Variance Procedures for Owner Villas at Hathaway's
Corners Homeowners Association, Inc

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 Hathaway's Corners 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 the HOMEOWNER, PROPERTY NAME and KENRICK CORPORATION to be listed as "additionally insured" along with the job description in the Description of Operations.**
   A SAMPLE HAS BEEN ATTACHED FOR REFERENCE

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 your variance to the sponsor for review. **The sponsor has up to 30 days to review and make a decision.**
6. Once a decision is made & the variance is signed by the Sponsor the owner will be notified of the decision by Kenrick Corporation.
7. 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
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 CERTIFICATEHOLDER.

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	CONTACT NAME:	
Organization Name Street Address City State, Zip	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : XXX Insurance Company	XXXXX
INSURER B : XXX Insurance Company	XXXXX
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Organization Name and address

COVERAGES **CERTIFICATENUMBER:** 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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	X This box must be marked Yes or X					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [Y] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 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

Homeowner Name
Association Street Address
City, State, Zip

CANCELLATION

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

VILLAS AT HATHAWAY'S CORNERS

Variance Request Form

Please give 30 days for review and decision by SPONSOR

Plans to the Sponsor

Homeowner:

Mailing Address:

City, State, Zip:

Property Address
(if different than mailing address):

Phone(s): H W C

Email address:

Date Submitted: Date Received by BOM:

In accordance with covenants, easements, charges, and liens ("Declaration & By-laws") and the 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, By-laws, Rules and Regulations, the **Sponsor** will act on this request and provide me with a written response of their decision. **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 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 VILLAS AT HATHAWAY'S CORNERS, 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 HATHAWAY'S CORNERS

Variance Request Form

Board of Managers has up to 30 days for review and decision

8. I understand that a decision by the Sponsor 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). 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, cut sheets, style, color, etc….)
___D). A copy of an insurance certificate from the contractor listing **General Liability and Worker's Compensation Insurance** coverage in effect at this time.
___E). HOMEOWNER, PROPERTY and KENRICK CORPORATION listed as additionally insured and homeowner 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, or email variances@kenrickfirst.com.

Action Taken by Sponsor

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 Sponsor Date