

Project # - 20-002

Project Name - GAM Property Corp

Inspections Dates/Compliance:

- 6/30/20 100%
- 7/28/20 100%
- 8/06/20 -100%
- 9/29/20 100%
- 10/27/20 100%
- 11/24/20 100%
- 12/15/20 100%
- 1/28/21 100%
- 2/04/21 86%
- 3/04/21 70%
- 4/01/21 92%
- 5/10/21 100%
- 6/08/21-100%
- 7/15/21 100%
- 8/03/21-100%
- 9/07/21 No Activity
 - 10/28/21 100%
 - 11/08/21 100%
 - 12/23/21 100%
 - 1/06/22 100%

Total Worker Days Combined (6/26/20-1/21/22): 3,008

Weekly Out of Area Totals Combined (6/26/20-1/21/22): 53

Total Compliance: 98%

Waivers: 1

• MD Drilling & Blasting Inc

Conditional Certificate of Occupancy Issue Date: 12/23/21

Summary:

The project met all labor goals with all contractors achieving at least 85% local labor.

VILLAGE OF GOSHEN ORANGE COUNTY 276 MAIN STREET GOSHEN, NY 10924

(845) 294-8881

BUILDING DEPARTMENT - CONDITIONAL -

CERTIFICATE OF OCCUPANCY

Building Permit No: 4836

Location: 3 POLICE DRIVE, GOSHEN, NY 10924

Sec-Blk-Lot: 122-1-11

CO No: 4836

CO Date: 12/23/2021

HIS CERTIFIES that the structure described herein, conforms substantially to the approved plans and specifications heretofore filed in this office with Application for Building Permit dated: 10/07/2020, pursuant to which suilding Permit was issued.

he structure for which this certificate is issued is as follows:

'O. WAREHOUSE ADDITION - 68,600 SQUARE FEET

Remarks: VILLAGE OF GOSHEN PLANNING BOARD APPROVAL

GRANTED JUNE 16, 2020

his certificate is issued to: GAM PROPERTIES, 3 POLICE DRIVE,

or the aforesaid structure. GOSHEN, NY 10924

THIS CONDITIONAL CERTIFICATE
OF OCCUPANCY SHALL EXPIRE 6/30/22

THEODORE L. LEWIS, III

Building Inspector

(The Certificate of Occupancy will be issued only after affidavits or other competent evidence is submitted to the Building Inspector's Office that the completion of the construction in compliance with the State Uniform Fire Prevention and Building Code and with other laws, ordinances or regulations affecting the premises, and in conformity with the approved plans and specifications. A final electrical, plumbing, heating or sanitation certificate or other evidence of compliance may be required before the issuance of the

cc: B.I. file

Violations file

Assessor

C.O.C. file



Empowering Businesses. Inspiring Growth.

APPLICATION FOR FINANCIAL ASSISTANCE

GAM Propery Corp./King Zak Industries, Inc./3PD Transport

(Applicant Name)

August 28, 2018 Updated September 10, 2018

(Date of Application)

Robert T. Armistead Chairman

Orange County Business Accelerator 4 Crotty Lane, Suite 100 New Windsor, NY 12553

Phone: 845-234-4192 Fax: 845-220-2228

www.ocnyida.com

business@ocnyida.com

Updated June 1, 2018

ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY

APPLICATION FOR FINANCIAL ASSISTANCE

1. <u>APPLICANT INFORMATION</u>

Company Name:	GAM Property Corp.
Mailing Address:	3 Police Drive, PO Box 1029, Goshen, NY 10924
Phone No.:	845-291-1200
Fax No.:	
Fed Id. No.:	06-1238589
Contact Person:	Herb Zakarin
Title:	President
Contact Phone No.:	845-291-1200
Contact Email:	hzakarin@kingzak.com

IDA Management must be able to reach the Applicant's Contact throughout the duration of the Agreement. Should this information change at any time IDA Management should be notified Immediately. Please initial stating you understand and consent to the above

APPLICANT'S COUNSEL

Name: Isidor Friedenberg

Address: 2 Cara Drive, Suffern, NY 10901

Phone No.: 845-362-0123

Fax No.: 845-362-0168

Counsel Email: sbenar@aol.com

IDA Management must be able to reach the Applicant's Counsel throughout the duration of the Agreement. Should this information change at any time IDA Management should be notified Immediately. Please initial stating you understand and consent to the above

APPLIC	CANT'S AUDIT CONTACT
Name:	Michael Waschitz
Addres	s: 3 Hatfield Lane, Suite 2C, Goshen, NY 10924
Phone	_{No.:} (845) 782-0013 x645
Fax No	,. _: <u>(845) 360-5352</u>
	t Email: mikew@wpcpany.com
each p	A submits a mandatory annual PARIS report to the state that requires information from roject. Applicant participation is not optional, and all information must be submitted in a stee and timely manner. Please initial stating you understand and consent to the above
APPLIC	CANT'S GENERAL CONTRACTOR/CONSTRUCTION MANAGER
Name/	Contact: Steve Esposito
Addres	262 Greenwich Avenue, Suite B, Goshen, NY 10924
	No.: 845-294-0558
	845-294-0580
	eanda@espositoandassociates.net
	al Owners/Officers/Directors (list owners with 15% or more in equity holdings with tage ownership):
	ate Structure (attach schematic if applicant is a subsidiary or otherwise affiliated with r entity)
Form o	f Entity
¥	Corporation
	Date of Incorporation: May 15, 1997 State of Incorporation: New York
	Partnership
	General or Limited Number of general partners If applicable, number of limited partners
	Date of formation

	Jurisdiction of Formation
	Limited Liability Company/Partnership (number of members)
	Date of organization:State of Organization:
□ If a fe	Sole Proprietorship oreign organization, is the applicant authorized to do business in the State of New York?
list al	y of the above persons, or a group of them, owns more than a 50% interest in the company, ll other organizations which are related to the company by such persons having more than % interest in such organizations.
	e company related to any other organization by reason of more than 50% common ership? If so, indicate name of related organization and relationship.
Has place	the company (or any related corporation or person) made a public offering or private ement of its stock within the last year? If so, please provide offering statement used.
II.	PROJECT INFORMATION
A)	Project Address: 3 Police Drive, Goshen
	Tax Map Number 122-1-11 (Section/Block/Lot) Located in City of Located in Town of Located in Village of Goshen School District of Goshen
B)	Are utilities on site?
	Water Yes Electric Yes Gas Yes Sanitary/Storm Sewer Yes
C)	Present legal owner of the site GAM Property Corp If other than from applicant, by what means will the site be acquired for this project? N/A
D)	Zoning of Project Site: Current: P Proposed: P
E)	Are any variances needed? All variances are approved

F) Furnish a copy of any environmental application presently concerning this project, providing name and address of the agency completed documentation and determinations.	in process of completion y, and copy all pending or
G) Statement describing project (i.e. land acquisition, construction etc.): A proposed 70,000 of extension to an existing 130,000 of distribution center.	on of manufacturing facility,
**Please attach narrative if space provided is not sufficient.	
H) Anticipated Date of Operation: October 1, 2019	9
Principal use of project upon completion:	
☐ manufacturing ☐ warehousing ☐ research ☐ industrial ☐ recreation ☐ retail ☐ training ☐ data process ☐ other	offices residential
If other, explain:	
J) Estimated Project Costs, including: Value of property to be acquired: \$\frac{N/A}{}\$ Value of improvements: \$\frac{5,000,000.00}{}\$ Value of equipment to be purchased: \$\frac{2,000,000.00}{}\$ Estimated cost of engineering/architectural services: \$\frac{325,000}{}\$ Other: \$\frac{35,350.00}{}\$.00
Total Capital Costs: \$7,360,350.00	
Project refinancing; estimated amount (for refinancing of existing debt only)	\$ <u>6,363,000.00</u>
Sources of Funds for Project Costs:	
Bank Financing:	\$7,000,000.00
Equity (excluding equity that is attributed to grants/tax credits)	\$ 0
Tax Exempt Bond Issuance (if applicable)	\$ 0
Taxable Bond Issuance (if applicable)	\$ <u>0</u>
Public Sources (Include sum total of all state and federal grants and tax credits)	<u>\$ 0 </u>

#	dentity e	each state and federal grant/credit:		
			\$	_
			\$	
			\$	_
			\$	
٦	otal So	urces of Funds for Project Costs:	\$	
K)	inter-	-Municipal Move Determination		
	Will tarea	the project result in the removal of a of the State of New York to another?	plant or facility of the applic	ant from one
	□ Y	es or 🔳 No		
	occu	the project result in the removal of pant of the project from one area of thate of New York?	a plant or facility of anot the State of New York to an	her proposed nother area of
	□ Y	es or 🔳 No		
		the project result in the abandonmed in the State of New York?	ent of one or more plant	s or facilities
	□ Y	es or 🔳 No		
or ac	ctivity re cating o		ance is required to prevent th	e Project from ect occupant's
Proje	ect Data			
1.		ect site (land)		
	(a)	Indicate approximate size (in acres o	or square feet) of project site.	
	• •	12.52 acres		
	(b)	Are there buildings now on the project	ct site?xYes	_ _ No
	(c)	Indicate the present use of the project	ct site.	
		Existing 130,000 sf distribution center, offices, sales	and showroom.	

	(d)	Indicate relationship to present user King Zak Industries, Inc. is a tenant of the existing far	• •
2.		the project involve acquisition of a te number, size and approximate age	an existing building or buildings? If yes, of buildings:
3.		the project consist of the construction indicate number and size of new build	
4. indicat	e natur	e of expansion and/or renovation:	or renovations to existing buildings? If yes,
	Proje	ct includes 70,000 sf addition includir	ng 6 additional loading docks,
5.		sition of racking, and site improvements. ated Start Date of Construction:	March 2019
6.	Estima	ated End Date of Construction:	October 2019
	compa		uired, constructed or expanded be used for be manufactured, assembled or processed,
	Wareh	ousing & distribution of party/paper products	to retailers in the metropolitan area.
	estima		(s) to be used for office space and an ions to be performed at such office not acilities being financed.)
	The p	roposed expansion does not include any	additional office space. Current
8.	If any		the proposed expansion. sed to third parties, indicate total square o each tenant and proposed use by each
tenant		•	, , ,
	N/A		
9.	List p		uipment to be acquired as part of the
	Racki	ng, forklift, forklift charging station, sur	veillance equipment, packaging
	equip	oment.	
10.	Has c	onstruction work on this project begur	n?

	Complete the following				
	(a) site clearance	Yes	<u>X</u>	_ No	% complete
	(b) foundation	Yes	<u>X</u>	No	% complete
	(c) footings	Yes	_X	_ No	% complete
	(d) steel	Yes	X	_ No	% complete
	(e) masonry work	Yes	<u>X</u>	_ No	% complete
	(f) other (describe below)	Yes	X	_ No	% complete
HI.	FINANCIAL ASSISTANCE F	REQUESTED			
A)	Benefits Requested:				
■ Sa	ales Tax Exemption	strial Revenue Bo	ond		
■ Mc	ortgage Recording Tax Exempt	ion Real Pro	perty T	ax Agr	eement
B.)	Value of Incentives:				
Proje the a sum	PILOT Benefit: Agency staff will ct Costs as contained herein a nnual PILOT Benefit abatemer total of PILOT Benefit abateme ing "Real Property Tax Benefit	nd anticipated ta nt amount for eac nt amount for the	x rates th year term o	and as of the of the F	ssessed valuation, including PILOT benefit year and the
	nated duration of Property Tax				
	s and Use Tax:			•	-
Estim	nated value of Sales Tax exemp	otion for facility co	onstruc	tion: \$	138,000.00
	nated Sales Tax exemption for				
Estim	nated duration of Sales Tax exe	emption: 18 m	onth	<u>s</u>	
	gage Recording Tax Exemption				
Estim	nated value of Mortgage: \$7,0	00.000,000	_		
Estim	nated value of Mortgage Record	ding Tax exempti	on: \$	73,50	00.00
	trial Revenue Bond Benefit:				
□ IR	B inducement amount, if reque	sted: \$N/A		··	
ls a p	ourchaser for the Bonds in place	∍?			

☐ Yes or ☐ No
Percentage of Project Costs financed from Public Sector sources:
Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above under the heading "Estimated Project Costs" (Section II(I)) of the Application.
C.) Likelihood of Undertaking Project without Receiving Financial Assistance
Please confirm by checking the box below, if there is a likelihood that the Project will still be undertaken if Financial Assistance is not provided by the Agency?
☐ Yes or ■ No
If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:
N/A

IV. <u>EMPLOYMENT PLAN</u>

	at proposed project location or to be relocated to project location	ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be RETAINED	ASSISTANCE IS GRANTED – project the number of FTE and PTE	
Full time (FTE)	65	90	25	25
Part Time (PTE)	N/A	N/A		
Total	65	90	25	25

^{**} For purposes of this question, please estimate the number of FTE and PTE jobs that will be filled, as indicated in the third column, by residents of the Labor Market Area, in the fourth column. The Labor Market Area includes Orange County and the surrounding region (or six other contiguous counties, including Orange County, chosen at the Agency's discretion).

Salary and Fringe Benefits for Jobs to be Created:

Category of Jobs to be Retained and Created	Estimated Number of Jobs Per Category	Average Salary or Range of Salary	Average Fringe Benefits or Range of Fringe Benefits
Management	2	\$65,000.00	\$6,500.00
Professional			
Administrative	2	\$55,000.00	\$5,500.00
Production			
Independent Contractor			
Other	21	\$50,000.00	\$5,000.00

Salary and Fringe Benefits for Jobs to be Retained:

Category of	Estimated		Average Fringe Benefits or
Jobs to be Retained and	Number of Jobs	of Salary	Range of Fringe Benefits
Created	Per Category		
Management	13	\$284,750.94	\$10,834.74
Professional			
Administrative	9	\$35,454.22	\$8,403.72
Production	33	\$31,919.70	\$8,403.72
Independent Contractor	5	\$58,234.67	0
Other	16	\$196,901.65	\$40,246.84

III. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

A. <u>Job Listings</u> In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the proposed project must be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entitle") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JPTA") in which the project is located.

- B. <u>First Consideration for Employment</u> In accordance with Section 858-b(2) of the General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant must first consider persons eligible to participate in JTPA programs who shall be referred by the JPTA Entities for new employment opportunities created as a result of the proposed project.
- C. A liability and contract liability policy for a minimum of three million dollars will be furnished by the Applicant insuring the Agency.
- D. <u>Annual Sales Tax Fillings</u> In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the proposed project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the Applicant.
- E. <u>Annual Employment Reports:</u> The applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site. The applicant will receive a request for information in the fourth quarter of each year that Financial Assistance is utilized and agrees to return the information by the end of January the following year.
- F. <u>Compliance with N.Y. GML Sec. 862(1):</u> Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:
 - § 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.
- G. <u>Compliance with Applicable Laws:</u> The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- H. <u>False and Misleading Information:</u> The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.
- Recapture: Should the Applicant not expend or hire as presented, the Agency may view such information/status as failing to meet the established standards of economic

performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.

- J. Rescission of Benefits Conferred: Applicant understands and agrees that in the event that (a) the Applicant does not proceed to final Agency approval within six (6) months of the date the Agency adopts its initial approval resolution and/or (b) close with the Agency on the requested financial assistance within twelve (12) months of the date the Agency adopts its initial resolution, the Agency reserves its right to rescind and cancel all prior approvals. In the event the Agency rescinds its approvals and the Applicant re-applies to the Agency, the Applicant understands and agrees that its re-application will be subject to any and all changes in law, Agency policies or fees imposed by the Agency that are in effect as of the date of re-application.
- K. <u>Absence of Conflicts of Interest:</u> The applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

The Applicant and the individual executing this Application on behalf of applicant acknowledge that the Agency and its counsel will rely on the representations made in this Application when acting hereon and hereby represents that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

	F NEW YORK OF ORANGE)) ss.:		
Herb Zaka	rin	, being first o	duly sworn, deposes and says:	
1.	That I am the <u>Presider</u> GAM Property Corp. & behalf of the Applican	King Zak Ind. (Applica	(Corporate Office ant) and that I am duly autho nt.	
2.		vledge and belief, th	his Application and the content te. (Signature of Office	s of this

Subscribed and affirmed to me under penalties of perjury this 13th day of September 2018.

(Notary Public)

BRUCE C. THOMPSON Notary Public, State Of New York No. 01TH6055498 Qualified In Orange County Commission Expires February 26, 20 14 This Application should be submitted to the Orange County Industrial Development Agency, c/o Robert T. Armistead, Chairman, Orange County Business Accelerator, 4 Crotty Lane, Suite 100, New Windsor, NY 12553.

The Agency will collect an administrative fee at the time of closing.

SEE ATTACHED FEE SCHEDULE

Transaction Counsel
CHARLES SCHACHTER, ESQ./
RUSSELL GAENZLE, ESQ.
Harris Beach PLLC
99 Garnsey Road
Pittsford, New York 14534
Tel: (585) 419-8633

Fax: (585) 419-8817

Attach copies of preliminary plans or sketches of proposed construction or rehabilitation or both.

Attach the following Financial Information of the Company

- 1. Financial statements for last two fiscal years (unless included in company's Annual Reports).
- 2. Company's annual reports (or Form 10-K's) for the two most recent fiscal years,
- 3. Quarterly reports (Form 10Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any.
- 4. In addition, please attach the financial information described above in items 1, 2 and 3 of any expected Guarantor of the proposed bond issue, if different from the company.

HOLD HARMLESS AGREEMENT

Applicant hereby releases the ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY and the members, officers, servants, agents and employees thereof (the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax exemptions and other assistance requested therein are favorably acted upon by the Agency. (B) the Agency's acquisition, construction and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in processing of the Application, including attorneys' fees, if any.

(Applicant Signature)

Name: Herb Zakarin

Title: President

(Notary Public)

Sworn to before me this 13th day

of September 2018

BRUCE C. THOMPSON Notary Public, State Of New York No. 01TH6055498 Qualified In Orange County Commission Expires February 26, 20 19

PILOT Estimate Table Worksheet

Dollar Value of New Construction and Renovation Costs	Estimated New Assessed Value of Property Subject to IDA*	County Tax Rate/1000	Local Tax Rate (Town/City/Village)/1000	School Tax Rate/1000

^{*}Apply equalization rate to value

PILOT Year	% Payment	County PILOT Amount	Local PILOT Amount	School PILOT Amount	Total PILOT	Full Tax Payment w/o PILOT	Net Exemption
1							
2							
3							
4							
5							
6							
7							
8				<u> </u>			
9		<u> </u>					
10							
11							
12		ļ					
13							
14				ļ			
15							
16						ļ	
17							
18							
19							
20			ļ				
TOTAL							

Real Property Tax Benefits (Detailed):

** This section of this Application will be: (i) completed by IDA Staff based upon information contained within the Application, and (ii) provided to the Applicant for ultimate inclusion as part of this completed Application.

*Estimates provided are based on current property tax rates and assessment values

Cost Benefit/Analysis:

To be completed/calculated by AGENCY

	Costs = Financial Assistance	Benefits = Economic Development
*Estimated Sales Tax Exemption	\$	New Jobs Created Permanent Temporary Existing Jobs Retained
		Permanent Temporary
Estimated Mortgage Tax Exemption	\$	Expected Yearly Payroli \$
•		Expected Gross Receipts \$
Estimated Property Tax Abatement	\$	Additional Revenues to School Districts
		Additional Revenues to Municipalities
		Other Benefits
Estimated Interest Savings IRB Issue	\$	Private Funds invested \$
11.0 10000		Likelihood of accomplishing proposed project within three (3) years
		Likely or Unlikely

^{*} Estimated Value of Goods and Services to be exempt from sales and use tax as a result of the Agency's involvement in the Project. PLEASE NOTE: These amounts will be verified and there is a potential for a recapture of sales tax exemptions (see "Recapture" on page 10).

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'n	710	ne	Hear	An.	the	NVS	~ 1	
*	 110		used	011	uic	1410	\sim 1	~~~

FEE SCHEDULE FOR THE ORANGE COUNTY IDA IS AS FOLLOWS:

Application Fee:

\$5,000 non-refundable, due at application, broken down as follows:

IDA Administrative Fee: \$2,500

IDA Transaction Counsel Fee: \$2,500

Labor Policy Monitoring Fee, based on project cost, due before Final Resolution.

This fee will be deposited into a non-interest bearing escrow account and will fund the ongoing audit of Labor Policy compliance throughout construction. Any unused funds on deposit with the IDA will be returned to the company upon project completion.

Projects less than \$5M:	\$5,000.00
Projects greater than \$5M but less than \$15M:	\$10,000.00
Projects greater than \$15M but less than \$25M:	\$20,000.00
Projects greater than \$25M but less than \$50M:	\$30,000.00
Projects greater than \$50M but less than \$100M:	\$45,000.00
Projects greater than \$100M but less than \$500M:	\$55,000.00
Projects greater than \$500M:	To be determined

Closing Fee:

IDA Fee

One-percent of the first \$2,000,000 of the project cost (as identified on page 5 of this application), plus one-half percent of amount above that, due at closing (total project cost includes land acquisition costs).*

IDA Transaction Counsel Fee

One-third (1/3) of IDA fee (minimum of \$30,000 – to be reduced for smaller projects on case by case basis - plus out of pocket expenditures).

Local Labor Policy Monitoring

The IDA will use a third-party firm or firms to monitor compliance with the Local Labor Policy (attached hereto). All costs incurred by the IDA in connection with such monitoring, should they exceed the amount collected at application, shall be the responsibility of the Company.

NOTE:

IDA reserves the right to seek additional IDA and Transaction Counsel fees for exceptionally complex/large transactions.

Please make all Checks payable to:

Orange County Industrial Development Agency

Mail to:

*In the event that an applicant does not seek or does not qualify for the IDA's enhanced PILOT or the equivalent of the State's 485-b program, the fee will be a straight one-half percent (0.5%) of the project cost (as identified on page 4 of this application).

The OCIDA Fee Schedule is the standard used when calculating all project fees. These fees are not open for negotiation. Please initial stating you understand and consent to the above

Closing Fee:

Please be advised should the Orange County IDA act to adopt the Final Resolution for your project a fee will be due at closing.

Per the Capital Cost provided on the Applicants Pre-Application, the current estimated Closing Fee owed to the OCIDA will be: _____\$46,801.75_____, in addition to legal fees due and payable to Harris Beach.

If at any time the project costs change prior to the Final Resolution, please inform management immediately for closing fee recalculation purposes.

Please initial stating you understand the foregoing, have provided accurate project costs, and consent to the estimated closing fee provided above

LABOR POLICY ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY Adopted 01-12-17

The Orange County Industrial Development Agency (IDA) was established for the purpose of creating employment opportunities for, and to promote the general prosperity and economic welfare of the residents of Orange County. The IDA offers economic incentives and benefits to qualified applicants who wish to locate or expand their businesses or facilities in Orange County. When the IDA approves a project, it enters into agreements to extend these incentives and benefits to the applicant.

Construction jobs, though limited in time duration, are vital to the overall employment opportunities and economic growth in Orange County. The IDA believes that companies benefiting from its incentive programs should employ local laborers, mechanics, craft persons, journey workers, equipment operators, truck drivers and apprentices (hereinafter "construction workers"), including those who have returned from military service, during the construction phase of projects. In this way, the IDA can generate significant benefits to advance the County's general prosperity. It is, therefore, the policy of the IDA that firms benefiting from its programs shall employ workers from Orange County and the "local labor" market during all project phases, including the construction phase.

For the purpose of this policy, the "local labor" market for construction workers shall be defined as those individuals living in Orange, Ulster, Sullivan, Dutchess, Putnam, Rockland and Westchester Counties. Applicants receiving IDA benefits shall ensure the contractor/developer hire at least 85% from the "local labor" market for their approved projects. The 85% shall be by contractor and in total at the time of completion of the project. The contractor/developer is mandated to keep daily log sheets of all field workers, commencing on the date of application. Any work performed after application shall be included in the determination of overall compliance with the 85% hiring requirements of this policy. A third-party auditing firm will be engaged to monitor construction work commencing on the date benefits are granted by resolution of the IDA Board.

However, the IDA recognizes that the use of local labor may not be possible for the following reasons and the applicant may request an exemption on a particular contract or trade scope for the following reasons:

- 1. Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
- 2. Specialized construction is required and no local contractors or local construction workers have the required skills, certifications or training to perform the work;
- Cost Differentials:
 - a. For projects whose project cost exceeds \$15M, significant cost differentials in bid prices whereby the use of local labor and materials significantly increases the sub contract or contract of a particular trade or work scope by at least 20%. Every reasonable effort should be made by the applicant and or the applicant's contractor to get below the 20% cost differential including, but not limited to, communicating and meeting with local construction trade organizations, such as the Hudson Valley Building and Construction Trades Council and other local Contractor Associations:

- b. For projects whose project cost is less than \$15M, significant cost differentials in bid prices whereby the use of local labor and materials significantly increases the sub contract or contract of a particular trade or work scope by 10% or more. Every reasonable effort should be made by the applicant and or the applicant's contractor to get below the 10% cost differential including, but not limited to, communicating and meeting with local construction trade organizations, such as the Hudson Valley Building and Construction Trades Council and other local Contractor Associations;
- 4. No labor is available for the project; and
- 5. The contractor requires key or core persons such as supervisors, foreman or "construction workers" having special skills that are not available in the "local labor" market.

The request to secure an exemption for the use of non-local labor must be received from the applicant on the exemption form provided by the IDA or the 3rd party monitor and received in advance of work commencing. The request will be reviewed by the 3rd party monitor and forwarded to the IDA, at which time the IDA's Audit Committee shall have the authority to approve or disapprove the exemption. The 3rd party monitor shall report each authorized exemption to the Board of Directors at its monthly meeting.

In addition, applicants receiving IDA benefits and Contractors on the project shall make every reasonable effort to utilize vendors, material suppliers, subcontractors and professional services from Orange County and the surrounding counties. Applicants and contractors shall be required to keep records of those local vendors, material suppliers, contractors and professional services whom they have solicited and with whom they have contracted with or awarded. This shall be stored in a binder on site and shall be easily available for review by an authorized representative of the IDA, such as the IDA's 3rd party monitor. It shall include any documents for solicitation and contracts. It is the goal of the County of Orange and the IDA to promote the use of local veterans on projects receiving IDA benefits. By partnering with local contractors, local contractor groups, local trade unions and contractors awarded work on IDA projects, there are opportunities for veterans to gain both short-term and long-term careers in the construction industry.

Once approved for IDA benefits, all applicants will be required to provide to IDA staff the following information:

- Contact information for the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the applicant's project;
- Description of the nature of construction jobs created by the project, including in as much detail as possible, the number, type and duration of construction positions;
- The names, contact information, certificate of authorization to do business in the State of New York and copies of current Certificates of NYS Workers' Compensation Insurance, NYS Disability Insurance, General Liability Insurance and proof of current OSHA training certification from all contractors' employees performing work on the site; and
- 4. A Construction Completion Report listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the construction phase of the project.

All Orange County IDA projects are subject to local monitoring by the IDA and any 3rd party monitor. The applicant and/or the Construction Manager or General Contractor acting as agent

for the applicant on the project, shall keep a log book on site detailing the number of workers, hours worked and counties and states in which they reside. Proof of residency or copy of drivers' license shall be included in the log book, along with evidence of necessary OSHA certifications. Reports will be on forms provided by the IDA or weekly payroll reports which contain the same information as required on the IDA issued form. The applicant and contractors are subject to periodic inspection or monitoring by the IDA or 3rd party monitor.

The 3rd party monitor shall issue a report to the IDA staff immediately when an applicant or applicant's contractor is not in compliance with this labor policy. IDA staff shall advise the Audit Committee and/or IDA Board of non-compliance by email or at the next scheduled meeting. If a violation of policy has occurred, IDA staff shall notify the applicant and contractor in writing of non-compliance and give applicant a warning of violation and 72 hours in which to correct such violation. Upon evidence of continued non-compliance or additional violations, the IDA and/or its 3rd party monitor shall notify the applicant that the project is in violation of the Orange County IDA Labor Policy and is subject to IDA Board action which may result in the revocation, termination and/or recapture of any or all benefits conferred by the IDA.

The IDA will use a third party firm or firms to monitor and audit compliance with this local labor policy, the cost of which shall be paid for by the Company in advance of the audits and held in a non-interest bearing escrow account until audits are complete.

The applicant of an IDA approved project shall be required to maintain a 4' X 8' bulletin board on the project site containing the following information:

- Contact information of the applicant;
- 2. Summary of the IDA benefits received;
- Contractors names and contact information on IDA provided form;
- Copies of proof of exemption from labor policy;
- Copies of any warnings or violations of policy;
- Copy of the Executed Labor Policy.

The bulletin board shall be located in an area that is accessible to onsite workers and visitors, which should be clear and legible at least 10 feet from said board.

The applicant has read the OCIDA Labor Policy and agrees to adhere to it without changes and shall require its construction manager, general contractor and sub-contractors who are not exempt to acknowledge the same. The Applicant understands and agrees that it is responsible for all third-party auditing and monitoring costs.

Applicant Signature

GAM Property Corp. & King Zak Industries, Inc.

Company Name

Herb Zakarin

Print Name of above signer

hzakarin@kingzak.com

Email/phone of Applicant

8/28/18 Updated 9/10/18

Date

Signature of CM/GC or SC

Esposito & Associates

Company Name

Steven T. Esposito

Print Name of above signer

eanda@espositoandassociates.net

Email/phone of CM/GC/SC

8/28/18 Updated 9/10/18

Date

AGREEMENT

THIS AGREEMENT is entered into as of the day of March, 2020, by and between the Orange County Industrial Development Agency, a Public Benefit Corporation organized under the Laws of the State of New York, with offices at 4 Crotty Lane, New Windsor, New York 12553, hereinafter "the OCIDA" and Loewke Brill Consulting Group, Inc., a New York corporation, with offices at 491 Elmgrove Road, Suite #2, Rochester, New York 14606, hereinafter "LOEWKE."

WITNESSETH:

WHEREAS, the OCIDA provides tax incentives designed to attract, expand or retain qualified businesses in Orange County thereby increasing economic development and creating employment opportunities for its residents; and

WHEREAS, the OCIDA has instituted a Local Labor Policy that requires recipients of OCIDA benefits to employ local labor during the construction phase of a project; and

WHEREAS, the OCIDA determined that it needed expert technical assistance in monitoring construction projects relative to compliance with its Local Labor Policy; and

WHEREAS, LOEWKE has the knowledge, capability and experience to provide such services to the OCIDA and has submitted a written proposal for providing such services which proposal was approved by the OCIDA Board of Directors; and

WHEREAS, the parties hereto wish to memorialize their understanding as set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION 1: TERMS

- A. The OCIDA agrees to retain the services of LOEWKE to assist the OCIDA in monitoring adherence to the OCIDA's Local Labor Policy (Exhibit "A") for construction projects that have received OCIDA benefits.
- B. The OCIDA will assign specific projects on a case by case basis (Exhibit "B") to LOEWKE and will provide LOEWKE with the necessary project information sufficient for LOEWKE to carry out its responsibilities hereunder.

- C. LOEWKE represents that it has the knowledge and experience to perform the services to be rendered and further represents that it shall use its best efforts to perform said services to the satisfaction of the OCIDA.
- D. LOEWKE will provide appropriate personnel to monitor each assigned project and will be compensated according to the Schedule of Fees submitted by LOEWKE as part of its proposal to OCIDA (Exhibit "C").
- E. OCIDA expects LOEWKE to monitor assigned projects on a monthly basis or more frequently if it is determined that the project is not in compliance with the Local Labor Policy.
- F. LOEWKE agrees to file reports with OCIDA within ten to fourteen (10-14) calendar days of each monthly inspection.
- G. The OCIDA and LOEWKE have the mutual option to terminate this Agreement upon ten (10) days written notice. LOEWKE shall be compensated for all work performed up to and including the specified termination date.
- H. LOEWKE agrees to procure and maintain NYS worker's compensation and NYS disability insurance and comprehensive liability insurance (including contractual and contractor's protective liability coverage) with combined single limits of \$1,000,000 per occurrence for bodily injury and property damage, automobile liability coverage including owned and hired vehicles with a combined single limit of \$1,000,000 per occurrence for bodily injury and property damage and professional liability insurance in the amount of \$1,000,000 per claim. LOEWKE shall name the OCIDA as an additional insured on its liability insurance policy and shall provide evidence of coverage to the OCIDA on all policies prior to performance of any services hereunder.
- I. LOEWKE shall defend, indemnify and hold harmless the OCIDA, its directors, officers, employees and agents from and against all claims, damages, losses, costs and expenses, including reasonable attorney's fees, arising out of or in any manner connected with, the performance of the services to the extent caused by LOEWKE's negligence.
- J. OCIDA shall defend, indemnify and hold harmless LOEWKE, its officers, directors, employees, agents and subcontractors (for the purposes of this agreement "subcontractors" shall mean those persons or entities retained by LOEWKE to perform services related to this agreement) from and against all claims, losses, damages, costs and expenses, including reasonable attorney's fees, arising out of or in any manner connected with, the performance of the services to the extent caused by OCIDA's negligence.
- K. LOEWKE understands and agrees that it is acting as an independent contractor of the OCIDA. This agreement and the relationship of the parties shall not be deemed to create or be one of employment, agency, partnership, joint venture or any other association.

SECTION 2. NOTICES.

Notices pursuant to this Agreement shall be given by deposit into the custody of the United States Postal Service, postage paid, addressed as follows:

(1) OCIDA The Orange Co unt y Ind us trial Development Agenc y. 4 Crotty

Lane Suite 100, New Windsor, NY 12553

(2) LOEWKE Loewke Brill Cons ultin g Group, Inc, 491 Elmgrove Road, S uit e

#2, Rochester, NY 14606

Al ternat ive ly, not ic es may be personally served in the same mann er as is applic able to ci vil judicial process. No tice shall be deemed give n as of the date of personal service or five (5) days after the date of deposit of such written notice in the course or trans mission in the United States Postal Service.

SECTION 3. GENERAL PROVISIONS.

- A. The text herein shall constitute the e nti re agreement between the parti es.
- B. This Agreement may not be assigned by LOEWKE with out prior writ ten consent of OCIDA.
- C. This Ag reement shall be governed by the laws of the State of New York. Any disput es arising hereunder shall be reso I ved by the Court's of Orange County. New York.
- D. If any provisi on, or any port ion thereof, contained in this Agree ment is held invalid, i lie gal or unenforce a ble by a court of competent juri sdiction, the re mainder of this Agreement shall be deemed severable, shall not be affected and shall remain in full force and effect.

IN WITNESS WHEREOF, the OCIDA has caused this agreement to be signed and exec uted on its behalf by its Chief Operating Officer and LOEWKE has caused this agreement to be signed and exec ute d on its behalf by its Princip al, both in dupl icate, on the day and year first above writte n.

Orange County rDA

Loewke Brill Consulting Group, Inc.

By: Laurie Villas us o Chie f Operating Officer

Ex hibit "A"

Orange Coun ty Industria | Development Agency Local Labor Policy

The Orange Co unt y Indu str ial Development Agency (IDA) was created for the purpose of creating employment opportunities for, and to promote the general prosperit y and economic we Ifa re of the residents of Orange Co un ty. The IDA offers economic incent ives and benefits to qualified appli cants who wish to loc ate or expa nd their busi nesses or facilities in Orange County. When the IDA approves a project, it enters into agreements to extend these incentives and benefits to the applicant.

Construction jobs, though limited in time duration, are vital to the overall employment opportunities in Orange County. The IDA believes that companies benefiting from its incentive programs should employ local laborers, mechanics, craft persons, journey workers, equipment operators, truck drivers and apprentices (hereinafter "construction workers"), including those who have returned from military service, during the construction phase of projects. In this way, the IDA can generate significant benefits to advance the County's general prosperity. It is, therefore, the policy of the IDA that firms benefiting from its programs shall employ workers in Orange County during all project phases, including the construction phase.

For the purposes of this Policy, the local labor market for construction workers shall be defined as those individuals living in Orange, Ulster, Sullivan, Dutchess, Putnam, Rockland and Westchester Counties. Applicants receiving IDA benefits shall utilize at least 85% local labor for their approved projects. However, the IDA recognizes that the use of local labor may not be possible for the following reasons:

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
- 2) Specialized construction is required, and no local contractors or local construction workers have the required skills, certifications or training to perform the work;
- 3) Significant cost differentials in bid prices whereby the use of local labor significantly increases the cost of the project. A cost differential of I 0% is deemed significant. Every effort should be made by the contractor or applicant to get below the I0% cost differential including, but not limited to, meeting with local construction trade organizations and local contractor associations;
- 4) No local labor is available for the project; and
- 5) The contractor requires the use of key or core persons such as supervisors, foremen, or construction workers having special skills.

Adopted 4/24/14 Page 1 of 3 The request to secure an exemption for use of non-local labor must be received in writing from the applicant. The request will be reviewed by the Executive Director who shall have the authority to approve or disapprove the request. The Executive Director shall report each authorized exemption to the Board of Directors at its monthly meeting.

In addition, applicants receiving IDA benefits and Contractors on the project shall make every effort to utilize vendors, material suppliers, subcontractors and professional services from Orange County and the surrounding counties. Applicants and contractors shall be required to keep records of those local vendors, material suppliers, contractors and professional services who they have solicited and with whom they have contracted with or awarded.

It is the goal of the County of Orange and the IDA to promote the use of local veterans on projects receiving IDA benefits. By partnering with local contractors, local contractor groups, local trade unions and contractors awarded work on IDA projects there is opportunity for veterans to gain both short term and long-term careers in the construction industry.

Once approved for IDA benefits, all applicants will be required to provide to the IDA's Executive Director the following information:

- Contact information for the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the application and project;
- 2) Description of the nature of construction jobs created by the project, including in as much detail as possible, the number, type and duration of construction positions;
- 3) The names, contact information, certificate of authorization to do business in the State of New York and copies of current Certificates of NYS Workers' Compensation Insurance, NYS Disability Insurance, General Liability Insurance and proof of current OSHA training certification for all contractors and their employees performing work on the site; and
- 4) A Construction Completion Report listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the construction phase of the project.

All Orange County IDA projects are subject to local monitoring by the IDA. The Construction Manager, acting as agent for the applicant, on the project shall keep a log book on site detailing the number of workers on the job for each trade and the counties in which they reside which shall be subject to periodic inspection by the monitoring entity. The monitor shall issue a report to the Executive Director relative to compliance with this labor policy who shall share such information with the IDA Board of Directors. If a violation of the policy has occurred, the Executive Director shall notify the applicant in writing and give such applicant a warning of such violation. In the event there is a subsequent violation of the policy, the Executive Director shall bring such information to the Board of Directors which may, in its discretion, take action to revoke IDA benefits.

The applicant of an IDA approved project shall be required to maintain a 4' x 8' bulletin board on the project site containing the following information:

- I) Contact information of the applicant;
- 2) Summary of the IDA benefits received; and
- 3) Contractors' names and contact information.

The bulletin board shall be located in an area that is accessible to onsite workers and visitors.

Exhibit "B

Project Name: GAM Property Corp.,/King Zak Industries, Inc./3PD Transport

1. Project Location and Description.

3 Police Drive, PO Box 1029 Goshen, NY 10924

2. Project Contact Information

Herb Zakarin 845-291-1200 hzakarin@kingzak.com

Audit Contact

Michael Waschitz 845-7823-0013 (ext 645) mikew@wpcpany.com

3. Construction Cost Estimate
Total Capital Cost: \$7,360,350.00

Exhibit "C"

Schedule of Fees



SUMMARY:

Further fee breaks down of original proposal dated May 6, 2016, as requested by OCIDA Director, Ms. Villasuso.

Loewke Brill has assessed a fee base structure for each approved project based on potential project size per inspection to include one-time fees.

Fee based structure based on size of each approved project per inspection.

Per Project/per Inspection fee:

0	<5 Million	\$ 315.00
-	>5 Million <15 Million	\$ 540.00
	>15 Million <25 Million	\$ 900.00

Additional fees:

	Project Set Up/per project Monthly Reporting		1,050.00
			1,400.00
0	Waiver fee: per waiver	\$	230.00
	Annual Reporting	\$	270.00
0	Project Close out/per project	\$	575.00
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	Initial Art work Set Up fee	S	250.00
C	Signage perunit	S	40.00

Note: You could have the potential to exceed the proposal by the number of additional inspections requested on a project.







Empowering Businesses. Inspiring Growth.

BOARD OF DIRECTORS

Mary Ellen Rogulski

- CHAIRMAN

Herb Zakarin, President

3 Police Drive, PO Box 1029

GAM Property Corp.

Goshen, NY 10924

Dear Mr. Zakarin:

Edward A. Diana - VICE CHAIRMAN

James DiSalvo - SECOND VICE CHAIRMAN

Stephen Brescia - SECRETARY

Michael Gaydos ASSISTANT

SECRETARY

Robert J. Schreibeis,

John McCarey

OPERATIONS STAFF

Laurie Villasuso - CHIEF **EXECUTIVE**

OFFICER Melanie Schouten - CHIEF

> **OPERATING OFFICER**

Joel Kleiman - CHIEF FINANCIAL **OFFICER**

> Kevin T. Dowd - ATTORNEY

March 03, 2020

RE: GAM Property Corp.

OCIDA Local Labor Policy Monitoring

The Orange County Industrial Development Agency has engaged the services of Loewke Brill Consulting Group, Inc. of Rochester, NY to provide it with the technical assistance in monitoring compliance with the OCIDA's Local Labor Policy for construction projects that have received OCIDA benefits. In a few short days, you will be receiving an introductory communication from a representative of Loewke Brill requesting preparatory information and documents regarding your construction project in Goshen, NY. Thereafter, in the coming weeks, a representative of Loewke Brill will visit the site and will want to meet with members of your construction team and review records of the workers who are or have been involved in the construction of the facility. Loewke Brill will then prepare a report for the OCIDA regarding its evaluation of your compliance with the Local Labor Policy.

The OCIDA expects your company's complete cooperation with Loewke Brill. In addition, the OCIDA expects that you will notify your general contractor that it must cooperate fully with Loewke Brill as well.

On behalf of the OCIDA, I thank you in advance for your anticipated cooperation. If you have any questions, please don't hesitate to reach out to Kelly Reilly at: (845) 220-2208 or email kreilly@ocnyida.com.

Very truly yours,

Laurie Villasuso Chief Executive Officer

Applicant: GAM Property Corp. Job#: 20-002 Address: 3 Police Drive Gosher, NY 10924
OCIDA Job Check List • Engagement Letter from OCIDA to new contact is received: 3/03/20
 Job is added to upcoming jobs category on master spreadsheet: 3 / 16 / 2 o
 Applicant contact is e-mailed L&B introduction letter: 3 / 09 / 20
• Confirmed project contact information (via L&B Intro email): 3 / 09 / 20
Applicant:
Contact: Herb Zakarin Phone#: 845-291-1200
Office Address: 3 Police Drive P.O. Box 1029 Goshen, NY 10924
Email: hzakarin@Kingzak.com
Job Site Contact:
Contact: Ramon Gonzalez Phone#: 845-866 - 4091
Office Address: 12 Scheibe Road Liberty, NY 12754
Email: <u>ramon Ctriplerd, com</u>
Confirmed job site address is same as above (via L&B Intro email):
3,09,20
• Estimated job (construction) start date given by project contact:
Initial Site Visit/ Local Labor review:/
Actual construction start date moved to ACTIVE Status :/
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Completion of project is confirmed:/
Project moved to completed jobs list:/

U N H CONSULTING GROUP, INC

Job No. 20-002

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APPLICANT: GAM Property Corp

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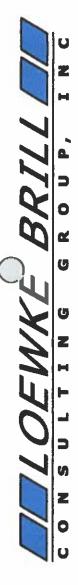
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ORANGE COUNTY I.D.A. JOB-SITE INSPECTION SHEET

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APPLICANT: GAM PROPERTY COOP

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Sign Status; ACTIVE / INACTIVE

CONTRACTOR	Monthly Visit	Request Visit	# of Workers Checked	# of Allowed Exceptions	# Non- Compliant	Comments
Boyce	ム		U			
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CONSULTING GROUP

Job No.

ORANGE COUNTY I.D.A. JOB-SITE INSPECTION SHEET

Day: M	c
/2021	
7/15	
DATE	

T W (TH)F

Inspector: Kevin Loewke

OCIDA

APPLICANT: CAM Property Corp

Address: 3 Police Dove Goshin, NY 10924

Sign Status: (ACTIVE) INACTIVE

Sign Location: Post

CONTRACTOR	Monthly Visit	Request Visit	# of Workers Checked	# of Allowed Exceptions	# Non- Compliant	Comments
Boyce	メ		111			
7	X × 24			2		
TDS	×					
Sollivan	7					

U Z H CONSULTING GROUP, INC Job No.

ORANGE COUNTY I.D.A. JOB-SITE INSPECTION SHEET

	Address: 3 Palice De
Day: M TW TH F	Carp
DATE: 8 / 3 /2021	APPLICANT: GAM PROPERTY

10934
77
Bosher
Delle
Police
Address: 3

Inspector: Kevin Loewke

OCIDA

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ion:	# of Allowed Exceptions	22 6								H	
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ACTIVE.	Monthly Visit	×		×	×	×					
Sign Status: ACTIVE) INACTIVE	CONTRACTOR	Boyce	C .	Funarola	MSEI	TDS Electric					



ORANGE COUNTY I.D.A. JOB-SITE INSPECTION SHEET

Job No. 20 -302

THE OWNER OF THE PERSON NAMED IN				
DATE:	1 07 12021	Day: M(T)W TH F	<u>u</u>	OCIDA Inspector: Kevin Loewke
APPLICANT:_	CAM Property	Carp	Address: 3 Police Drive Gash	N, WY 10927
	Sign Status: ACTIVE	INACTIVE Sign Lo	Sign Location: Rs+	

Comments	No work on site don'to	Lebe dey holidas							
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# of Allowed Exceptions						C = 14			
# of Workers Checked									
Request									
Monthly Visit									
CONTRACTOR					82,022				

CONSULTING GROUP, INC

Job No. BO-OOA

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ION SHEET	OCIDA Inspector: Kevin Loewke Address: 3 Police Dew Coshes, אין 10924	Comments	Ponchlist							
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	dress: 3	# of Allowed Exceptions								
IT I.D.A. JOB-SITE INSPECTION SHEET	T W TH F	# of Workers Checked	=							
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O II O	ACTIVE	Monthly	×			EW 1				
ORANGE COUNTY	DATE: 10 / 3 & /2021 Day: M APPLICANT: 3AM Propurty Corp Sign Status: ACTIVE INACTIVE	CONTRACTOR	Boyer							



OCIDA Inspector: Kevin Loev	Comments					
Police	# Non-					
ddress: 3	On: FUNC # of Allowed Exceptions					
TW TH F	IVE Sign Location: ריבנ איני אינ	二县				
Corp) INACT					
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DATE: 1 1 08 12021 APPLICANT: GAM Property	Sign Status: ACTIVE INACTIVE INACTIVE Monthly Request # of the light West # of the light West # of the light West # of the light # of t	Baye				



OCIDA inspector: Kevin Loewke		Comments									
III Peter (Jachen											
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Idress: 3	on: Fence	# of Allowed Exceptions									
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- L	ACTIVE	Monthly Visit	X								
ATE: 19 1 93 12021	Sign Status: (ACTIVE) INACTIVE	CONTRACTOR	South	7							



2000 Job No.

ORANGE COUNTY I.D.A. JOB-SITE INSPECTION SHEET

Day: M T W TH F

Inspector: Kevin Loewke

APPLICANT: GAM Property Corp

Address: 3 Police Dave Gosha, NY 10924

Sign Status (ACTIVE) INACTIVE

Sign Location: Frnce

CONTRACTOR	Monthly Visit	Request	# of Workers Checked	# of Allowed Exceptions	# Non- Compliant	Comments
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GAM Property Corp	Sub Contractor		Boyce Excavating Co	Maine Drilling and Blasting (Waiver)																		

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PROJECT: GAM Property Corp

Key: **Permit** = For G.C. and all eligible subcontractors. **G.L.I.** = General Liability Insurance (1 Million +). **W.C.C.** = Workers Comp Certificates (500K +). **U.L.** = Umbrella Liability (if necessarily). **A.L.** = Automobile Liability (500K +). **NYS D.I.** = New York State Disability Insurance

CONTACTOR	PERMIT	<u>G.L. I.</u>	W.C.C.	U.L.	<u>A.L.</u>	NYS D.I.
Triple R Development	Х	Х	Х	Х	X	X
Boyce Excavating	Χ	Х	X	Х	Х	Х
Rancourt & Son Land Clearing Corp	Х	X	Х	Х	Х	Х
TDS Electric LLC	Х	X	Х	N/A	Х	Х
MD Drilling & Blasting, Inc	Х	Х	Х	Х	Х	X
Michael & Sons Equities Inc	Х	Х	Х	Х	Х	X
Sullivan Construction Group, LLC	Х	Х	X	х	Х	Х
AMP Masonry Inc	Х	X	Х	Х	х	Χ
Sullivan Fire Protection Corp	Х	Х	Х	х	х	X
Mike Fumarola Plumbing and Heating LLC	Χ	Х	Х	N/A	х	Х
Van Grol Inc	Х	х	Х	Х	Х	Χ
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Permits: Required for the general contractor as well as all eligible subcontractors on site. Not all subcontractors will require a permit including but not limited to: painters, flooring companies, other finishing trades.

General Liability Insurance: Since the Orange County Industrial Development Agency is a named entity on the project, we want to make sure in the event of a liability incident (pedestrian falling into a hole next to sidewalk) that the GC has sufficient coverage to cover the IDA. We are looking for a minimum of \$1,000,000 in total GL coverage.

Workers Comp Insurance / Certificate- Since the Orange County Industrial Development Agency is a named entity on the project, we need to make sure in the event of a worker injury (carpenter falls off scaffolding) that the I.D.A. has sufficient coverage.

Umbrella Policy - This is only in the case that the G.C. or subcontractors do not have \$1M in coverage. The Umbrella plus the general liability insurance should add up to \$1M+ (for example \$500k of GL + \$500K UL is \$1M total)

Automobile Insurance - Since the Orange County Industrial Development Agency is a named entity on the project, we want to make sure in the event of an automobile accident that everyone is covered. This covers if a contractor is delivering materials to a site and his ladder falls off the truck and hits another car. Again we're looking for a total of \$1 million in coverage inc. UL. (For example \$500k of AI + \$500K UL is \$1M total)

NYS Disability Insurance - This covers an employee if he/she is hurt off-site. This goes hand in hand with workers compensation insurance and the reason for why we need it. Also, lack of WCI or DBL typically confirms the workers are 1099 employees and then additional information is required (W-9).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/10/2020

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 Jason D. Hoffman Insurance Agency LLC IC, No, Ext): (845) 239-4787 (A/C, No): 301 Main Street, Suite 2F Appress: jason@jhoffmaninsurance.com INSURER(S) AFFORDING COVERAGE NAIC # NY 10924 Goshen INSURER A: EVANSTON INS CO. 35378 INSURED INSURER B: NGM INS CO 14788 INSURER C: National Union Fire Insurance Co. Triple R Development LLC 19445 200 Smith Lane INSURER D: INSURER E : Grahamsville NY 12740 INSURER F : **COVERAGES CERTIFICATE NUMBER: 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. ADDLSUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** CLAIMS-MADE | X OCCUR 100,000 \$ PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) A Y 3EW4310 10/22/2019 10/22/2020 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY X PRO-2,000,000 PRODUCTS - COMPIOP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED Y BODILY INJURY (Per accident) AUTOS ONLY HIRED B1U1759S 10/22/2019 10/22/2020 PROPERTY DAMAGE AUTOS ONLY (Per accident) UMBRELLA LIAB X OCCUR 1.000,000 **EACH OCCURRENCE** EXCESS LIAB С X Y BE 020770063 10/22/2019 10/22/2020 1,000,000 CLAIMS-MADE AGGREGATE DED KRETENTIONS
WORKERS COMPENSATION 10000.00 STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT OFFICER/MEMBER EXCLUDED? latory in NH) E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured as per written contract. AI status is subject to attached policy form MEGL0009. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

© 1988-2015 ACORD CORPORATION. All rights reserved.

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Orange County IDA

New Windsor NY 12553

4 Crotty Lane

Suite 100



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2020

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to lis certificate does not confer rights to							uire an endorsement. A statem	ent on
_	DUCER			******	NAME.				
Jası	on D. Hoffman Insurance Agency LLC				PHONE	(845) 2	39-4787	(AC, No):	
	Main Street, Suite 2F				E-MAIL	Ext): (845) 2 s: jason@jh	offmaninguran	Los com	
					ADDRES			RDING COVERAGE	NAIC#
God	shen			NY 10924	IMPURE	RA: EVANS		RDING COVERAGE	35378
_	RED			N1 10924	_	RB: Merchan	- I - to broad -	www.co.Co	23329
	Triple R Development LLC								
	200 Smith Lane					RC: National			19445
	200 Simul Lane					RD: New Yo	rk State Insura	ince rund	
	Cook and will a			NTV 10540	INSURE				
	Grahamsville		-	NY 12740	INSURE	RF:			
	VERAGES CERT HIS IS TO CERTIFY THAT THE POLICIES OF			NUMBER:	EN ICO	IEO TO THE II		REVISION NUMBER:	D
IN CE	IDICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PER	JIREN TAIN,	IENT, THE	TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY CON	TRACT OR OT LICIES DESC	THER DOCUM RIBED HEREIN	ENT WITH RESPECT TO WHICH TH	
	KCLUSIONS AND CONDITIONS OF SUCH PO	ADDI	SUBST	17. 1.000.00	EEN KEL				
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	4 6 5 5 5
								EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE COCCUR							PREMISES (Ea occurrence) \$	100,000
				A 1777 - 1 4 4 4 4				MED EXP (Any one person) \$	5,000
Α	<u> </u>	Y		3EW4310		10/22/2020	10/22/2021	PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY							(Ea accident) \$	1,000,000
1	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$	
В	AUTOS ONLY AUTOS	Y		CAP1077039	i	10/22/2020	10/22/2021	BODILY INJURY (Per accident) \$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	
				<u> </u>				\$	
	UMBRELLA LIAB COCCUR							EACH OCCURRENCE \$	1,000,000
С	EXCESS LIAB CLAIMS-MADE	Y		EBU 020654935		10/22/2020	10/22/2021	AGGREGATE \$	000,000,1
	DED ★ RETENTION \$ 10000.00							s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X STATUTE ER	
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		23468572		04/01/2020	04/01/2021	E.L. EACH ACCIDENT \$	unlimited
υ	(Mendetory in NH)	,		23406372		04/01/2020	04/01/2021	E.L. DISEASE - EA EMPLOYEE \$	unlimited
	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	unlimited
DE80	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LE8 (ACORI	2 101, Additional Remarks School	lule, may	be attached if me	ore space is req	ulred)	
	mifiant halden! 4314!1.	1			A T			Latinatic Company	
Ce	ertificate holder is additional insu	ırea	as p	er written contract.	Al stai	us is subje	ct to attacl	ned policy form MEGL000	9.
CEF	RTIFICATE HOLDER				CANC	EL LATION			
YEF	MINIONIE NOLDEK				CANC	ELLATION		<u> </u>	i
					ЗНО	JLD ANY OF T	HE ABOVE D	ESCRIBED POLICIES BE CANCELL	ED BEFORE
	Ottoman County IID A				THE	EXPIRATION (ATE THERE	OF, NOTICE WILL BE DELIVERED IN	
	Orange County IDA				ACC	DKDANCE WIT	IN THE POLIC	Y PROVISIONS.	
)	4 Crotty Lane				Alituos	IZED REPRESE	NTATIVE		
	Suite 100					211			
	Duity 100				_				

New Windsor NY 12553



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

If S this	UBROGATION IS WAIVED, subject to certificate does not confer rights to	to the tern the certi	is and conditions of the ficate holder in lieu of su	ich endo	sement(s)	ies may req	uire an endorsement. A	statement on	
PRODI	JCER			CONTACT NAME:	Shannon	Kent			
Jason	D. Hoffman Insurance Agency LLC			PHONE (A/C, No, E E-MAIL ADDRESS	ort): (845) 2	39-4787	FAX (A/C, No):		
301 Main Street, Suite 2F					shannon@	gjhoffmaninsu	rance.com		
					INS	SURER(S) AFFOR	IDING COVERAGE	NAIC#	
Gosh	en		NY 10924	INSURER	: EVANS	TON INS CO		35378	
INSUR	ED			INSURER	: MERCH	IANTS MUT I	NS CO	23329	
	Triple R Development LLC			INSURER	: NATIO	NAL UNION I	TRE INS CO OF PITTS	19445	
	200 Smith Lane			INSURER	: New Yo	rk State Insura	nce Fund		П
				INSURER	E:				
	Grahamsville		NY 12740	INSURER	†:				
COVI	RAGES CER	TIFICATE	NUMBER:			REVISION NUMBER:			
IND	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	ADDESUBR			OLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	INGO WYO	. 4-101 11080211	- 1	1000011111)	(mmoon tit)	EACH OCCURRENCE :	1,000,	000
ı	OLANAS MADE SOCIED						DAMAGE TO RENTED	1000,	_

Ŀ	LIK	TITE OF MODIOWICE	INSU	MAND	POLICI NUMBER	(MINUDU/TTTT)	(MINUUU/TTTT)	LUMIT	3
		COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
A		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
	Α		Y	Y	3FD1048	10/22/2021	10/22/2022	PERSONAL & ADV INJURY	\$ 1,000,000
- 1		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
- 1		POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
L		OTHER:							\$
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
1		ANY AUTO				İ		80DILY INJURY (Per person)	\$
- [В	OWNED SCHEDULED AUTOS ONLY	Y		CAPI077039	10/22/2021	10/22/2022	BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
-		WIMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,000
-	C	EXCESS LIAB CLAIMS-MADE	Y		EBU 015991355	10/22/2021	10/22/2022	AGGREGATE	\$ 1,000,000
L		DED X RETENTION \$							\$
1		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					•	X STATUTE OTH-	
D		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		23468572	04/01/2021	04/01/2022	E.L. EACH ACCIDENT	s unlimited
	_	(Mandatory in NH) If ves, describe under			25,005/2		04/01/2022	E.L. DISEASE - EA EMPLOYEE	\$ unlimited
<u> </u>		DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ unlimited
1									
ı									
L									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured on a primary and non-contributory basis with respect to work being performed by the insured. AI status is subject to attached policy form MEGL0009.

CERTIFICATE HOLDER	CANCELLATION
Orange County lDA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4 Crotty Lane	AUTHORIZED REPRESENTATIVE
Suite 100	
New Windsor NY 12553	
	₩ 1900-2013 ACOND CONPORATION. All rights reserved.



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^ 472111396
LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER
TRIPLE R DEVELOPMENT LLC
200 SMITH LANE
GRAHAMSVILLE NY 12740

CERTIFICATE HOLDER
ORANGE COUNTY IDA
4 CROTTY LANE, SUITE 100
NEW WINDSOR NY 12553

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
Z2346 857-2	280453	04/01/2020 TO 04/01/2021	6/10/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2346 857-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^ 472111396 LOVELL SAFETY MGMT CO., LLC 110 WILLIAM STREET 12TH FLR NEW YORK NY 10038



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

TRIPLE R DEVELOPMENT LLC 200 SMITH LANE GRAHAMSVILLE NY 12740 CERTIFICATE HOLDER

ORANGE COUNTY IDA 4 CROTTY LANE, SUITE 100 NEW WINDSOR NY 12553

1 22340 007-2 119707 04/01/2021 10 04/01/2022 3/01/2021	POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
	Z2346 857-2	119757	04/01/2021 TO 04/01/2022	3/31/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2346 857-2, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://www.nysif.com/cert/certval.asp. The New York STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS,

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier						
1a. Legal Name & Address of Insured (use street address only) TRIPLE R DEVELOPMENT LLC 12 SCHEIBE ROAD LIBERTY, NY 12754	1b. Business Telephone Number of Insured 8458664091					
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number					
	47-2111396					
2. Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier					
(Entity Being Listed as the Certificate Holder) Orange County IDA	Standard Security Life Insurance Company of New York					
4 Crotty Lane	3b. Policy Number of Entity Listed in Box "1a"					
Suite 100	R61636-000					
New Windsor, NY 12553	3c. Policy effective period					
4. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers:						
A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees:						
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.						
Date Signed 6/10/2020 By	Deli V. CAMOUL					
	Carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) UPERVISOR-DBL/POLICY SERVICES					
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.						
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.						
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)						
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.						
Date Signed By	ignature of Authorized NYS Workers' Compensation Board Employee)					
Telephone Number Name and Title						





PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier								
1a. Legal Name & Address of Insured (use street address only) 1b. Business Telephone Number of Insured								
TRIPLE R DEVELOPMENT LLC 12 SCHEIBE ROAD LIBERTY, NY 12754	8458664091							
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number							
	47-2111396							
2. Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier							
(Entity Being Listed as the Certificate Holder) Orange County IDA	Standard Security Life Insurance Company of New York							
4 Crotty Lane	3b. Policy Number of Entity Listed in Box "1a"							
Suite 100	R61636-000							
New Windsor, NY 12553	3c. Policy effective period							
	10/25/2017 to 6/6/2022							
C. Paid family leave benefits only. 5. Policy covers: X A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above. Date Signed 6/7/2021 By								
	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)							
Telephone Number (212) 355-4141 Name and Title S	UPERVISOR-DBL/POLICY SERVICES							
IMPORTANT: If Boxes 4A and 5A are checked, and this form is Licensed Insurance Agent of that carrier, this certi-	signed by the insurance carrier's authorized representative or NYS ficate is COMPLETE. Mail it directly to the certificate holder.							
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.								
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)								
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed By	ignature of Authorized NYS Workers' Compensation Board Employee)							
1								
Telephone Number Name and Title								



ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 39704

DATE (MM/DD/YYYY) 3/18/2020

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(les) must 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).

CONTACT PRODUCER **Cool Insuring Agency Inc** PHONE (A/C, No, Ext): 518 783-2665 (A/C, No): 5187838754 784 Troy Schenectady Road Latham, NY 12110 INSURER(S) AFFORDING COVERAGE NAIC # 518 783-2665 19720 INSURER A : American Alternative Insurance Corp INSURED INSURER B : Berkley Insurance Company Boyce Excavating Co., Inc. 42376 INSURER C : Technology Insurance Company, Inc PO Box 367; 2817 US Route 6 22292 INSURER D : Hanover Insurance company Slate Hill, NY 10973 23450 INSURER E : American Family Home Ins Co INSURER F : Standard Security Co 22837

COVERAGES CERTIFICATE NUMBER: 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.

		CEUSIONS AND CONDITIONS OF SOCI		-			DI PAID OLA	mo.	
IN.	SR R	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3
1	۱ L	X COMMERCIAL GENERAL LIABILITY			88A5CP000004700	01/15/2020	01/15/2021	EACH OCCURRENCE	\$1,000,000
	L	CLAIMS-MADE X OCCUR				1		PREMISES (Ea occurrence)	\$1,000,000
		X Contractual Liab						MED EXP (Any one person)	s15,000
						1 .		PERSONAL & ADV INJURY	s1,000,000
- [GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	L	POLICY X JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
1		OTHER:							\$
	j L	AUTOMOBILE LIABILITY			88A5CA000073900	01/15/2020	01/15/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
T		X ANY AUTO	'					BODILY INJURY (Per person)	\$
		X ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	L	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
L	\Box								\$
6	3	X UMBRELLA LIAB X OCCUR			MKC11100071	01/15/2020	01/15/2021	EACH OCCURRENCE	\$5,000,000
	L	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
L		DED X RETENTION \$10,000							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC3852151	01/15/2020	01/15/2021	X PER OTH-	
		ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
		(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000 <u>,000</u>
	_	If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	וֹכ	Lease/Rent Equip				01/15/2020			
1	1	Disability			E09150000	01/01/2020	Continuou	sNY Statutory	
L									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Gam Properties - King Zak and Triple R Development LLC is included as an additional insured under the

General Liability coverage for work done by or on behalf of the named insured when required by written

contract.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE

Gam Properties - King Zak 3 Police Drive Goshen, NY 10924 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

Anthony J. Markett

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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/07/2021

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(les) 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 any rights to the certificate holder in lieu of such endorsement(s).

and optanious about the control and tighted to all continues in the control and the control an						
PRODUCER	CONTACT Heather M. Bearder					
Cool Insuring Agency Inc	PHONE (A/C, No, Ext): 518 783-2665 (A/C, No): 51876	B38754				
784 Troy Schenectady Road	E-MAIL ADDRESS: hmbearder@coolins.com					
Latham, NY 12110	INSURER(S) AFFORDING COVERAGE	NAIC#				
518 783-2665	INSURER A : Valley Forge Insurance Company	20508				
INSURED	INSURER B : Continental Insurance Company	35289				
Boyce Excavating Co., Inc.	INSURER C : Hanover Insurance company	22292				
PO Box 367; 2817 US Route 6	INSURER D : Standard Security Life					
Slate Hill, NY 10973	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

		CLUSIONS AND CONDITIONS OF SUCH						MS.	
IN Li	SR R	TYPE OF INSURANCE	ADDL INSR	Subr WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8
1	V	X COMMERCIAL GENERAL LIABILITY	1.		7011510449	01/15/2021	01/15/2022	EACH OCCURRENCE	\$1,000,000
	Γ	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s1,000,000
	ſ	X Contractual Liab						MED EXP (Any one person)	\$15,000
							[PERSONAL & ADV INJURY	s1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO-					[PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:	l						\$
)	AUTOMOBILE LIABILITY			7011510435	01/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
-		X ANY AUTO					[BODILY INJURY (Per person)	\$
}		X OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
ł		X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
E	3	X UMBRELLA LIAB X OCCUR			7011510466	01/15/2021	01/15/2022	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
L		DED X RETENTION \$10,000							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			7011510452	01/15/2021	01/15/2022	X PER OTH-	
		ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
		(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	s1,000,000
L		f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	3	Lease/Rent Equip			RHSH136574	01/15/2021	01/15/2022	\$750,000	
	ו	Disability			E09150000	01/01/2021	Continuou	sNY Statutory	
L									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: King Zak

Orange County IDA is added to the General Liability and Auto Liability coverage as Additional insured if required by written contract with respect to the above project.

CERTIFICATE HOLDER	CANCELLATION
Orange County IDA 4 Crotty Lane, Suite 100 New Windsor, NY 12553	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
	Anthony 9. marketa



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/12/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 784 Troy Schenectady Road	CONTACT NAME: Heather Bearder PHONE (A/C, No, Ext): 518-556-3103 (A/C, No): 518-783	-8754			
Latham NY 12110	E-MAIL ADDRESS: Heather_Bearder@ajg.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Technology Insurance Company, Inc				
INSURED	INSURER B : Wesco Insurance Company	25011			
Boyce Excavating Co., Inc. PO Box 367; 2817 US Route 6	INSURER C: The Travelers Indemnity Company				
Slate Hill, NY 10973	INSURER D: Security National Insurance Company	19879			
	INSURER E : Standard Security Life Ins Co of NY	69078			
	INSURER F: Hanover Insurance Company				

COVERAGES

CERTIFICATE NUMBER: 2123188431

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.

	1	ADDL						
INSR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8
A	X COMMERCIAL GENERAL LIABILITY			TPP1014576-10	1/15/2022	1/1/2023	EACH OCCURRENCE	\$ 1,000,000
1	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
1	X Contractual Liab						MED EXP (Any one person)	\$ 10,000
1							PERSONAL & ADV INJURY	\$ 1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
1	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY			WPP1885668-00	1/15/2022	1/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
1	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
B	X UMBRELLA LIAB X OCCUR			WUM1942767-00 EX0T734125	1/15/2022 1/15/2022	1/1/2023 1/1/2023	EACH OCCURRENCE	\$ 10,000,000°
1	X EXCESS LIAB CLAIMS-MADE			EX01734125	1713/2022	1/1/2023	AGGREGATE	\$ 10,000,000°
	DED X RETENTION\$ 10,000						*Total Limits	\$ Available*
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SWC1375054	1/15/2022	1/1/2023	X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	PROPRIETOR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$ 1,000,000		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
E	Disability Leased/Rented Equip			E09150000 RHSH136574	1/1/2022 1/15/2022	1/1/2023 1/1/2023	NY Statutory \$750,000	
		<u> </u>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: King Zak

Orange County IDA is added to the General Liability and Auto Liability coverage as Additional Insured if required by written contract with respect to the above project.

CERTIFICATE HOLDER	CANCELLATION
Orange County IDA 4 Crotty Lane, Suite 100	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
New Windsor NY 12553	AUTHORIZED REPRESENTATIVE
USA	Web 4. Cafel



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) Boyce Excavating Co., Inc. PO Box 367; 2817 US Route 6 State Hill, NY 10973	Business Telephone Number of Insured 845-343-5400 C. NYS Unemployment Insurance Employer Registration Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1d. Federal Employer Identification Number of Insured or Social Security Number 141437669
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Crange County IDA 4 Crotty Lane, Suite 100 New Windsor, NY 12553 USA	3a. Name of Insurance Carrier Security National Insurance Company 3b. Policy Number of Entity Listed in Box "1a" SWC1375054 3c. Policy effective period 01/15/2022 to 01/01/2023 3d. The Proprietor, Partners or Executive Officers are Included. (Only check box if all partners/officers included) Included or certain partners/officers excluded.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by:	Arthur J. Gallagher Risk Management Services, Inc.				
	(Print name of authorized representati	tive or licensed agent of insurance carrier)			
Approved by:	Huy 4 Capil	1/12/2022			
	(Signature)	(Date)			
Title:	Area President				
		540 550 0400			
phone Number of authorize	ed representative or licensed agent of	insurance carrier: 200000100			

Please Note: Only insurance carriers and their licensed agents are authorized to Issue Form C-105.2. Insurance brokers are NOT authorized to Issue it.



PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier								
1a. Legal Name & Address of Insured (use street addre	ss only) 1b. Business Telephone Number of Insured							
BOYCE EXCAVATING CO., INC. 2817 ROUTE 6 SLATE HILL, NY 10973	8453435400							
Work Location of Insured (Only required if coverage is speci certain locations in New York State, i.e., Wrap-Up Policy)	ifically limited to 1c. Federal Employer Identification Number of Insured or Social Security Number							
and house and	14-1437669							
2. Name and Address of Entity Requesting Proof of Cov	verage 3a. Name of Insurance Carrier							
(Entity Being Listed as the Certificate Holder) Orange County IDA	Standard Security Life Insurance Company of New York							
4 Crotty Lane, Suite 100	3b. Policy Number of Entity Listed in Box "1a"							
New Windsor, NY 12553	E09150-000							
	3c. Policy effective period							
B. Only the following class or classes of employ Under penalty of perjury, I certify that I am an authorized	d representative or licensed agent of the insurance carrier referenced above and that the named							
insured has NYS Disability and/or Paid Family Leave Be	enefits insurance coverage as described above.							
Date Signed 6/15/2020 By	(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)							
	Name and Title SUPERVISOR-DBL/POLICY SERVICES							
	d, and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.							
Disability and Paid Family Leave	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.							
PART 2. To be completed by the NYS Worke	PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)							
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed By _	(Signature of Authorized NYS Workers' Compensation Board Employee)							
Telephone Number	Name and Title							





PART 1. To be completed by Disability Benefits Carrier	or Licensed Insurance Agent of that Carrier							
Ia. Legal Name and Address of Insured (Use street address only) Boyce Excavating Co., Inc. PO Box 367; 2817 US Route 6 Slate Hill, NY 10973	1b. Business Telephone Number of Insured 845 343-5400 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 14-1437669							
Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier Standard Security Life							
Orange County IDA 4 Crotty Lane, Suite 100 New Windsor, NY 12553	3b. Policy Number of entity listed in box "1a": E09150000 3c. Policy effective period: 01/01/2021 to 01/01/2022							
b. Only the following class or classes of employe Under penalty of perjury, I certify that I am an authorized representa	 b. ☐ Disability benefits only. c. ☐ Paid family leave benefits only 5. Policy Covers:: a. ☒ All of the employer's employees eligible under the New York Disability & Paid Family Leave Benefit Law b. ☐ Only the following class or classes of employer's employees: 							
that the named insured has NYS Disability Benefits insurance cover Date Signed June 17, 2021 By	•							
	uthorized representative or NYS Licensed Insurance Agent of that insurance carrier)							
Telephone Number (800) 233-0115 Title Authorized Representative IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If box "4b, 4c or 5b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.								
PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)								
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees. Date Signed By (Signature of NYS Workers' Compensation Board Employee)								
Telephone Number Title								





	 	 	 	
PART 1. To be co	ompleted by Disability an	d Paid Family Leave	Benefits Carrier or Licensed I	nsurance Agent of that Carrier
1a. Legal Name & a Boyce Excavating Co., PO Box 387; 2817 US State Hill, NY 10973		address only)	1b. Business Telephone Number of 845-343-5400	of Insured
	nsured (Only required if coverage i ow York State, i.e., Wrap-Up Policy,		1c. Federal Employer Identification or Social Security Number 141437669	n Number of Insured
		of Coverage	3a. Name of Insurance Carrier Standard Security Life Ins Co of NY 3b. Policy Number of Entity Listed E09150000 3c. Policy effective period 01/01/2022	in Box "1a" to 01/01/2023
	following class or classes of e	e under the NYS Disabilit mployer's employees:	y and Paid Family Leave Benefits La	
	isability and/or Paid Family Le			ier referenced above and that the named
Date digited		· ·	carrier's authorized representative or NYS Lic	censed Insurance Agent of that insurance carrier)
Telephone Number	518-556-3103	Name and Title Rot	pert Crandall	Area President
IMPORTANT:			signed by the insurance carrier ificate is COMPLETE. Mail it dire	s authorized representative or NYS ectly to the certificate holder.
	Disability and Paid Family Board, Plans Acceptance U	Leave Benefits Law. It Jnit, PO Box 5200, Bin	must be mailed for completion to ghamton, NY 13902-5200.	
PART 2. To be o	completed by the NYS W	orkers' Compensat	ion Board (Only if Box 4C or 5B o	of Part 1 has been checked)
	rmation maintained by the find Paid Family Leave Benet	Workers' Compensive Workers' Compensive Comp		employer has complied with the
Date Signed		Ву	Signature of Authorized NYS Workers' Compo	0.45
Telenhone Number				
. Ciopilotio Hailiboi				



NCHARRES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/9/2020

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(les) 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				
Emery & Webb, Inc Fishkill Office 989 Main Street	PHONE (A/C, No, Ext): (845) 896-6727 FAX (A/C, No): (845)				
Fishkill, NY 12524	ADDRESS:				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A : Main Street America Assurance Company	29939			
INSURED	INSURER B : NGM Insurance Company	0,1			
Rancourt & Son Land Clearing Corp.	INSURER C: Western World Insurance Company				
PO Box 444	INSURER D :				
Poughquag, NY 12570	INSURER E :				
	INSURER F:	200			
COVERACES CERTIFICATE NUMBER.	DEMONAL MUMBER.				

<u>CERTIFICATE NUMBER:</u>

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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSF	TYPE OF INSURANCE	ADDL:	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	13
Α	X COMMERCIAL GENERAL LIABILITY					351	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR	x	11	MPU8240Z	7/15/2020	7/15/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	s 10,000
İ							PERSONAL & ADV INJURY	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000
	POLICY X JEST X LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000
<u> </u>	OTHER:							\$
	AUTOMOBILE LIABILITY	.					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
T	X ANY AUTO	.		B2V21560	7/15/2020	7/15/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS	.					BODILY INJURY (Per accident)	\$
	HUREDS ONLY MONOSYNED	.					PROPERTY DAMAGE (Per accident)	\$
<u></u>		\square						\$
В	X UMBRELLA LIAB X OCCUR	.					EACH OCCURRENCE	5,000,000
	EXCESS LIAB CLAIMS-MADE	.		CUU8260Z	7/15/2020	7/15/2021	AGGREGATE	\$ 5,000,000
<u></u>	DED X RETENTION \$ 10,000							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	.		L <u>.</u>			X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE T/N			WCV21560	1/1/2020	1/1/2021	E.L. EACH ACCIDENT	s 500,000
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYEE	
-	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
A		. 1		MPU8240Z	7/15/2020	7/15/2021	Leased/Rented Equip.	100,000
C	Pollution Liability			EVP1002832-01	5/31/2020	5/31/2021	Each Condition	1,000,000
		. 1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract or written agreement, Orange County IDA is included as additional insured, subject to the language of the policy.

CERTIFICATE HOLDER	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.
Orange County IDA 4 Crotty Lane, Suite 100 INew Windsor, NY 12553	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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PART 1. To be	completed by Disability and Paid	Family Leave Bo	enefits Carrier or Licensed I	nsurance A	gent of that Carrier			
	Address of Insured (use street address of D SON LAND CLEARING CORP.	only)	1b. Business Telephone Number 845-724-5705	of Insured				
PO BOX 444 POUGHQUAG, N			1c. Federal Employer Identificatio or Social Security Number	n Number of I	nsured			
	Insured (Only required if coverage is specifical lew York State, i.e., Wrap-Up Policy)	ally limited to	651160829					
	ress of Entity Requesting Proof of Covera sted as the Certificate Holder)	age 3	3a. Name of Insurance Carrier ShelterPoint Life Insurar	oce Company				
Orange Count	y IDA							
4 Crotty Lane,		3	3b. Policy Number of Entity Listed	in Box "1a"				
Suite 100			DBL395761					
New Windsor,	NY 12553	1 3	3c. Policy effective period					
			01/01/2020	to	12/31/2021			
B. Disabili C. Paid fai 5. Policy covers: A. All of th B. Only the								
Date Signed	7/10/2020 By		Guladi (), UTIL					
			rrier's authorized representative or NYS Lie					
Telephone Numbe	516-829-8100 Nar	me and Title Ric	chard White, Chief Exec	utive Office	cer			
IMPORTANT:	If Boxes 4A and 5A are checked, a Licensed Insurance Agent of that ca	ınd this form is siç arrier, this certific	gned by the insurance carrier cate is COMPLETE. Mail it dire	s authorized ectly to the c	representative or NYS ertificate holder.			
	If Box 4B, 4C or 5B is checked, this Disability and Paid Family Leave Bo Board, Plans Acceptance Unit, PO	enefits Law. It mu Box 5200, Bingh	ust be mailed for completion to namton, NY 13902-5200.	o the Worker	rs' Compensation			
PART 2. To be	completed by the NYS Workers'	' Compensation	n Board (Only if Box 4C or 5B o	of Part 1 has b	een checked)			
According to info	State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.							
Date Signed	By	(Sign	nature of Authorized NYS Workers' Compe	stion Roard En				
Talashana Alumba								
releptione (voitibe	r Nan	ne and Title						





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/13/2020

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.

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FRU	DOCE	in .				NAME:	IAMMIT D			57.753	
Bisl	and A	Agency, Inc.				PHONE (A/C, No	, Ext): (845) 8	56-6180	FAX (A/C, No):	(845) 8	556-1551
168	1 Fo	restburgh Rd				E-MAIL ADDRE	ss: tbisland@	bislandinsuran	ice.com	1	·
PO	Box !	500						SURER(S) AFFOR	IDING COVERAGE		NAIC #
Gle	n Spe	ey			NY 12737	INSURE	Calliana		Insurance Company		
INSU	RED					INSURE	RB:				
		TDS Electric LLC				INSURE	RC:				
		PO Box 135				INSURE					
						INSURE	RE:				
		Barryville			NY 12719	INSURE	RF:	•			
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		ndatory in NH) s, describe under	_						E.L. DISEASE - EA EMPLOYEE	s	
	DÉS	CRIPTION OF OPERATIONS below		+					E.L. DISEASE - POLICY LIMIT	\$	
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		il work for a small office and wareh al Insured, as per form LS-22 (1/88		ated at	King Zac Industries, 3 Police	Drive, G	Goshen NY, from	n 7/13/2020 - 1	1/24/2021. The Certificate I	lolder is	also an
CEF	TIF	ICATE HOLDER				CANC	ELLATION		F-2532 500	10 20 T T T T	Silberto 95-35
~		Orange County IDA				THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVER 7 PROVISIONS.		BEFORE
		4 Crotty Lane, Suite 100 New Windsor, NY 12553				AUTHO	RIZED REPRESEM	10.	E. Bisland		

BISLAND AGENCY, INC.
GENERAL INSURANCE
1681 FORESTBURGH ROAD
PO BOX 500
GLEN SPEY, NY 12737

Phone: 845-856-6180 Fax: 845-856-1551

August 25, 2020

Re: Jack Sardina

To whom it may concern:

Mr. Sardina's 2005 GMC Pickup Truck, Vin #1GTHK29285E265269, is insured with Preferred Mutual Insurance Company- Personal Auto Policy # PPA 0100 55 35 53, and is rated with Business Use.

If you have any questions, please feel free to contact this office.

With Regards,

Lisa Donnelly Bisland Agency



DATE (MM/DD/YYYY) 08/20/2020

CERTIFICATE OF LIABILITY INSURANCE 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(les) 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). CONTACT NAME: Kelly Kolvenbach PRODUCER PHONE (AJC, No, Ext); E-MAIL ADDRESS: (A/C, No): (845) 856-1551 (845) 856-6180 Bisland Agency, Inc. kkolvenbach@bislandinsurance.com 1681 Forestburgh Rd PO Box 500 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Preferred Mutual NY 12737 15024 Glen Spey INSURED INSURER B Jack Sardina INSURER C: PO Box 135 INSURER D : INSURER E: NY 12719 Barryville INSURER F : CL2081901070 **REVISION NUMBER:** COVERAGES **CERTIFICATE 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 POLICY EFF POLICY EXP ADDE SUBR INSR LTR 1 IMITS TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG POLICY \$ OTHER: COMBINEO SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 250,000 BODILY INJURY (Per person) ANY AUTO OWNED SCHEDULED 06/15/2020 06/15/2021 \$ 500,000 PPA 0100 55 35 53 **BODILY INJURY (Per accident)** A AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) s 100,000 5 UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2005 GMC Pick up Vin # 1GTHK29285E265269 **CERTIFICATE HOLDER** 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**

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CERTIFICATE OF LIABILITY INSURANCE

02/19/2021

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.

If SUBROGATION IS W	AIVED, subject to	the	terma	ONAL INSURED, the police and conditions of the po- cate holder in lieu of such	ilcy, co	rtain policies				
PRODUCER					CONYA	CT Susan Ca	mell			
The Briggs & Sipple Agency	y, Inc.				PHONE (AC. N	(845) 7	94-2688	FAX I	(845)	794-3091
26 Katrina Falls Road					ADDRE	scamel@	briggsandsipp		in ju	
PO Box 804					HOUTE		SUPPORT A SEC	RDDIG COVERAGE	- X	NAIC#
Rock Hill				NY 12775	DANSING	Atabia-at				14788
INSURED						DISURER A: National Grange Mutual Insurance Co. 14788 DISURER B: Main Street America Group				
TDS ELECT	TRIC. LLC					NO.				
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BARRYVILI	=			NY 12719-0135	INSURE					
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4 County La	ne Suite 100				AUTHOR	IZED REPRESEN	TATIVE	·		
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New Windso	Y .			NY 12553			1)	4 Odena		

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BARRYVILLE

CERTIFICATE OF LIABILITY INSURANCE

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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 POLICES BELOW. THIS CERTIFICATE OF INBURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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CORTACT Susanne Carnell PRODUCER WAS NOT (\$45) 794-3091 The Briggs & Sipple Agency, Inc. PHONE (845) 794-2606 (845) 794-2666 26 Kau na Falls Road PO Box 804 INSURERLE AFFOREDIG COVEPAGE Mauren A. Main Street America Rock Hill NY 12775 INSURED MSURER B National Grange Mutual Main Street America Group TOS ELECTRIC LLC PO BOX 135 MSURER D

MSURER F

COVERAGES

CERTIFICATE NUMBER: CL21111902351

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERICO INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH PESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

NY 12719-0135

TR	TYPE OF INSURANCE	ADDL	SUER	POLICY NUMBER	POLICYEFF	(MMDDYYYY)	LEUTS	Name and Address of the Owner, where the Party of the Par
	COMMERCIAL GENERAL LIABILITY	IMSO	WYD	POCCYNOMBEN	MADONTYTY		DAMAGE TO RENTED	2.000,000
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	OTHER:		200		100	LINE	Empi Practices Liab Ins	
1	AUTOMOBILE LIABILITY					- 23	COMBINED SINGLE LIMIT (Ex accident)	\$ 1,000,000
	ANYAUTO		0.53		10/26/2021	10/26/2022	BODILY INJURY (Per person)	STATE SAME
	OWNED SCHEDULED AUTOS			B1Z5483E CUZ6366F			BOOKY INJURY (Per accident)	\$
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	5
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c	WINDRELLA LIAB COCCUR						EACH OCCURRENCE	s 5,000,00G
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O CO	OFFICER/MEMBER EXCLUDED? [Mandatory In NH)		100				EL DISEASE - EA EMPLOYEE	-
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION				
Orange County IDA		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
4 Country Lane, Ste 100		AUTHORIZED REPRESENTATIVE				
New Windsor	NY 12553	Susana Carrell				

Client#: 1764223

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DECUNICED

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2020

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CONTACT Donna M Vola

Desylea Road, Suite A201 ADDRESS	SI Insurance Services LLC			PHONE 722 OC		FAX 720	240 0400
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Well Scott



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/29/2021

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(les) 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). PRODUCES CONTACT NAME: Susanne Camell PHONE
ACCUSED (845) 794-2666

E-BAN ADDRESS: scamell@briggsandsippleagency.com The Briggs & Sipple Agency, Inc. (A/C, No): (845) 794-3091 26 Katrina Falls Road PO Box 804 INSURER(8) AFFORDING COVERAGE NAIC # Rock Hill NY 12775 Main Street America Group INSURER A: INSURED INSURER B: TOS ELECTRIC LLC INSURER C: **PO BOX 135** INSURER D INSURER E : BARRYVILLE NY 12719-0135 INSURER F: Cl 2142902164 COVERAGES **CERTIFICATE NUMBER: 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, ADDL SUBR POLICY EFF POLICY EXP
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CANCELLATION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Orange County IDA

4 Crotty Lane, Suite 100

New Windson

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

NY 12553

Susane Cornell

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PART 1. To be completed by Disability and Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier					
1a. Legal Name & Address of Insured (use street address only) TDS Electrical LLC	1b. Business Telephone Number of Insured (845) 807-8768 x					
21 Kern Road BARRYVILLE, NY 12719 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number 82-4298519					
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Orange County IDA	3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box "1a" L88548-000					
4 Crotty Lane, Suite 100 New Windsor, NY 12553	3c. Policy effective period 6/25/2019 to 7/9/2021					
 X A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: X A. All of the employer's employees eligible under the NYS Disabili B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or insured has NYS Disability and/or Paid Family Leave Benefits insurance of Date Signed 7/10/2020 	licensed agent of the insurance carrier referenced above and that the named					
	e carrier's authorized representative of NYS Licensed Insurance Agent of that insurance carrier) Bebi Ishmail, Supervisior-DBL/Policy Services					
IMPORTANT: If Boxes 4A and 5A are checked, and this form is Licensed Insurance Agent of that carrier, this certificate is	s signed by the insurance carrier's authorized representative or NYS tifficate is COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS timust be mailed for completion to the Workers' Compensation anghamton, NY 13902-5200.					
PART 2. To be completed by the NYS Workers' Compensat	tion Board (Only if Box 4C or 5B of Part 1 has been checked)					
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)					





PART 1. To be completed by Disability and Paid Family	Leave Benefits Carrier or Licensed Insurance Agent of that Carrier						
1a. Legal Name & Address of Insured (use street address only) TDS ELECTRIC, LLC ATTN: JACK SARDINA PO BOX 135 BARRYVILLE, NY 12719	1b. Business Telephone Number of Insured 845-807-8768						
Work Location of Insured (Only required if coverage is specifically limited certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 824298519						
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier						
Orange County IDA	ShelterPoint Life Insurance Company						
4 Crotty Lane, Suite 100	3b. Policy Number of Entity Listed in Box "1a"						
New Windsor, New York 12553	DBL644227						
	3c. Policy effective period						
	07/28/2021 to 07/27/2022						
C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.							
Date Signed 7/28/2021 By (Signature of i							
Telephone Number _516-829-8100 Name and Title Richard White, Chief Executive Officer							
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.							
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.							
PART 2. To be completed by the NYS Workers' Comp	pensation Board (Only if Box 4C or 5B of Part 1 has been checked)						
Workers' (According to information maintained by the NYS Workers' C NYS Disability and Paid Family Leave Benefits Law with res	State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.						
Date Signed By	(Signature of Authorized NYS Workers' Componention Roard Employee)						
1	Title						







BOARD OF DIRECTORS

August 20, 2020

Mary Ellen Rogulski

- CHAIRMAN

Herb Zakarin

Edward A. Diana - VICE CHAIRMAN

3 Police Drive, PO Box 1029

GAM Property Corp.

Goshen, NY 10924

James DiSalvo

- SECOND VICE CHAIRMAN

Dear Mr. Zakarin:

Stephen Brescia

Michael Gaydos

- ASSISTANT SECRETARY

- SECRETARY

Please be advised our independent auditor, Loewke Brill Consulting Group, has reviewed the Local Labor Verified Exemption Request you submitted related to the GAM Property Corp. application for Drilling and Blasting by MD Drilling at the 3 Police Dr, Goshen, NY 10924 project site.

John McCarey

Based on our independent auditor's findings on information you supplied them and related to the Exemption Request, as well as the criteria established by the Orange County Industrial Development Agency, your Local Verified Exemption Request has been approved.

OPERATIONS STAFF

A copy of this letter approving the exemption from the local labor requirement must be kept on site for the inspector to see when making site visits to monitor for compliance with the local labor requirements.

Laurie Villasuso - CHIEF EXECUTIVE

OFFICER

Should you have any further questions or concerns or would like to discuss in greater detail I can be reached at 845-220-2208.

Melanie Schouten - CHIEF OPERATING **OFFICER**

Sincerely,

Edward Januszkiewicz

- CHIEF FINANCIAL OFFICER

Kevin T. Dowd - ATTORNEY

Laurie Villasuso

Chief Executive Officer



August 3rd, 2020

Laurie Villasuso
Chief Operating Officer
Executive Vice President of Economic Development
Orange County IDA – The Accelerator
4 Crotty Lane, Suite 100
New Windsor, NY 12553

Project: GAM Property Corp – Requests for Verified Exemptions

Specialty Services: Blasting

GAM Property Corp is seeking a waiver for specialty services related to drilling and blasting at the project site located at 3 Police Drive in Goshen NY. **Background**:

MD Blasting and Drilling is a Connecticut based company that performs blasting of this nature in confined spaces and around dated utility connections. There was only one other local company that we had Ramon Gonzalez (Project manager, Triple R Development) reach out to, Roehrs Construction. After submitting designs and Geotech report to Roehrs, it was determined they could not perform the job due to the age of the utility wires surrounding the project.

Loewke Brill considers this waiver request to be valid and recommends the waiver to be processed.

Sincerely,

Kevin E Loewke







Orange County Industrial Development Agency

Local Labor Verified Exemption Request

The request to secure a verified exemption for use of non-local labor must be received in writing from the applicant, and must allow 60 days for processing and required due diligence. Loewke Brill does not accept exemption requests for companies located within the local labor area.

APPLICANT NAME: Gam Property Corp

	8							
CONT	ACT: Ramon Gonzalez							
PHON	E (B) <u>(845) 866-4091</u>		PHON	IE (CELL)	Same			
FAX _	845) 985-2418	EMAIL_	Ramon@T	ripleRD.co	om			
REAS	ON FOR REQUEST							
1)	1) Warranty issues related to installation of specialized equipment whereby the manufacture requires installation by only approved installers. – EXPLAIN							
2) Specialized construction in which a local contractor is not available – EXPLAIN								
3)	Significant cost differentials in the project. A cost differential differential, if the local contra waiver will be granted. Howev EXPLAIN (PROVIDE COPIL	l of 10% is do ctor agrees t ver, if the ave	eemed significored the erage is still	ficant. Whe	e average of the two bids, no			
4)	No local labor available for the	e project – E	XPLAIN					
Applica	ant Signature:	W.C.			Date: 2020.07.29			
Amour	nt of Contract Needing Verified	Exemption:_	\$513,300.0	00				
Numbe	er of Workers Needing Verified	Exemption(s): <u>4 - 5</u>					
Send C	ompleted Form and Attachmer	nts to our aud		491 Elmgi	oewke rill Consulting Group rove Road – Suite 2 r, NY 14606			

Kevin@loewkebrill.com



July 29, 2020

Kevin Loewke Loewke Brill Consulting Group, Inc. 491 Elmgrove Rd. Suite 2 Rochester, NY 14606

Project: Gam Property Corp - 3 Police Drive, Goshen, NY 10924

Specialty Services: Rock Blasting

Kevin,

As the construction manager for the above noted project I am writing to you seeking a waiver for specialty services. The service is the blasting that needs to take place to complete the site work required for this project. While you and I have had multiple conversations regarding this situation, I have included a summary of our efforts below.

The only local contractor that can perform this service is Roehrs Construction. We have made many attempts to obtain a formal proposal from this vendor. Boyce Excavating, the project's site vendor, has reached out to Roehrs on multiple occasions. Aside from the initial conversation, they received no written responses. In an effort to make sure we were trying all avenues, I (Ramon Gonzalez, Triple R Development) also reached out to Dave Roehrs. I was able to speak with him and personally re-sent the plans for him to look at and price. From that point on, I did not get a response. Two weeks ago, Boyce received a call from Brian at Roehrs who said that their price for this job would be between \$700,000.00 - \$800,000.00 to complete. Although this was requested in writing, nothing more was received. From there, I know you (Kevin Loewke) also tried to speak with Dave. On or about July 22nd, Dave indicated that they are not able to do this work because of the high voltage power lines running near the site. This was due to restrictions from their insurance carrier.

In summary, we need a specialty services waiver to keep this project moving. We have spent weeks trying to get the only known local vendor to work with us and all avenues have resulted in no positive results. Roehrs has not complied with our requests to send an email to







summarize their price and inability to complete this project. I am including the emails from Boyce and myself to Roehrs to show that attempts have been made. On top of the written requests there have been multiple calls made to them as well. At this point, it is critical to secure this waiver.

Regards,

Ramon Gonzalez

Triple R Development





Original Boyce Email Chain

Ramon Gonzalez III <ramon@triplerd.com>

Fwd: King Zak Blasting

9 messages

Ashley Allensworth <ashleya@boyceexcavating.net> To: Ramon Gonzalez III <ramon@triplerd.com>

Cc: Josh Strang <joshs@boyceexcavating.net>, Matthew Quinlan <matthewq@boyceexcavating.net>

Wed. Jul 8, 2020 at 3:44 PM

Ramon,

Please see the below emailing showing our requests for a quote with no response from Roehrs. Is this sufficient?

Thank you,

- Forwarded message ---From: Josh Strang <joshs@boyceexcavating.net> Date: Wed, Jul 8, 2020 at 8:42 AM Subject: Re: King Zak Blasting To: Ashley Allensworth <ashleya@boyceexcavating.net>

Brian

We really needed a price prior to today be we have a blasting meeting today. Please let us know today either way if you will be pricing.

Thank you

Josh Strang Vice President Boyce Excavating Co. Inc.

Cell: (845)741-6849 Office: (845)343-5400 Fax: (845)343-2194

On Wed, Jul 8, 2020 at 8:37 AM Ashley Allensworth <ashleya@boyceexcavating.net> wrote: Brian,

Can you please let me know if you plan on bidding this project? We are looking to get this work started ASAP. If you are not able to price please let me know via email as soon as possible.

Thank you,

On Tue, Jul 7: 2020 at 9:49 AM Ashley Allensworth <ashleya@boyceexcavating.net> wrote: Brian,

Can you update us on when we can expect pricing for the above mentioned project?

Thank you.

On Thu, Jul 2, 2020 at 1:13 PM Ashley Allensworth <ashleya@boyceexcavating.nel> wrote Good afternoon,

Can you please provide us with pricing for the above mentioned project? We are awarded this project and would be looking to start blasting as soon as possible.

Would you be able to provide a quote by MOnday?

Drawings and Geotech are attached.

Thank you,

ActivePlan.KingZak.Revision4. 6.16.20 .pdf

Ashley Allensworth Assistant Project Manager Assistant Estimator



ashleya@boyceexcavating.net office- 845-343-5400 fax- 845-343-2194 cell- 845-775-1136

Ashley Allensworth Assistant Project Manager Assistant Estimator



ashleya@boyceexcavating_net office- 845-343-5400 fax- 845-343-2194 cell- 845-775-1136

Ashley Allensworth Assistant Project Manager Assistant Estimator



ashleya@boyceexcavating.net office- 845-343-5400

fax- 845-343-2194 cell- 845-775-1136

Ashley Allensworth Assistant Project Manager Assistant Estimator



ashleya@boyceexcavating.net

office- 845-343-5400 fax- 845-343-2194 cell- 845-775-1136

Ramon Gonzalez III <ramon@triplerd.com>

To: Ashley Allensworth <ashleya@boyceexcavating.net>

Cc: Josh Strang <joshs@boyceexcavating.net>, Matthew Quinlan <matthewq@boyceexcavating.net>

Ashley - Thank you for sending this.

Josh - You spoke to them initially and they were interested but have been non responsive since rite?

Thank you.

Ramon Gonzalez

Triple R Development

E. Ramon@TripleRD.com

P. (845) 866-4091

F: (845) 985-2418

[Quoted text hideen]

Josh Strang <joshs@boyceexcavating.net>
To: Ramon Gonzalez III <ramon@triplerd.com>

Cc: Ashley Allensworth <ashleya@boyceexcavating.net>, Matthew Quinlan <matthewq@boyceexcavating.net>

That is correct!

Josh Strang Vice President Boyce Excavating Co. Inc.

Cell: (845)741-6849 Office: (845)343-5400 (845)343-2194 Fax

Quoted feet hidden

Second Request from Boyce for a proposal

Matthew Quinlan <matthewq@boyceexcavating.net>

To: brian@roehrsconstruction.com, dave@roehrsconstruction.com

Cc: Josh Strang <joshs@boyceexcavating.net>, Ashley Allensworth <ashleya@boyceexcavating.net>, Ramon Gonzalez III <ramon@triplerd.com>

Dave/Brian.

This is the second attempt at sending the plans to you. Please confirm receipt of this email and its attachments at your earliest convenience and let us know your interest in bidding the blasting portion of this job

Thank you.

Matthew Quinlan Project Manager, Boyce Excavating Co., Inc.



Phone (845) 343-5400 Fax (845) 343-2194

Email: mattrewa@boyceexcavating.net

Website www.boyceexcavating.net Address 2817 Route 6, P.O. Box 367, State Hill, NY 10973

We Move The Earth

Quoted fact hidden

GeoTechReport_KingZak.pdf 2008K

Josh Strang <joshs@boyceexcavating.net>

To: Ramon Gonzalez III ramon@triplerd.com, Ashley Allensworth ashleya@boyceexcavating.net, Matthew Quin an matthewq@boyceexcavating.net

Mon. Jul 13, 2020 at 9:13 AM

Wed, Jul 8, 2020 at 4:06 PM

Thu, Jul 9, 2020 at 6:33 AM

Fri. Jul 10, 2020 at 4:15 PM

Ramon still no response from these guys and we're expecting to receive signed contract from Maine drilling and blasting shortly.

Josh Strang Vice President Boyce Excavating Co. Inc.



Quoted lext hidden



Ashley Allensworth <ashleya@boyceexcavating.net>

Wed, Jul 15, 2020 at 12:50 PM

To: Ramon Gonzalez III <ramon@triplerd.com>

Cc; Josh Strang <joshs@boyceexcavating.net>, Matthew Quinlan <matthewq@boyceexcavating.net>

Ramon,

See the full thread of emails with no responses from Roehrs. We have also not received any phone calls or texts regarding this project, from them.

Thank you, [Quoted text hidsen]

GeoTechReport_KingZak.pdf

Ramon Gonzalez III <ramon@triplerd.com>
To: Ashley Allensworth <ashleya@boyceexcavating.net>

Wed. Jul 15, 2020 at 1:21 PM

Cc: Josh Strang <joshs@boyceexcavating.net>, Matthew Quinlan <matthewq@boyceexcavating.net>

Ashley,

The only new email I see is Matts from Friday, Is there more than that?

Thank you,

Ramon Gonzalez

Triple R Development

E: Ramon@TripleRD.com

P: (845) 866-4091

F: (845) 985-2418

[Quoted text hidden]

Ashley Allensworth <ashleya@boyceexcavating.net>

To: Ramon Gonzalez III <ramon@triplerd.com>

Cc: Josh Strang <joshs@boyceexcavaling.net>, Matthew Quinlan <matthewq@boyceexcavating.net>

Wed, Jul 15, 2020 at 1:25 PM

No there isn't.

Ramon Gonzalez III <ramon@triplerd.com>

To: Kevin Loewke <kevin@loewkebrill.com>

Wed, Jul 15, 2020 at 1:31 PM

Kevin,

Here is the email from Friday that was sent from Boyce to Roehrs. Below is also a screenshot from that email showing the two Roehrs email addresses it was sent to



Thank you,

Ramon Gonzalez

Triple R Development

E. Ramon@TripleRD.com

P. (845) 866-4091

F: (845) 985-2418

(Quoted text hidden)





Ramon Gonzalez III <ramon@triplerd.com>

Fwd: King Zak Blasting

Ashley Allensworth <ashleya@boyceexcavating.net>
To: brian@roehrsconstruction.com, dave@roehrsconstruction.com

Wed, Jul 29, 2020 at 12:55 PM

Cc: Josh Strang < joshs@boyceexcavating.net>, Ramon Gonzalez III < ramon@triplerd.com>, Matthew Quinlan < matthewq@boyceexcavating.net>

Would you mind responding VIA EMAIL stating what you told Josh as to why you wouldn't be able to bid this project? We need this to help satisfy the Orange County

Written Request to Roehrs asking for a response in writing



King Zak

1 message

Request for proposal from Triple R. This was sent immediately after speaking with Dave

Ramon Gonzalez III <ramon@triplerd.com>

Wed. Jul 15, 2020 at 4:11 PM

Ramon Gonzalez III <ramon@triplerd.com>

To. Dave@roehrsconstruction.com Cc: Brian@roehrsconstruction.com. Kevin Loewke <kevin@loewkebrill.com>

Thank you for taking the time to speak with me. Below is a link to the site plan and the geo-tech report is attached. The plan is too large to send as an attachment. Since a large portion of the hill on the east side is going to be rock the goal is to use that rock face in place of the retaining wall shown on the site plan. The face of the rock does not need to be perfect but it does need to be stable. Based on what I have there is aprox 61,000 cubic yards of rock to drill and blast. Please call me if you have any questions.

Full Site Plan

Thank you,

Ramon Gonzalez

Triple R Development

E: Ramon@TripleRD.com

P: (845) 866-4091

F: (845) 985-2418

GeoTechReport_KingZak.pdf 2008K

Subcontractor:

MD Drilling & Blasting 103 Old Windsor RD Bloomfield, CT 06002

Phone: 860-242-5993 Fax: 860-242-9375



www.mdandb.com

Contractor:

Boyce Excavating 2817 US Route 6 PO Box 367 Slate Hill, NY 10973

Cust. ID:

81425

Contact: Cust. Phone: Neil Andre 845 343-5400

Cust. Fax:

845 343-2194

Quote No:

19-14221-02

Date:

September 17, 2019

Vendor for which we are

seeking the waiver

King Zak Warehouse

3 Police Highway Goshen, NY

Thank you for the opportunity to quote your drilling and blasting needs on the above referenced project. The following are our prices:

SCOPE OF WORK:

Our pricing is based upon:

- A civil plan set titled "Warehouse Expansion Site Plan" prepared by Esposito & Associates drawn April 10, 2018, last revised April 25, 2019.
- A geotechnical report titled "Geotechnical Assessment Report" prepared by Kevin L. Patton, P.E. dated July 27, 2018.

Clarifications

- No blasting specifications provided, blast design will be based upon the USBM Alternative Blasting Level Criteria, Appendix B.
- No test pit or boring data is available for this site at this time. Quantities assume average of 1.5 ft of overburden across entire site.
- Pricing is based on 61,000 CY with an 11 ft average cut.
- No drilling or blasting will be performed within 25ft of Orange & Rockland structures or conductors.
 Pricing does not include costs associated with special inspections or monitoring of O&R property, facilities, or equipment.
- Mechanical ledge removal by the contractor in the blasting zone will substitute for blasting as long as
 the result meets subgrade. If this effort leaves high spots, Subcontractor will drill and blast the high
 spots on a daily rate basis.
- A minimum depth drillhole of 9 ft will be used, which will create the potential for overblast within the proposed building footprint. MD D&B will work with the contractor on developing an overburden removal plan in order to minimize overblast
- Trench blasting is not included at this time.
- A minimum of a 330 Cat Class excavator is required for handling and setting of blasting mats.
- No blasting will be performed within 25ft of the existing warehouse or utilities that are to remain.
- Blasting for the building addition and slope will be measured and billed by the Cubic Yard.

 Blasting for the detention ponds will be measured and billed by the square foot. Square footage will be measured as the burden x the spacing x number of holes shot.

EXCLUSIONS

- Rock removal by mechanical methods, our price is for Drilling and Blasting only.
- Blasting within 25ft of existing structures and utilities.
- Drilling or blasting within 25ft of Orange & Rockland structures or conductors.
- Blasting, if any concrete is placed within 300' of a blast zone unless we have a hold harmless agreement with the contractor.
- Boulder reduction (negotiated separately).
- Costs associated with blasting inspector, independent seismic monitoring or pre-blast surveys, if required.
- Line drilling or presplit.
- Reducing All Oversize
- Damages and related expenses caused to pavement and utilities
- All structural backfill and concrete replacement

MEASUREMENT & PAYMENT

Open rock blasting will be measured and billed by the cubic yard.

		CONVERSATION
Item Description	Quantity	Unit Price Extension
Drill and Blast Mass Rock	61,000.00 CY	\$8.50 \$518,500.00 \$509, 800
Drill & Blast Mass Rock - Pond	SF	\$ 5.50 -
Mobilization, Blast Permit, Preblast Surveys	1.00 LS	\$3,500.00 \$3,500.00
		Total: \$522,000.00 \$513,300

8.30 PER PHONE

THIS PRICE DOES NOT ALLOW FOR RETAINAGE TO BE WITHHELD.

Quantities will be approved by Contractor (owner) and MD Drilling & Blasting on a Daily basis and Contractor (Owner) will sign time and material acceptance report.

MD Drilling & Blasting will bill on a Monthly basis. Contractor (Owner) will make payment TBD - To Be Determined of receipt of invoice without holding any retainage. Contractor (Owner) will pay interest at a rate of 1 1/2% per month on past due balances. Any legal fees, costs or expenses, incurred by the Subcontractor to collect payment shall be paid by the Contractor. Contractor will waive all claims for consequential and/or liquidated damages.

MD Drilling & Blasting TO SUPPLY:

- Mobilization
- Preblast survey by Subcontractor employees
- Seismic monitoring by Subcontractor employees
- Necessary manpower and equipment to meet production needs
- Blasting mats as necessary
- On site technical support as necessary
- Ten Million Dollars (\$10,000,000.00) Commercial Umbrella Liability Insurance Coverage
- All blasting permits, plans, submittals, and explosive storage
- Fuel for MD&B's equipment
- Test drilling as directed by the Contractor at \$345 / hour
- Standby time at \$400 / per hour
- The supply and set up of the necessary sign package for Blasting Activities

CONTRACTOR TO BE RESPONSIBLE FOR:

- De-watering if necessary
- No Backcharges without prior written authorization
- Adequate access to work area for equipment and materials
- Layout, grade and cut marks

- Traffic control, site security, road/ROW clean-up, and related expenses, including liquidated damages
- Supplying and deliverying 3/8" stemming stone to the blast area at no cost to Subcontractor
- Handling and placement of 12,000 lbs blasting mats with at least a 330 Cat Class machine in a timely manner
- All structural backfill and concrete replacement
- Damages and related expenses caused to pavement and utilities
- · Not withholding any retainage
- Reducing All Oversize
- · Excavation of blasted rock in a timely manner
- · Blasting surface conducive to efficient drilling, blasting, and matting practices

Price and terms will be held for 60 days from the above date.

By allowing Subcontractor to begin work at the Project, Contractor (Owner) accepts and agrees to be bound by all of the terms of this quotation. This quotation may be altered only by a document signed by both parties.

Thank you again for the opportunity to quote you. If you have any questions, feel free to call me.

Jereme Caron		



DATE (MM/DD/YYYY) 08/25/2020

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).

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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 of Marsh USA Inc.
Manashi Mukherjee Manashi Mukherjee



PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier							
1a. Legal Name &	Address of Insured (use street	address only)	1b. Business Telepho	one Number of Insur	ed		
103 OLD WIN			207-203-1611				
	, CT 10516 nsured (Only required if coverage lew York State, i.e., Wrap-Up Policy	•	1c. Federal Employe or Social Security		er of Insured		
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Telephone Numbe		_	nanon Logan, Di				
IMPORTANT:	Licensed Insurance Agent				orized representative or NYS the certificate holder.		
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	State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.						
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DATE (MW/DD/YYYY) 10/26/2020

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.

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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Additional Remarks Schedu	le, may be	attached If more	space is requir	rd)		
-11								-		
WH	EN REQUIRED BY WRITTEN CONT NCLUDED AS ADDITIONAL INSUR	TRA	ÇŢ,	OR WRITTEN AGREE	MENT,	ORANGE	COUNTY IE)A		
12 li	NCLUDED AS ADDITIONAL INSUR	ED,	SUI	BUECT TO THE LANGI	JAGE	OF THE PO	LICY.			
CE	RTIFICATE HOLDER			00411000	CANO	ELLATION		· · · · · · · · · · · · · · · · · · ·		. 1
				ORANGEC	6114					
								ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE		
	OBANCE COUNTY IDA							Y PROVISIONS.	DEM.	TENED IN
1	ORANGE COUNTY IDA 4 CROTTY LANE, SUITE 19	nn.								
1	NEW WINDSOR, NY 12553					RIZED REPRESE	NTATIVE			
	112003 HET WINDOW, NT 12003	•			Mich	ael Faley				
						-				



DATE (MM/DD/YYYY) 04/06/2021

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(les) 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). CONTACT Mary Scharf 914-337-5201 The Faley Corporation 2116 Central Park Avenue Yonkers, NY 10710 Michael Faley PHONE (A/C, No, Ext): FAX (A/C. No): 914-337-5029 914-337-5201 MSCHARF@FALEYCORP.COM INSURER(8) AFFORDING COVERAGE NAIC# INSURER A: Main Street America Assurance 29939 INSURED MICHAEL & SONS EQUITIES INC P O Box 686 INSURER B : National Grange Mutual 14788 INSURER C : Ohio Security Ins Company 24082 Putnam Valley, NY 10579-0686 INSURER D : INSURER E : INSURER F : **COVERAGES** CERTIFICATE NUMBER: 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence 500,000 CLAIMS-MADE X OCCUR MPZ8317C 04/06/2021 04/06/2022 ٧ CONTRACTUAL 10,000 MED EXP (Any one person) 2.000,000 PERSONAL & ADV INJURY 4.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-4,000,000 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY ANY AUTO B2U3340Z 04/06/2021 04/06/2022 **BODILY INJURY (Per person)** OWNED AUTOS ONLY X SCHEDULED BODILY INJURY (Per accident) HIRED AUTOS ONLY NON-OWNED B X X 4.000.000 UMBRELLA LIAB OCCUR **EACH OCCURRENCE** CUZ8319C 04/06/2021 04/06/2022 4,000,000 EXCESS LIAB **CLAIMS-MADE AGGREGATE** 10,000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVÉ OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE if yes, describe under DESCRIPTION OF OPERATIONS below INLAND MARINE DISEASE - POLICY LIMIT BMO59357647 11/29/2020 11/29/2021 EQUIPMENT 67.900 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be ettached if more space is required) WHEN REQUIRED BY WRITTEN CONTRACT, OR WRITTEN AGREEMENT, ORANGE COUNTY IDA IS INCLUDED AS ADDITIONAL INSURED, SUBJECT TO THE LANGUAGE OF THE POLICY. CERTIFICATE HOLDER CANCELLATION **ORANGEC** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **ORANGE COUNTY IDA 4 CROTTY LANE, SUITE 100** AUTHORIZED REPRESENTATIVE **NEW WINDSOR, NY 12553**

DUCER		· · · · · · · · · · · · · · · · · · ·		URANCE		10/26/2020
BGI 216	ES GROUP SA LARCHMONT ACRES WES	914-806-5853 ST	HOLDER.	D CONFERS N This Certifica	UED AS A MATTER O O RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE PO	F INFORMATION E CERTIFICATE ND, EXTEND OR
LAF	RCHMONT, NY 10538		INCLIDEDO A	FFORDING COV	EBAGE	NAICA
RED				NTINENTAL INC		NAIC#
	MICHAEL & SON EQUITIE	ES INC	INSURER B:	MINENIALINE	DEMINITY CO	28258
	22 WHITEHALL ROAD	:5 1140.	INSURER C			
	PUTNAM VALLEY, NY 10)579	INSURER D:			
			INSURER E			
HE PONY REAY PE	EQUIREMENT, TERM OR CONDITIO ERTAIN, THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE INSU N OF ANY CONTRACT OR OTHER D ED BY THE POLICIES DESCRIBED HER NY HAVE BEEN REDUCED BY PAID CLA	OCUMENT WITH REIN IS SUBJECT	RESPECT TO WI	IICH THIS CERTIFICATE N	IAY BE ISSUED OR
ADD'L Nard	TYPE OF INSURANCE	POLICY NUMBER P	OLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	8
	GENERAL LIABILITY				EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$
			1		PERSONAL & ADV INJURY	\$
			· ·		GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
	POLICY JECT LOC AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS NON/OWNED AUTOS				BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY > EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	OCCUR CLAIMS MADE				AGGREGATE	\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
STREET, SQUARE, B.	KERS COMPENSATION AND	46-597161-01-02	1/4/2020	1/4/2021	X WC STATU: OTH: ER	
ANY F	PROPRIETOR/PARTNER/EXECUTIVE	40-007 101-01-02	11-1/2020	11412021	E.L. EACH ACCIDENT	s 1,000,00
	CERMEMBER EXCLUDED? , describe under CIAL PROVISIONS below				E.L. DISEASE > EA EMPLOYEE	
OTHE					E.L. DISEASE > POLICY LIMIT	<u>1,000,00</u>

	1CO	RD, CERTIFIC	ATE OF LIABIL	ITY INS	URANCI			(MM/DD/YYYY) 1/05/2021
***	BGES 216A L	GROUP ARCHMONT ACRES WES	914-806-5853	THIS CER ONLY AN HOLDER.	TIFICATE IS ISS ID CONFERS N THIS CERTIFIC	UED AS A MATTER IO RIGHTS UPON T ATE DOES NOT AMI AFFORDED BY THE I	HE CE End. E	ERTIFICATE EXTEND OR
		1110111,111110000		INSURERS A	AFFORDING COV	/ERAGE	N.	AIC#
INSU	RED	1.11		INSURER A: CC	ONTINENTAL IN	DEMNITY CO		28258
		MICHAEL & SON EQUITIE	S INC.	INSURER B:				
		22 WHITEHALL ROAD		INSURER C:				
		PUTNAM VALLEY, NY 10	579	INSURER D:		· · · · · · · · · · · · · · · · · · ·		
	/ED 1 OF	1		INSURER E:				=:
AI M. P.	NY REQU NY PERTA OLICIES. A	IES OF INSURANCE LISTED BEL IREMENT, TERM OR CONDITIO AIN, THE INSURANCE AFFORDE	OW HAVE BEEN ISSUED TO THE IN N OF ANY CONTRACT OR OTHER D BY THE POLICIES DESCRIBED H Y HAVE BEEN REDUCED BY PAID C	DOCUMENT WIT EREIN IS SUBJEC LAIMS.	H RESPECT TO W T TO ALL THE TER	HICH THIS CERTIFICATE MS, EXCLUSIONS AND C	MAY BI	E ISSUED OR
LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LDM	IT8	
	GE	NERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$	
		COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurence)	8	
		CLAIMS MADE OCCUR				MED EXP (Any one person)	\$	
	-					PERSONAL & ADV INJURY	\$	
	GE	J N'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS > COMP/OP AGG	\$	
		POLICY PRO, LOC				PRODUCTS / COMP/OF AUG	-	
	AU.	TOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
1				· · · · · · · · · · · · · · · · · · ·		PROPERTY DAMAGE (Per accident)	s	
1	GAI	RAGE LIABILITY				AUTO ONLY > EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC	1	
	EXC	CESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	3	_
			i				\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
Δ		S COMPENSATION AND	46 507164 04 02	1/4/2024	1/4/2022	X WC STATU: OTH	>	
Α	ANY PROF	RS' LIABILITY PRIETOR/PARTNER/EXECUTIVE	46-597161-01-03	1/4/2021	1/4/2022	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/	MEMBER EXCLUDED?				E.L. DISEASE > EA EMPLOYE	E \$	1,000,000
	SPECIALI	ribe under PROVISIONS below		· · · · · · · · · · · · · · · · · · ·		E.L. DISEASE > POLICY LIMIT	\$	1,000,000
			ES / EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVIS	IONS	1		
CO	VERS A	LL LOCATIONS IN NEW Y	ORK AND CONNECTICUT					
^=	TIP (\$ 6.5	TE HALDED						
CEF	TIFICA	TE HOLDER		CANCELLAT		1-11		
		ORANGE COUNTY IDA 4 CROTTY LANE,		NOTICE TO THE	, THE ISSUING INSUR CERTIFICATE HOLDE	ED POLICIES BE CANCELLED ER WILL ENDEAVOR TO MAIL R NAMED TO THE LEFT, BUT F TY OF ANY KIND UPON THE II	15 AILURE 1	DAYS WRITTEN TO DO SO SHALL
		SUITE 100	•	REPRESENTATI	VES.			
		NEW WINDSOR, NY 1255	3	AUTHORIZED REPRESENTATIVE AND WORLD				



									
PART 1. To be o	completed by Disability	and Paid Family Leav	ve Benefits Carrier or Licensed	Insurance	e Agent of that Carrier				
	Address of Insured (use streams EQUITIES, INC	et address only)	1b. Business Telephone Numbe	r of Insured					
22 WHITEHALL									
PUTNAM VALLE	Y, NY 10579		1c. Federal Employer Identificati	on Number	of Insured				
Work Location of Incertain locations in N	nsured (Only required if coverag lew York State, i.e., Wrap-Up Poli	ge is specifically limited to icy)	or Social Security Number 050618350						
2. Name and Addr	ess of Entity Requesting Prod	of of Coverage	3a. Name of Insurance Carrier						
1	sted as the Certificate Holder))	ShelterPoint Life Insura	ance Comp	any				
Orange Cou	IIII IDA		3b. Policy Number of Entity Liste	ed in Box "1	a"				
4 Crotty Lane			DBL576663						
Suite 100	NN/ 40880								
New Windsor,	NY 12553		3c. Policy effective period	to	40/04/0004				
			01/01/2020	to _	12/31/2021				
A. Both dia B. Disabilit C. Paid far 5. Policy covers: A. All of th	 4. Policy provides the following benefits: A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: 								
insured has NYS C		Leave Benefits insurance	or licensed agent of the insurance ca coverage as described above.	mier referen	ced above and that the named				
Date Signed		By(Signature of Insurar	nce carrier's authorized representative or NYS	Licensed Insura	ance Agent of that insurance carrier)				
Telephone Numbe	516-829-8100		Richard White, Chief Exe						
IMPORTANT:	If Boxes 4A and 5A are of Licensed Insurance Ager	checked, and this form nt of that carrier, this c	is signed by the insurance carrie ertificate is COMPLETE. Mail it d	er's authori irectly to th	zed representative or NYS ne certificate holder.				
	Disability and Paid Family	y Leave Benefits Law.	is NOT COMPLETE for purposes It must be mailed for completion Binghamton, NY 13902-5200.						
PART 2. To be	completed by the NYS	Workers' Compens	ation Board (Only if Box 4C or 58	of Part 1 h	as been checked)				
According to info	State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed		_ Ву	(Signature of Authorized NYS Workers' Com	nonestica de-					
i elephone Numbei		Name and Title							





DATE (MM/DD/YYYY) 11/13/2020

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.

	his certificate does not confer rights to DOUCER License # 8041621	J 111.0 JJ.		RANE				4.3	
Rue Insurance 3812 Quakerbridge Road			PHON	PHONE (A/C, No, Ext): (609) 586-7474 FAX (A/C, No): (609) 586-39) 586-3991	
Har	nliton, NJ 08619			E-MAII AOOR	ss: clmail@	RUEINSUR			21140
				1000	IN	BURER(8) AFFO	RDING COVERAGE		NAIC#
			19-1-19	INSUR	ERA: Selecti	ve insuranc	e Company of Ame	rica	12572
INS	URED			INSUR	ERB:			9572	
	Sullivan Construction Group	o, LLC		INSUR	ERC:				-22
	PO Box 789			INSUR	ERD:				
	Wurtsboro, NY 12790			INSUR	ERE:				
				INSUR	ERF:	233460.3			
			E NUMBER:		Calle S		REVISION NUMBER:		
II C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY REPORT OF MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	MENT, TERM O N, THE INSURA S. LIMITS SHOW	R CONDITION OF NCE AFFORDED B N MAY HAVE BEEN	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RES SED HEREIN IS SUBJECT	PECT:	TO WHICH THIS
INE A		NSO WY	POLI	CY NUMBER	POLICY EFF MM/DOYYYYY	POLICY EXP (MM/DD/YYYY)	u	AITS:	2,000,000
^	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				4047/0000	40470004	EACH OCCURRENCE	- \$	500,000
9	CLAIMS-MADE A OCCOR		S 2310629		10/17/2020	10/17/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	- \$	15.000
	<u> </u>						MED EXP (Any one person)	- \$	2,000,000
							PERSONAL & ADV INJURY	\$	4,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
							PRODUCTS - COMP/OP AG	3 \$	-,,,,,,,,
Ā	OTHER:	-	+				COMBINED SINGLE LIMIT (Ea accident)	- \$	2,000,000
7	X ANY AUTO		\$ 2310629		10/17/2020 10/	10/17/2021			-,00-,000
	OWNED SCHEDULED AUTOS ONLY		2310028			10/17/2021	BODILY INJURY (Per person	1	
	HUTOS ONLY NOTOS ONLY					PROPERTY DAMAGE (Per accident)	(t) S		
	AUTOS ONLY AUTOS ONLY						(Per accident)	1	
A	UMBRELLA LIAS X OCCUR		1		<u> </u>		EACH OCCURRENCE	+:-	4,000,000
	EXCESS LIAB CLAIMS-MADE	8 2310629	\$ 2310629		10/17/2020	10/17/2021	AGGREGATE		4,000,000
	DED X RETENTION\$ 10,000	1					ADDITE STATE	1	
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						X PER OTH-		· · · · · · · · · · · · · · · · · · ·
			WC 9047985		10/17/2020	10/17/2021	E.L. EACH ACCIDENT	15	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOY		1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIM	-	1,000,000
A		1	S 2310629		10/17/2020	10/17/2021	Leased/Rented Equi		175,000
_									
DES Ora	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC inge County IDA is included as additions	LES (ACOF	RD 101, Additional F	Remarks Schedule, may	be attached if more	re apace la requi	red)		
0.0	ingo ocumy io a reministration as accumulate	2 1130101	1 as I depocts o	orioral Elability II 1	iquito by wit	aton contract			
CE	BREICATE UOI DEB			CAN	CELL ATION				
CE	RTIFICATE HOLDER			CAN	CELLATION	- 7			
	Orange County IDA 4 Crotty Lane, Sulte 100			THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL :Y PROVISIONS.		
2	New Windsor, NY 12553			1	\0.76\ proce-	ACTATIVE:			
					XRIZED REPRESE				



CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier						
1a. Legal Name & Address of Insured (use street address only)	As Local Name & Address of Laured time should be supply					
ia. Lagai name a Audress of Institut (use sueet audress offly)	1b. Business Telephone Number of Insured					
SULLIVAN CONSTRUCTION GROUP, LLC 289 BUDD RD. WOODBOURNE, NY 12788	845-640-2200					
	1c. Federal Employer Identification Number of Insured or Social Security Number					
Work Location of Insured (Only required if coverage is specifically ilmited to certain locations in New York State, i.e., Wrap-Up Policy)	815486372					
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a Name of Insurance Carrier					
Coverage (Entity Banky Listed as the Certificate Holder)	HARTFORD LIFE AND ACCIDENT					
Orange County IDA	3b Policy Number of Entity Listed in Box "1a"					
4 Crotty Lane, Suite 100 New Windsor NY 12553	LNY796696					
N N	3c Policy effective period 07-01-2020 to 06-30-2021					
C. Paid family leave benefits only. 5. Policy covers: A. Ali of the employer's employees eligible under the NYS Disable B. Only the following class or classes of employer's employees	oility and Paid Family Leave Benefits Law. :					
Under penalty of perjury, I certify that I am an authorized representative or Insured has NYS Disability and/or Paid Family Leave Benefits insurance c	licensed agent of the insurance carrier referenced above and that the named overage as described above.					
Date Signed 11-13-2020 Eliza	beth Tello					
(Signature of insurance	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) abeth Tello — Assistant Director, Statutory Services					
	· · · · · · · · · · · · · · · · · · ·					
	igned by the insurance carrier's authorized representative or NYS tificate is COMPLETE. Mail it directly to the certificate holder.					
Disability and Paid Family Leave Benefits Law. It Board, Plans Acceptance Unit, PO Box 5200, Bin						
PART 2. To be completed by the NYS Workers' Compensa	tion Board (Only if Box 4C or 5B of Part 1 has been checked)					
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has compiled with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees. Date Signed By						
	(Signature of Authorized NYS Workers' Compensation Board Employee)					
Telephone Number Name and Title						





CERTIFICATE OF INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Pald Family Leave Ber	nefits Carrier or Licensed Insurance Agent of that Carrier					
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured					
SULLIVAN CONSTRUCTION GROUP, LLC 289 BUDD RD. WOODBOURNE, NY 12788	845-640-2200					
Work Location of Insured (Only required if coverage is specifically	1c. Federal Employer Identification Number of Insured or Social Security Number					
limited to certain locations in New York State, i.e., Wrap-Up Policy)	815486372					
2. Name and Address of Entity Requesting Proof of	3a Name of Insurance Carrier					
Coverage (Entity Being Listed as the Certificate Holder)	HARTFORD LIFE AND ACCIDENT					
Orange County IDA	3b Policy Number of Entity Listed in Box "1a"					
4 Crotty Lane, Suite 100	LNY796696					
New Windsor, NY 12553						
	3c Policy effective period 07-01-2021 to 06-30-2022					
A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees:						
insured has NYS Disability and/or Paid Family Leave Benefits insurance c	The same of the sa					
Date Orginal	beth Tello					
1070	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) zabeth Tello — Assistant Director, Statutory Services					
	signed by the insurance carrier's authorized representative or NYS tificate is COMPLETE. Mail it directly to the certificate holder.					
Disability and Paid Family Leave Benefits Law. It Board, Plans Acceptance Unit, PO Box 5200, Bir	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.					
PART 2. To be completed by the NYS Workers' Compensa	tion Board (Only if Box 4C or 5B of Part 1 has been checked)					
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees. Date Signed By						
	(Signature of Authorized NYS Workers' Compensation Board Employee)					
Telephone Number Name and Title						





DATE (MM/DD/YYYY) 5/3/2021

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(les) 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).

	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).									
	DUCER			· · · · · · · · · · · · · · · · · · ·	CONTACT NAME:					
	ely & Durland Oakland Ave				PHONE (A/C, No. Ext): 845-986-1177 FAX (A/C, No): 845-986-0094					
	arwick NY 10990				ADDRESS: dpinckney@seely-durland.com					
					INSURER(8) AFFORDING COVERAGE					NAJC#
									12572	
	PRED IP Masonry Inc.			AMPMASO-01	INSURER B:					
11	Edsall Lane				INSURER C:					
	ne Island NY 10969				INSURE	RD:				
			INSURER E:							
L.,,	<u></u>				INSURER F:					
				NUMBER: 1360200626				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
Α	X COMMERCIAL GENERAL LIABILITY	Y	Υ	\$2440095		2/20/2021	2/20/2022	EACH OCCURRENCE	\$ 1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00
								MED EXP (Any one person)	\$ 15,00	0
								PERSONAL & ADV INJURY	\$1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,000	,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$3,000	,000
	OTHER:								\$	
7	AUTOMOBILE LIABILITY	Y	Y	S2440095		2/20/2021	2/20/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000
)	X ANY AUTO							BODILY INJURY (Per person)	\$	
ė	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED X NON-OWNED AUTOS ONLY	-						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR	Y	N	S2440095		2/20/2021	2/20/2022	EACH OCCURRENCE	\$5,000	,000
	EXCESS LIAB CLAIMS-MADI							AGGREGATE	\$5,000	,000
	DED X RETENTION\$ 10,000								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
÷	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	
										į
Ce	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC rtificate holder is listed as additional insider and insider and insider and insider and its conditions of the policy in regard to conditions.	ured in	n rela	tion to the work our insured	e, may be I perfor	attached if more ms for them p	space is require provided a wri	id) Itlen contract exists and s	ubject t	the terms
CE	RTIFICATE HOLDER				CANC	ELLATION	n state and	1810		
5	Orange County IDA				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	4 Crotty Lane Ste 100 New Windsor NY 12553					AUTHORIZED REPRESENTATIVE Muse W Dunley				



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 202230614
ACRISURE LLC DBA
SEELY & DURLAND
13 OAKLAND AVE
WARWICK NY 10990



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

AMP MASONARY INC

11 EDSALL LN

PINE ISLAND NY 10969

GAM PROPERTY CORP 3 POLICE DRIVE GOSHEN NY 10924

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W2007 814-3	489409	12/12/2020 TO 12/12/2021	5/3/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2007 814-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

ALDEN PREIS, PRESIDENT AMP MASONARY INC 1 OF 1

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



PART 1. To be completed by Disability and Paid Fami	ly Leave Benefits Carrier or Licensed Insurance Agent of that Carrier							
1a. Legal Name & Address of Insured (use street address only) AMP MASONARY INC	1b. Business Telephone Number of Insured (845) 258-6028 x							
11 EDSALL LANE Pine Island NY 10969 Work Location of Insured (Only required if coverage is specifically limit certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 20-2230614							
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Orange County IDA	3a. Name of Insurance Carrier SHELTERPOINT LIFE INSURANCE COMPANY							
	3b. Policy Number of Entity Listed in Box "1a"							
4 Crotty Lane Ste 100	D300785							
NEW WINDSOR, NY 12553	3c. Policy effective period							
The virtue of the same	7/22/2020 to 7/21/2022							
A. Both disability and paid family leave benefits. B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NY B. Only the following class or classes of employer's emp	B. Disability benefits only. C. Paid family leave benefits only. 5. Policy covers: A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. B. Only the following class or classes of employer's employees: Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.							
Telephone Number 516-829-8100 Name an	d Title Richard White - Chief Executive Officer							
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.								
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)								
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)							
	d Title							





DATE (MM/DD/YYY)

07/15/2021 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(les) 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). CONTACT Adam Herfield (848) 979-9011 Fields Group Insurance Services LLC IAC. No. Ext. (846) 979-9010 Appletes: aherfield@fieldsgroupins.com 110 East 42nd Street 16th Floor insurer(s) affording coverage MAIC# NY 10017 Neutilus Insurance Company **New York** MANUFER A : Ohio Security Insurance Co 24082 MEURED MAURER B : Sullivan Fire Protection Corp. INSLIRER C: P.O. Box 2021 MSURER D 16 Railroad Plaza NSUBER E : South Fallsburg NY 12779 INSURER F: **COVERAGES** Certificate Master: 20-21 **REVISION NUMBER: CERTIFICATE 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. CALLES CALLED CALLED CONTROL OF THE CALLED C ALC: HEREIN H TYPE OF INSURANCE LIMITS **POLICY NUMBER** GAM GEN COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE X OCCUR 50,000 PREMISES (Eg occurrence) 5,000 MED EXP (Any one person) ECP201241716 08/09/2020 08/09/2021 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POUCY X 型計 PRODUCTS - COMPIOP AGG **Employee Benefits** s 1,000,000 OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY **1.000,000** ANY AUTO **BOOILY INJURY (Per person)** OWNED AUTOS ONLY 8 Υ BASSB187358 08/09/2020 08/09/2021 BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS ONLY NON-OWNED AUTOS ONLY Uninsured motorist s 1,000,000 UNIBRELLA LIAB 5,000,000 X occur EACH OCCURRENCE EXCESS LIAB FFX201241816 08/09/2020 08/09/2021 5,000,000 CLAIMS-MADE AGGREGATE RETENTION \$ KERS COMPEN STATUTE AND EXPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT DISEASE - EA EMPLOYEE if yos, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Contractor Pollution Liability ECP201241718 08/09/2020 Contractor Liability 08/09/2021 Per Claim \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder and King Zack IDA are listed as additional insured per written contract subject to firnits of the policies listed. **CERTIFICATE HOLDER** 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. **Orange County IDA** 4 Crotty Lane, Suite 100 **AUTHORIZED REPRESENTATIVE New Windsor** Joseph La Vecchia NY 12553

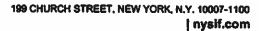


DATE (MM/DD/YYYY) 08/09/2021

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Adam Herfield								
	- 1							
Fields Group Insurance Services LLC PHONE (646) 979-9010 FAX (646) 979-9	PHONE (646) 979-8010 FAX, No. (646) 979-9011							
110 East 42nd Street aherfield@feldsgroupins.com	HORE (646) 979-9010 FAX, No. (646) 979-9011 ADDRESS: aherfield@fieldsgroupins.com							
40th Class	N110 -							
Now York	NAIC #							
MOUNTA:	24082							
Sullivan Eta Bestadion Com								
DO Pay 1991								
O Deline of Plans								
Coult Fallsham								
COVERAGES CERTIFICATE NUMBER: CL218601352 REVISION NUMBER:	- i							
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. IMERY TADOLISUER: TPOLICY EXP.								
ILER TYPE OF INSURANCE INSU W/D POLICY NUMBER POLICY EFF POLICY EF								
TAMAGE TO BENIET								
CLARMS-MADE CCCUR CLARMS-MADE CCCUR CLARMS-MADE SIGN OCCUR CLARMS-MADE SIGN OCCURENCES \$ 50,000								
A TORROLLING AND AND AND AND AND AND AND AND AND AND	^^							
PERSONNE & ALLY INDUST 3								
GENT AGGREGATE LIMIT APPLIES PER: \$ 2,000,000								
PRODUCTS - COMPION AGG \$ 2,000,000								
OTHER: Employee Benefits \$ 1,000,000								
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ 1,000,000	UU							
ANY AUTO R OWNED SCHEDULED V V RASSR187358 08/09/2021 08/09/2022 BODILY IN URBY (Per person) \$								
A Athres only Athres A Athres of Athres								
HIRED NON-OWNED AUTOS ONLY (Per sociosof) \$								
Uninsured motorist s 1,000,000								
➤ UNIBRELLA LIAB								
A EXCESS LIAS CLAIMS-MADE Y Y FFX201241817 08/09/2021 08/09/2022 AGGREGATE \$ 5,000,000	00							
DED RETENTION \$								
WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N OTH- STATUTE FR OTH- STATUTE FR								
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A BL EACH ACCIDENT \$								
I Mandatory In NIO								
If yes, describe under DESCRIPTION OF OPERATIONS below ELL DISEASE - POLICY LIMIT \$								
A Contractor Pollution Liability Contractor Liability Y Y ECP201241717 08/09/2021 08/09/2022 Per Claim \$1,000,00	000							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space to required)								
Certificate holder and King Zack IDA are listed as additional insured per written contract subject to limits of the policies listed.								
CERTIFICATE HOLDER CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI	EFORE							
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Orange County IDA								
4 Crotty Lane, Suite 100 AUTHORIZED REPRESENTATIVE								
New Windsor NY 12553 Treesh, fallbackto.								





CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 141746342 KEEVILY,SPERO-WHITELAW INC. 500 MAMARONECK AVENUE HARRISON NY 10528



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

SULLIVAN FIRE PROTECTION CORP P. O. BOX 2021 16 RAILROAD PLAZA SOUTH FALLSBURG NY 12779 CERTIFICATE HOLDER

ORANGE COUNTY IDA 4 CROTTY LANE, SUITE 100 NEW WINDSOR NY 12553

POLICY NUMBER CERTIFICATE NUMBER 701877	POLICY PERIOD 05/01/2021 TO 05/01/2022	DATE 7/19/2021
---	---	-------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 839 109-6, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://www.nysif.com/cert/certyal_asp. The New YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



PART 1. To be completed by Disability and Paid Family Leave	a manmany replicat the president metallylical whill by first resides.				
1s. Legal Name & Address of Insured (use street address only) Sulfivan Fire Protection Corp	1b. Business Telephone Number of Insured (845)434-4030 x				
16 Railroad Plaza, PO Drawer 2021 SOUTH FALLSBURG NY 12779 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 14-1746342				
2. Name and Address of Entity Requesting Proof of Coverage	3e. Name of Insurance Carrier				
(Entity Being Listed as the Certificate Molder) Orange County IDA	Standard Security Life Insurance Company of New York				
orange own, ser	3b. Policy Number of Entity Listed in Sox "1s"				
	L76781-000				
4 Crotty Lane, Suite 100	3c. Policy effective period				
NEW WINDSOR, NY 12553	1/1/2014 to7/18/2022				
A. All of the employer's employees eligible under the NYS Disabil B. Only the following class or classes of employer's employees:	пу апо Разо Гоншу Lozve Beneus Law.				
Insured has NYS Disability and/or Paid Family Leave Benefits insurance of Date Signed 7/19/2021 By	r licensed agent of the insurance carrier referenced above and that the named coverage as described above.				
Insured has NYS Disability and/or Paid Family Leave Benefits insurance of Date Signed 7/19/2021 By	los a United above.				
Date Signed 7/19/2021 By Signeture of neutral Pald Family Leave Benefits insurance of Signeture of neutral Signetu	soverage as described above. Securior's sufficient mp distributive of MS Licensed Insurance Agent of that Insurance carrier's Bebl Ishmail, Supervision-OBL/Policy Services Is signed by the Insurance carrier's authorized representative or NYS artificate is COMPLETE. Mail it directly to the cartificate holder. INOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation				
Date Signed 7/19/2021 By Clignature of hasurance Telephone Number (212) 355-4141 Name and Title IMPORTANT: If Boxes 4A and 5A are checked, and this form i Licensed Insurance Agent of that carrier, this ce If Box 4B, 4C or 5B is checked, this certificate is Disability and Paid Family Leave Benefits Law. I Board, Plans Acceptance Unit, PO Box 5200, Bi	Bebl Ishmail, Supervision-OBL/Policy Services as signed by the Insurance carrier's authorized representative or NYS stiffcate is COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.				
Date Signed 7/19/2021 By Signeture of neutral Pald Family Leave Benefits insurance of Signeture of neutral Signetu	Bebl Ishmail, Supervision-OBL/Policy Services as signed by the Insurance carrier's authorized representative or NYS stiffcate is COMPLETE. Mail it directly to the certificate holder. NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.				
Date Signed 7/19/2021 By Signeture of natural of Signeture of Natural Office of Signeture of Natura	Bebl Ishmail, Supervision OBL/Policy Services Is signed by the Insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder. INOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200. It on Board (Only If Box 4C or 58 of Part 1 has been checked) If New York Inpensation Board Institute of this insurance carrier's authorized representative or NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.				
Date Signed 7/19/2021 By Signeture of neurons Telephone Number (212) 355-4141 Name and Title IMPORTANT: If Boxes 4A and 5A are checked, and this form i Licensed Insurance Agent of that carrier, this ce If Box 4B, 4C or 5B is checked, this certificate is Disability and Paid Family Leave Benefits Law. I Board, Plans Acceptance Unit, PO Box 5200, BI PART 2. To be completed by the NYS Workers' Compensa State of Workers' Compensa According to information maintained by the NYS Workers' Compe	Bebl Ishmail, Supervision OBL/Policy Services Is signed by the Insurance carrier's authorized representative or NYS stifficate is COMPLETE. Mail it directly to the certificate holder. INOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200. It on Board (Only if Box 4C or 58 of Part 1 has been checked) I New York I nemsation Board I nession Board, the above-named employer has complied with the				





DATE (MM/DD/YYYY)

7/15/2021

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.

	SUBROGATION IS WAIVED, subject t is certificate does not confer rights to							uire an endorsement. A sta	atement on	
_	PRODUCER					CONTACT Jason Hoffman				
Jaso	on D. Hoffman Insurance Agency LLC				PHONE (A/C, No	E++1- 845239		FAX (A/C, No):		
	Main Street, Suite 2F				E-MAIL ADDRESS: jason@jhoffmaninsurance.com					
					ADDRES			RDING COVERAGE	NAIC#	
Gos	shen			NY 10924	INCLIBE				12901	
INSU				111 10721	INSURER A: MERCHANTS PREFERRED INS CO INSURER B: NYSIF				12301	
	Mike Fumarola Plumbing and H	eatin	o I I C				 			
	230 MAC ARTHUR AVE	cutiii	g LLC	,	INSURER C:					
	250 1411 0 / 1111 0 / 1111				INSURER E :					
	NEW WINDSOR		NY 12553-7036	INSURE						
CO	VERAGES CERT	ATE	NUMBER:			57753 II	REVISION NUMBER:			
IN CE E>	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH PO	IIREN TAIN, OLICI	MENT, THE I ES. LI	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN ID CLAIMS.	ENT WITH RESPECT TO WHICH	H THIS	
INSR LTR	TYPE OF INSURANCE	AUDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY					9		EACH OCCURRENCE \$	1,000,000	
	CLAIMS-MADE CCUR							PREMISES (Ea occurrence) \$	500,000	
								MED EXP (Any one person) \$	5,000	
Α		Y		CTR1000971		06/1/2021	06/1/2022	PERSONAL & ADV INJURY \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
	POLICY PRO-				-			PRODUCTS - COMP/OP AGG \$	2,000,000	
	OTHER:					3		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
ľ	ANY AUTO							BODILY INJURY (Per person) \$		
Α	OWNED SCHEDULED AUTOS ONLY	Y		CAP1075932		06/01/2021	06/01/2022	BODILY INJURY (Per accident) \$		
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
1							1	\$		
	UMBRELLA LIAB OCCUR			V 241.04 220.0				EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE	Y						AGGREGATE \$		
	DED RETENTION\$							s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-		
_ n	ANY PROPRIETOR/PARTNER/EXECUTIVE	MIZA		* 4 T L D D D				E.L. EACH ACCIDENT \$	Unlimited	
В	OFFICER/MEMBER EXCLUDED? Y (Mandatory in NH)	N/A		2471800-9		04/01/2021	04/01/2022	E.L. DISEASE - EA EMPLOYEE \$	Unlimited	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	Unlimited	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Sched	fule, may l	be attached if m	ore space is req	uired)		
Ce	ertificate holder is additional insu	ıred	with	respect to plumbing	and r	elated wor	k being pe	rformed by the insured.	AI status is	
	bject to attached policy forms Co							, , , , , , , , , , , , , , , , , , ,		
	eject to atmenta penely terms e		· · · ·	002000, 002000, 11.		,, 4114 1710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CERTIFICATE HOLDER					CANCI	ELLATION			1000 July 20	
					5/1110					
Orange County IDA					THE	EXPIRATION D	DATE THERE	ESCRIBED POLICIES BE CANC OF, NOTICE WILL BE DELIVERE LY PROVISIONS.		
	4 Crotty Lane				AUTHOR	IZED REPRESE	NTATIVE			
	Suite 100				Cital					

New Windsor NY 12553



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^ ^ ^ ^ ^ 464648049
LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038

SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

MIKE FUMAROLA PLUMBING AND HEATING, LLC 230 MAC ARTHUR AVENUE NEW WINDSOR NY 12553 CERTIFICATE HOLDER
ORANGE COUNTY IDA
4 CROTTY LANE
SUITE 100
NEW WINDSOR NY 12553

- 1	POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
- 3		OLIVINIO/VIE MOMBER	1 OLIOT 1 LINIOD	DATE
- 1	Z2471 800-9	704938	04/01/2021 TO 04/01/2022	7/15/2021
- [2247 1 000-0	104000		77 13/2021

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2471 800-9, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



	· · · · · · · · · · · · · · · · · · ·		Benefits Carrier or Licensed	Insurance	Agent of that Carrier			
	Address of Insured (use street a LA PLUMBING AND HEATING	* *	1b. Business Telephone Number	of Insured				
230 MAC ARTH								
NEW WINDSOR	R, NY 12553		1c. Federal Employer Identification	n Number o	of Insured			
Mort Leasting of	Innued (Octoorday) &		or Social Security Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 1130100			
	Insured (Only required if coverage is New York State, i.e., Wrep-Up Policy)		464648049					
	ress of Entity Requesting Proof of isted as the Certificate Holder)	of Coverage	3a. Name of Insurance Carrier					
Orange Cou			ShelterPoint Life Insura	nce Compa	iny			
4 Crotty Lane	arity IDA		3b. Policy Number of Entity Lister	in Box *1a	pa .			
-	NIV 40550		DBL600119					
New Windsor,	NY 12555		3c. Policy effective period					
			· ·	to	40/04/0000			
			01/01/2021	to _	12/31/2022			
B. Disabil C. Paid fa 5. Policy covers: A. All of th B. Only th								
		(Signature of Insurance	carrier's authorized representative or NYS L	icensed Insura	nce Agent of that insurance carrier)			
Telephone Number	516-829-8100	Name and Title R	ichard White, Chief Exec	cutive Of	fficer			
IMPORTANT:			signed by the insurance carrier ificate is COMPLETE. Mail it di					
	Disability and Paid Family L Board, Plans Acceptance U	eave Benefits Law. It nit, PO Box 5200, Bin	-	to the Worl	kers' Compensation			
PART 2. To be	completed by the NYS W	orkers' Compensati	on Board (Only if Box 4C or 5B	of Part 1 ha	is been checked)			
According to info	ormation maintained by the N and Paid Family Leave Benefi	Workers' Comp YS Workers' Compen	New York pensation Board sation Board, the above-named all of his/her employees.	d employer	has complied with the			
Date Signed		Зу	Signature of Authorized NYS Workers' Comp					
I .								
Telephone Number	er	Name and Title						





DATE (MM/DD/YYYY) 07/16/2021

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(les) 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

	ificate does not confer rights to the	ertif	icate	holder in lieu of such end				
PRODUC	ER RATED MUTUAL INSURANCE COMPA	W				CONTACT CE		
	OFFICE: P.O. BOX 328	UNIT			PHONE (A/C, No. Ext): 888-333-4949 FAX (A/C, No.: 507-446-4664			
	ONNA, MN 55060				E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM			
					INSURER(S) AFFORDING COVERAGE NAIC #			
					INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13835			
INSURE)			151-260-7	INSURER B: FEDERATED RESERVE INSURANCE COMPANY 16			
VAN G	ROL INC				INSURER C:			-
	RRITTS ISLAND RD				INSURER D:			
PINE	SLAND, NY 10969-1529				INSURER E:			
					INSURER F:			
COVE	RAGES CERT	IEIC	ATE !	NUMBER: 138	INSURER F.		REVISION NUMBER: 0	
				*********	AE BEEN ISSUED	TO THE INCHISE		BOLICY BEDIOD
CEF ANI	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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITE	
)					11111		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Es occurrence)	\$100,000
							MED EXP (Any one person)	EXCLUDED
A		Y	N	6046279	05/13/2021	05/13/2022	PERSONAL & ADV INJURY	\$1,000,000
	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
)	POLICY PRO-	ос					PRODUCTS - COMP/OP AGG	\$2,000,000
Г	OTHER:						THOUSE TO SERVICE ASSO	
-	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$1,000,000
5	ANY AUTO						BODILY IMJURY (Per person)	\$1,000,000
A	OWNED AUTOS ONLY SCHEDULED AUTOS	N	l N	6048279	05/13/2021	05/13/2022	BODILY INJURY (Par accident)	
`` -	NON-OWNED	**	''	00-02-10	OSI TORZOET	OUT ISSECTE		
-	AUTOS ONLY						PROPERTY DAMAGE IPer accident	
	UMBRELLA LIAB X OCCUR	_	\vdash		+			** *** ***
A		NI	l N	0040000	05/40/0004	05/40/0000	EACH OCCURRENCE	\$1,000,000
^ -		N	N	6046282	05/13/2021	05/13/2022	AGGREGATE	\$1,000,000
	OED X RETENTION						1 1074	
	ND EMPLOYERS' LIABILITY Y./N						X PER STATUTE OTH-	
	NY PROPRIETORIPARTNERIEXECUTIVE FFICERIMEMBER EXCLUDED?	N/A	N	6046283	05/13/2021	05/13/2022	E.L. EACH ACCIDENT	\$1,000,000
li	Mandatory in HH)			03/13/2021	00/10/2022	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
100	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
								1
								ļ
DESCRI	PTION OF OPERATIONS / LOCATIONS / VEHICLE	B (AC)	ORD 10	1. Additional Remarks Schedule in	ay be etteched if more se	ace is required)	~	
THE C	ERTIFICATE HOLDER IS AN ADD	TIO	NAL	INSURED SUBJECT TO	THE CONDITIONS	OF THE ADD	ITIONAL INSURED - OWN	ERS, LESSEES
OR CO	INTRACTORS - AUTOMATIC STATUS	WH	EN R	EQUIRED IN CONSTRUCT	TION AGREEMENT	WITH YOU E	NDORSEMENT FOR GENERA	L LIABILITY.
								1
CERTI	FICATE HOLDER				CANCELLATION			
151-2	30-7			138 0				
ORAN	IGE COUNTY IDA						ESCRIBED POLICIES BE CA	
4 CRO	OTTY LN STE 100						REOF, NOTICE WILL B	e delivered in
NEW.	WINDSOR, NY 12553-4778				ACCORDANCE W	ATH THE POLIC	Y PROVISIONS,	
					AUTHORIZED REPRES	ENTATIVE		
							1 / 1/	
						www	ral 6 Ker	ン
							ACORD CORPORATION.	Ul rights reserved

ACORD 25 (2018/03)

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PART 1. To be o	PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier						
VAN GROL INC	Address of Insured (use street address	ess only)	1b. Business Telephone Number 914-564-2940	of Insured			
84 MERRITS REPINE ISLAND, N			1c. Federal Employer Identification or Social Security Number	n Number of Insured			
	nsured (Only required if coverage is spe lew York State, i.e., Wrap-Up Policy)	cifically limited to	141740758				
	ess of Entity Requesting Proof of Co sted as the Certificate Holder)	overage	3a. Name of Insurance Carrier				
ORANGE CO	•		ShelterPoint Life Insurar	ice Company			
4 CROTTY LA	NE, SUITE 100		3b. Policy Number of Entity Listed	l in Box "1a"			
NEW WINDSO	PR NY 12553		DBL66478				
			3c. Policy effective period				
			11/30/2020	to <u>11/29/2022</u>			
B. Disabili C. Paid fal 5. Policy covers: A. All of th	sability and paid family leave benefit ty benefits only. mily leave benefits only. de employer's employees eligible und e following class or classes of emplo	der the NYS Disability	v and Paid Family Leave Benefits La	aw.			
insured has NYS [Disability and/or Paid Family Leave E			rier referenced above and that the named			
Date Signed	Ву	(Signature of insurance of	carrier's authorized representative or NYS Lie	censed Insurance Agent of that insurance carrier)			
Telephone Numbe	516-829-8100	Name and Title R	ichard White, Chief Exec	cutive Officer			
IMPORTANT:	If Boxes 4A and 5A are checke Licensed Insurance Agent of th	d, and this form is at carrier, this certi	signed by the insurance carrier ficate is COMPLETE. Mail it dire	's authorized representative or NYS ectly to the certificate holder.			
	If Box 4B, 4C or 5B is checked, Disability and Paid Family Leav Board, Plans Acceptance Unit,	e Benefits Law. It i	must be mailed for completion to	of Section 220, Subd. 8 of the NYS to the Workers' Compensation			
PART 2. To be	completed by the NYS Work	ers' Compensati	on Board (Only if Box 4C or 5B o	of Part 1 has been checked)			
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.							
Date Signed	Ву	15	signature of Authorized NYS Workers' Compa	ensation Board Employee)			
	r						

