  |  |  |  |  |  |  |  |
| 11        | and would be completed by  I have attached - Place a Check Mark Indicating Which Items are Included (all could be included):   |  |  |  |  |  |  |  |  |
| 11.       | 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 <b>General Liability and Workers</b>  |  |  |  |  |  |  |  |  |
|           | Compensation Insurance coverage in effect at this time.  |  |  |  |  |  |  |  |  |
| Ho        | meowner Signature:   |  |  |  |  |  |  |  |  |
| Rei<br>Ro | turn completed Variance Form via mail to Kenrick Corporation, 3495 Winton Place, D-4, chester, NY 14623, via fax to Kenrick Corporation at 585-424-1553 or email to <a href="mailto:iances@kenrickfirst.com">iances@kenrickfirst.com</a> . |  |  |  |  |  |  |  |  |
| Ac        | tion Taken by Sponsor / Board of Managers  |  |  |  |  |  |  |  |  |
| Da        | re of Action:  |  |  |  |  |  |  |  |  |
|           | Approved as Requested  |  |  |  |  |  |  |  |  |
|           | Approved with the Following Exceptions:  |  |  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |  |  |
|           | Disapproved Based on The Following:  |  |  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |  |  |
|           | y work not started on or beforeis not approved and later astruction must be subject to re-submittal to the committee.  |  |  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |  |  |
| Sig       | nature of Sponsor / Board President Date   |  |  |  |  |  |  |  |  |