

Variance Procedures for Owner

Wood Creek HOA

1. Owner obtains a variance form from Kenrick Corporation website
2. Owner obtains proposal/estimate/quote from fully insured contractor
3. Owner completes variance form including:
 - a. Full description of modification including style, color, materials - please read the variance guidelines information carefully for any specific details required for certain types of variance requests.
 - b. Contractor's name & contact information.
 - c. On 2nd page of variance, check boxes 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. Wood Creek 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 HOA andn Kenrick Corporation to be listed as "additionally insured" along with the job description in the Description of Operations.***
4. Owner signs 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 variance & all required documents are received, Kenrick Corporation will submit variance to Board of Directors for review. The Board has up to 30 days to review and make a decision.
7. Once a decision is made & variance is signed by the Board of Directors the owner will be notified of the Board's decision.
8. Work is to be completed within 30 days of 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 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):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : XXX Insurance Company	XXXXX
INSURED Organization Name and address	INSURER B : XXX Insurance Company	XXXXX
	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						EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ 10,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$	
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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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FOR REQUEST TO HIRE CONTRACTOR FOR THE FOLLOWING EXTERIOR SERVICES-WINDOW WASHING, DECK CLEANING AND SIDEWALK CLEANING-VARIANCE REQUESTS ARE STILL NEEDED WITH BELOW PROVISIONS:

1. No approval from a neighbor is needed.
2. Kenrick Administrative Assistant emails complete variance request to the appropriate board/committee member for a decision.
3. Turnaround time, once the paperwork is approved, should be limited to no more than 48 hours.

Wood Creek Variance Request

Date received by Kenrick Corp. _____

Requested by (please print):

Name: _____

Address: _____

Phone : _____

E-mail: _____

Date: _____

(In the event of an emergency request, contact the Property Manager at 585-424-1540.)

Your variance must be received 12 days prior to the monthly Board meeting

(3rd Thursday of each month).

In accordance with the Wood Creek Declaration, By Laws, and Policies, I request your consent to make the following changes, alterations, renovations, additions and/or removals to my unit:

(Please print & give details as to specific materials & colors to be used, etc.)

(If appropriate, attach a sketch of proposed changes. Use the back of this form for additional space.)

Contractor/company who will perform work: _____

Insurance expiration date _____

Contractor's certificates of general liability and workers' compensation insurance must be attached for approval*

***(The homeowner should be listed as the certificate holder)**

I understand and agree to the following provisions:

- Owner will abide by approval conditions and begin work only after written approval is received from the board of directors. No new changes will made to the owner's request (contractor, materials, etc.) without additional board approval.
- Owner will assume all cost for work unless otherwise agreed upon and in writing from the board.

- Owners planting shrubs must comply with the *Approved Plantings* list on pg. 4
- All future maintenance & expenses relating to work will be paid by the current owner and future owners of the unit. Should an owner be remiss in their obligation, the HOA will perform maintenance/removal responsibilities at the owner's expense.
- Owner will assume liability and be responsible for injury to self or others.
- Owner will comply with local/state/federal government regulations/requirements (permits, approvals, etc.) Wood Creek, its board of directors, the property manager, and the committee have no responsibility with respect to such compliance.
- Owner will submit a copy of the approved building permit from the Town of Pittsford to Kenrick Corporation.

Homeowner Signature: _____

Date: _____

(Complete Awareness Form that follows if your variance affects common ground areas or your neighbors. See pg. 3.)

**Submit completed Variance Form to:
Kenrick Corporation, 3495 Winton Place, D-4, Rochester, NY 14623
or email variances@kenrickfirst.com**

For Board of Directors' Use

_____Approved _____*Approved with Conditions _____Disapproved

Completion date by _____ (insurance expiration date **or** up to one year...insurance can be resubmitted if it expires within a year.)

*Conditions/responsibilities or reason for disapproval:

This change and maintenance will _____ will not _____ become the financial responsibility of the homeowner. If HOA assumes costs, state amount & explain reason:

Signature of Board member: _____ Date: _____

Wood Creek Variance Awareness Form

(The signatures of your **two** next-door neighbors are generally necessary. If work is being done in the back of your home, it may be more appropriate to get the signatures of the two closest neighbors across from you who have view of the work.)

Owner's Name: _____

Address: _____

Telephone Number: _____

Email: _____

Neighbor's Name: _____

Address: _____

Telephone Number: _____

Email: _____

I have reviewed the plans and specifications for my neighbor's proposed changes/improvements. My comments are noted below.

Signature: _____

Date: _____

Neighbor's Name: _____

Address: _____

Telephone Number: _____

Email: _____

I have reviewed the plans and specifications for my neighbor's proposed changes/improvements. My comments are noted below.

Signature: _____

Date: _____

Approved Plantings

All shrubs and trees on the property should be professionally planted. They should be **winter hardy**, require **minimum maintenance**, and be **appropriately sized** for their location. **Perennials, such as Hydrangeas, Hostas, etc., are not included on this list but can be requested by homeowners. All shrubs, trees & perennial plantings require an approved variance prior to planting.**

Shrubs-Consider size & sun exposure
(Potentillas, Barberry, Euonymus and Cotoneaster or Viburnum)

Either side of garage door (front)-NO Perennials in this location

- Boxwoods-Green Velvet
- Boxwood-Baby Gem-Pyramid shape (4')
- Yews-Browni

Along side of garage (by sidewalk)-NO Perennials in this location

- Boxwoods-Green Velvet
- Yews-Browni
- Dwarf Green Globe Arborvitae (2'-4')

Courtyard Shrubs & Alcove (area closest to front door & back of garage)

- Boxwoods-Green Velvet
- Yews-Browni
- Rhododendrons
- Dwarf Rose of Sharon-Pollypetite or Lil Kim (3'-4') (only alcove behind garage)
- Dwarf Cyprus
- Dwarf Norway Spruce-Little Gem
- Dwarf Green Globe Arborvitae (2'-4')
- Azaleas

Trees-Consider size & sun exposure (**No Junipers**)
(**No Crabapples-messy**)

Courtyard Trees (Dwarf & small trees up to approx. 10' in height)

- Dwarf Hydrangea Tree-Limelight(4'-6')
- Dwarf Korean Lilac, Bloomerang (5'-6')
- Dwarf Japanese Maple-Tamukeyama (6'-10')
- Emerald Green Arborvitae (Dwarf preferred) close to front of house or front door **only-not along garage** (6'-12' or keep trimmed to size)