



Project #: 16-002

Project Name: All State Fabrications, Inc

Inspections:

- 11/10/16 – No construction activity
- 12/20/16 – No construction activity
- 1/26/17 – No construction activity
- 2/10/17 – No construction activity
- 3/9/17 – 3 Workers – 67% compliance
- 4/13/17 – No construction activity
- 5/25/17 – 1 worker – 100% compliance
- 6/26/17 – No construction activity

12 Total Construction Workers reported during inspection periods:

- All State Fabrication – 4 workers (100%)
- Fumarola plumbing – 3 workers (100%)
  - AJP electric – 4 workers (100%)
- Industrial Machine Repair – 1 worker (0%)

**Overall compliance: 92%**

Waivers Issued:

- Water Treatment Solutions
  - BACA Systems, LLC
  - Feist Machine Service, LLC
    - Sasso, USA





*Empowering Businesses. Inspiring Growth.*

## APPLICATION FOR FINANCIAL ASSISTANCE

Allstate Fabrication

(Applicant Name)

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](http://www.ocnyida.com)

[business@ocnyida.com](mailto:business@ocnyida.com)

Updated July 2014

# ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY

## APPLICATION FOR FINANCIAL ASSISTANCE

### I. APPLICANT INFORMATION

Company Name: Allstate Fabrication  
Mailing Address: 15 Highview Ave., Orangeburg, NY  
Phone No.: (845) 365-4201  
Fax No.: (845) 365-5708  
Fed Id. No.: 20-12119056  
Contact Person: Jacob A. Ouseph

Principal Owners/Officers/Directors (list owners with 15% or more in equity holdings with percentage ownership):

1. Mathew A. Ouseph
2. Jacob A. Ouseph

Corporate Structure (attach schematic if applicant is a subsidiary or otherwise affiliated with another entity)

Form of Entity

Corporation

Date of Incorporation: 01/06/2005

State of Incorporation: New York

### APPLICANT'S COUNSEL

Name: Michael S. Blustein / Austin DuBois  
Address: 10 Matthews Street  
Phone No.: (845) 291-0011  
Fax No.: (845) 291-0021

### II. PROJECT INFORMATION

A) Describe the proposed acquisitions, construction or reconstruction and a description of the costs and expenditures expected.

Granite fabrication and processing Whole sale only no retails Initial cost of project

1. Proposed Property purchase price \$3,500,000

2. Fit to suit capital upgrades and equipment \$600,000 to \$800,000

B) Furnish a copy of any environmental application presently in process of completion concerning this project, providing name and address of the agency, and copy all pending or completed documentation and determinations.

Engineering and Land Surveying, P.C  
PO Box 42  
Orcleville, NY 10919  
(845) 361-4541

If any of the above persons, or a group of them, owns more than a 50% interest in the company, list all other organizations which are related to the company by virtue of such persons having more than a 50% interest in such organizations.

No \_\_\_\_\_

Is the company related to any other organization by reason of more than 50% common ownership? If so, indicate name of related organization and relationship.

No \_\_\_\_\_

Has the company (or any related corporation or person) made a public offering or private placement of its stock within the last year? If so, please provide offering statement used.

No \_\_\_\_\_

Project Data

1. Project site (land)
  - (a) Indicate approximate size (in acres or square feet)  
7 Acre, 57,000 Square feet Building
  - (b) Are there buildings now on the project site?
  - (c) Indicate the present use of the project site.
  - (d) Indicate relationship to present user of project

Job Set up  
Site Inspection  
3 exemptions  
Reporting  
Close out.

2. Does the project involve acquisition of an existing building? If yes, indicate number, size and approximate age of buildings:

57,000 Square feet

3. Does the project consist of the construction of a new building or buildings? If yes, indicate number and size of new buildings:

No

4. Does the project consist of additions and/or renovations to existing buildings? If yes, indicate nature of expansion and/or renovation:

Customization to suit the project, such as:

- Overhead crane Installation
- Robo saw jet System
- Water recycling system
- Extra floor support

specialized

} exemptions.

↳ addition office space thru builder upgrade

5. What will the building or buildings to be acquired, constructed or expanded be used for by the company? (Include description of products to be manufactured, assembled or processed, and services to be rendered. . .

Granite manufacturing and processing

. . .including the percentage of building(s) to be used for office space and an estimate of the percentage of the functions to be performed at such office not related to the day-to-day operations of the facilities being financed.)

3,000 square feet office; about 5% of the total space.

outside shell Subject to IDA Approval.  
Bldg. is done.

6. If any space in the project is to be leased to third parties, indicate total square footage of the project amount to be leased to each tenant and proposed use by each tenant.

N/A

7. List principal items or categories of equipment to be acquired as part of the project.

1. Robo Water jet
2. Water recycling system
3. Overhead crane

8. Has construction work on this project begun? Proposed purchase is under construction

No. The following estimates are the existing improvements made to the property. Upon acquisition, Allstate will be completing the improvements as necessary to suit its use.

Complete the following

- |                            |                     |                  |                           |
|----------------------------|---------------------|------------------|---------------------------|
| (a) site clearance         | <u>      </u> X Yes | <u>      </u> No | <u>  100  </u> % complete |
| (b) foundation             | <u>      </u> X Yes | <u>      </u> No | <u>  25  </u> % complete  |
| (c) footings               | <u>      </u> X Yes | <u>      </u> No | <u>  75  </u> % complete  |
| (d) steel                  | <u>      </u> X Yes | <u>      </u> No | <u>  50  </u> % complete  |
| (e) masonry work           | <u>      </u> X Yes | <u>      </u> No | <u>  10  </u> % complete  |
| (f) other (describe below) | <u>      </u> Yes   | <u>      </u> No | <u>      </u> % complete  |

9. Will any of the funds borrowed through the Agency be used for refinancing?  
No

10. Is a purchaser for the bonds in place? No

**COST BENEFIT ANALYSIS:**

	<u>Costs =</u> <u>Financial Assistance</u>	<u>Benefits =</u> <u>Economic Development</u>
Estimated Sales Tax Exemption	\$48,750 to 65,000	New Jobs Created 4 to 8
		Existing Jobs Retained 10 to 12 <u>      </u>
Estimated Mortgage Tax Exemption	\$26,250	Private Funds invested \$ <u>                  </u>
		Other Benefits <u>                                  </u>
Estimated Property Tax Abatement	\$ 15 year Pilot	Expected Yearly Payroll \$1,042,565 <u>  </u>

Estimated Interest Savings \$  
IRB Issue

Expected Gross Receipts \$4,500,000

B) Project Address: 400 Bellvale Rd, Chester

Tax Map Number S.17 block 1 Lot 88  
(Section/Block/Lot)

Located in City of \_\_\_\_\_

Located in Town of Chester

Located in Village of \_\_\_\_\_

School District of Warwick

C) Are utilities on site?

Water Yes Well Electric Yes  
Gas Yes Sanitary/Storm Yes Septic Tank

D) Present legal owner of the site Steel Chester, LLC

If other than from applicant, by what means will the site be acquired for this project? Purchase

E) Zoning of Project Site: Current: Industrial / Manufacturing Proposed: Industrial / Manufacturing

F) Are any variances needed? No

G) Principal use of project upon completion: Granite fabrication and processing

H) Will the project result in the removal of a plant or facility of the applicant from one area of the State of New York to another? No

Will the project result in the removal of a plant or facility of another proposed occupant of the project from one area of the State of New York to another area of the State of New York? No

Will the project result in the abandonment of one or more plants or facilities located in the State of New York? No

I) Estimate how many construction/permanent jobs will be created or retained as a result of this project and the estimated annual salary range:

<u>Number of jobs created</u>	<u>Estimated Annual Salary Range</u>
Construction: _____	\$ _____ to \$ _____
Permanent: <u>4 to 8</u>	<u>\$24,000 to \$64,000</u>
Retained: <u>10 to 12</u>	<u>\$30,000 to \$110,000</u>

J) Financial Assistance being applied for: \$2,500,000

Estimated Value

\_\_\_\_\_ Real Property Tax Abatement

\$

Please indicate the term of the PILOT: 15 Years



Yes Mortgage Tax Exemption \$ 26250  
Please provide the Mortgage Amount: \$2,500,000

Sales and Use Tax Exemption \$ 8.125%  
Amount of Goods & Services to be purchased: \$400,000 to 600,000

\_\_\_\_\_ Issuance by the Agency of Tax Exempt Bonds \$ 0.00  
K) Project Costs (Estimates)

Land	<u>N/A</u>
Building	<u>3500000</u>
Equipment	<u>400000 to 600000</u>
Soft costs	<u>20000 to 30000</u>
Other	<u>0.00</u>
Total	<u>3920000 to 4130000</u>

### III. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A. Job Listings 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) ("JTPA") in which the project is located.
- B. First Consideration for Employment 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 JTPA 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. Annual Sales Tax Filings 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. Annual Employment Reports 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.

- F. Absence of Conflicts of Interest 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.

\_\_\_\_\_  
(Applicant Signature)

Jacob Ouseph  
(Name of Officer)

Treasurer  
(Title)

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 (page 10)

Bond 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)

By: \_\_\_\_\_

Name: Jacob Ouseph

Title: Treasurer

\_\_\_\_\_  
(Notary Public)

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_

**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/Bond Counsel Fee: \$2,500

Closing Fee:

**IDA Fee**

One-percent of the first \$2,000,000 of the project cost (as identified on page 7 of this application), plus one-half percent of amount above that, due at closing.\*

**IDA Bond Counsel Fee**

Balance due to be determined based on Project and overall structure (typically \$25,000 to \$35,000 plus out of pocket expenditures).

**NOTE:** IDA reserves the right to seek additional IDA and Bond Counsel fees for exceptionally complex/large transactions.

Please make all Checks payable to:

Orange County Industrial Development Agency

Mail to:

4 Crotty Lane

New Windsor, NY 12553

\*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 7 of this application).

LABOR POLICY  
ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY  
Adopted 04-24-2014

The Orange County Industrial Development Agency (IDA) was created 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 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 10% is deemed significant. Every effort should be made by the contractor or applicant to get below the 10% 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.

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:

- 1) 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:

- 1) 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.



## AGREEMENT

**THIS AGREEMENT** is entered into as of the    day of September, 2016, 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 County Industrial Development Agency, 4 Crotty Lane, Suite 100, New Windsor, NY 12553
  
- (2) LOEWKE        Loewke Brill Consulting Group, Inc, 491 Elmgrove Road, Suite #2, Rochester, NY 14606

Alternatively, notices may be personally served in the same manner as is applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or five (5) days after the date of deposit of such written notice in the course or transmission in the United States Postal Service.

## SECTION 3. GENERAL PROVISIONS.

- A. The text herein shall constitute the entire agreement between the parties.
- B. This Agreement may not be assigned by LOEWKE without prior written consent of OCIDA.
- C. This Agreement shall be governed by the laws of the State of New York. Any disputes arising hereunder shall be resolved by the Courts of Orange County, New York.
- D. If any provision, or any portion thereof, contained in this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, the remainder 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 executed on its behalf by its Chief Operating Officer and LOEWKE has caused this agreement to be signed and executed on its behalf by its \_\_\_\_\_, both in duplicate, on the day and year first above written.

Orange County IDA

Loewke Brill Consulting Group, Inc.

\_\_\_\_\_  
By: Laurie Villasuso  
Chief Operating Officer

  
\_\_\_\_\_  
By:

## Exhibit "A"

### Orange County Industrial Development Agency Local Labor Policy

The Orange County Industrial Development Agency (IDA) was created 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.

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- 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:

- 1) 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:** Allstate Fabrication, Inc.

1. **Project Location and Description.**

400 Bellvale Road, Chester, NY  
Renovation and customization of an existing 57,000 square foot  
building for granite manufacturing and processing and office space

2. **Project Contact Information.**

Jacob A. Ouseph, Allstate Fabrication, Inc., 15 Highview Avenue,  
Orangeburg, NY 10962  
845-365-4201;

AJP Electrical Corp, P.O. Box 178, Washingtonville, NY 10992  
845-496-9309

3. **Construction Cost Estimate**

Total Capital Investment of \$4.2 million.

4. **Construction Worker Estimate**

Temporary Construction Jobs:

## Schedule of Fees



**LOEWKE BRILL**  
CONSULTING GROUP, INC

## SUMMARY:

Further fee break 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:

o <5 Million	\$ 315.00
o >5 Million <15 Million	\$ 540.00
o >15 Million <25 Million	\$ 900.00

## Additional fees:

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

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







Application  
March 2016

Closing Aug 25, 2016

September 29, 2016

BOARD OF DIRECTORS

Robert T. Armistead

Mary Ellen Rogulski

John Steinberg, Jr.

Stephen Brescia

Henry VanLeeuwen

Robert S. Schreiber, Sr.

Edward A. Diana

Operations STAFF

Laurie Villasuso

Joel Kleiman

Kevin T. Dowd

Mr. Jacob A. Ouseph  
Allstate Fabrication  
15 Highview Ave.  
Orangeburg, NY 10962

(Jacob -  
845-667-1800)  
jacob@allstatefabrication.com

RE: Allstate Fabrication, Chester, NY  
OCIDA Local Labor Policy Monitoring Firm

Dear Mr. Ouseph:

The Orange County Industrial Development Agency has engaged the services of the 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 Chester, 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@theaccelerator.business.

Very truly yours,

Laurie Villasuso  
Chief Operating Officer &  
Executive Vice President

Construction Completed Aug. 2016

*Allstate*

**THE ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY**

**REQUEST FOR PROPOSALS**

**FOR PROJECT LABOR MONITORING SERVICES**

**The mission of the Orange County Industrial Development Agency is to encourage and invest in economic development in Orange County by providing financial assistance to qualified companies that will create and/or retain high-paying jobs for the benefit of Orange County residents.**

The Orange County Industrial Development Agency (IDA) is requesting proposals from qualified firms to provide labor monitoring services on construction projects receiving economic benefits from the IDA. The firm will be expected to make periodic visits to construction sites in Orange County in order to monitor compliance with the IDA's local labor policy, a copy of which is available upon request.

The Scope of Services includes the following:

- 1) Quarterly site visits (or monthly site visits on certain projects, if warranted) to all ongoing IDA projects; *-Singles to School*
- 2) Verification of the presence and accessibility to the public of the required 4' x 8' bulletin board at each site together with the accuracy and completeness of the information contained thereon;
- 3) Verification of Contractors' and subcontractors' certificates of authorization to do business in the State of New York;
- 4) Verification of current insurances, including general liability insurance, workers' compensation insurance and New York State Disability insurance.
- 5) Verification of workers' OSHA training and New York State safety laws and immediately report any observation of unsafe labor practices or conditions to the IDA Executive Director;
- 6) Review of all employee logs to periodically track whether the project is meeting its goal that 85 % of the workers for the total job are from the 7 County area designated in the local labor policy and provide a report of total man-hours worked;
- 7) Review records of local vendors, material suppliers, subcontractors and professional services solicited or awarded work on each project;
- 8) Provide detailed reports to the IDA within two weeks after site visits with copies of supporting documentation from construction sites that will be made available for public review;
- 9) Where exemptions to the policy are requested, review of bid documents to verify the proper cost differentials to justify the exemption;
- 10) Obtain 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 each project.

11) Availability to meet with the IDA Board of Directors at its monthly meeting, if needed, to address specific projects or issues.

Compensation will be defined in a contract which will be entered into between the IDA and the firm.

The firm should demonstrate in its proposal, its experience and qualifications in performing all aspects of the scope of work and shall include project names, addresses and contact information of at least 3 references.

The firm should list in its proposal the staff of the firm that would represent the Agency as well as their individual qualifications. In addition, the proposal submitted should include a description of the size and organization of the firm and the location of the office from which personnel will be assigned to the IDA.

The IDA Board of Directors, in its consideration of the firm to be retained, shall consider the qualifications of the firm, the cost of services and information obtained from its references.

A complete fee schedule describing compensation rates of the various staff members to be assigned and their organizational position should be attached to the proposal for consideration by the IDA.

Proposals should be submitted in sealed envelopes marked "Proposal for Project Labor Monitoring Services" on or before 2pm on May 9, 2016, and addressed to the Orange County Industrial Development Agency Board of Directors c/o Laurie Villasuso, Chief Operating Officer, 4 Crotty Lane, New Windsor, New York 12553. Contact Number: 845-234-4192.

The IDA reserves the right to reject any and all proposals.

# LOEWKE BRILL

CONSULTING GROUP, INC

May 6, 2016

Laurie Villasuso  
Chief Operating Officer  
Orange County IDA  
4 Crotty Lane, Suite 100  
New Windsor, NY 12553

*Allstate*

**RE: Project Local Labor Monitoring Services**

Dear Ms. Villasuso:

We hereby propose to perform the local labor monitoring services for all OCIDA projects per the Request for Proposal submitted via Email dated April 28, 2016.

Cost Proposal is based on scope of work as delineated below:

- We will contact OCIDA benefit recipients to set up introductory meeting no later than 20 days after receipt of introduction letter and applicant packages sent by OCIDA Executive Director;
- Introductory meeting will include Local Labor requirements, sign delivery and determine check securities clearances where applicable;
- We will conduct monitoring visits to verify worker residence;
- We will conduct monitoring visits to verify the presence and accessibility to the public of the required signage;
- Visits will be conducted on a random time and day schedule and performed monthly or at a frequency as directed by OCIDA<sup>1</sup>;
- On-site labor found to be living outside of the local labor guidelines will be tracked to verify compliance with the 85% local labor requirements. Monthly reports will be issued to the Executive Director;
- On-site labor found to not have acceptable identification will be re-inspected the next business day;
- Additional monitoring, as necessary, will be performed at the direction of the Executive Director;

Additional services outlined in the RFP are included in the Cost Proposal and is based on the scope of work as delineated below:

<sup>1</sup> Our proposal is based on monthly inspections of all jobs. It is our opinion this should be the minimum amount of inspections on construction projects as many projects will complete within 60-90 days depending on the size of

# LOEWKE BRILL

CONSULTING GROUP, INC

- We will contact the General Contractor on the project to verify Contractor's and subcontractor's certificates of authorization to do business in NYS;
- Verification will also include current insurances, to include general liability, workers compensation, and NYS Disability;
- Verification of worker's OSHA Training and NYS Safety laws and immediately report any observation of unsafe labor practices or conditions to the IDA Executive Director;
- We will review all employee logs to track that all projects are meeting the 85% of workers for the entire job are from the 7 County area designated in the local labor policy;
- For Validation we will review records of local vendors, material suppliers, subcontractors and professional services solicited or awarded on each project;
- Where exemptions to the policy are requested, we will review the bid documents to verify the proper costs differentials to justify the exemption;
- We will obtain a Construction Completion report from all approved applicants and review the completeness of the applicants listing of business locations of prime contractors, subs and vendors who were engaged to work on the project;
- We will provide all reports delineated in the RFP as part of the monitoring service;
- We will attend monthly meetings, as required at the discretion of the Executive Director.

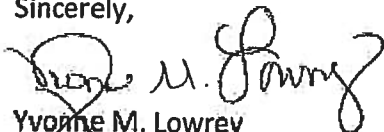
**Total Proposal Cost:            \$ 80,000.00 annually**

Our proposal cost is based on past experience of inspections, which averaged 710 workers inspected per month. This rate will cover all monitoring costs, for all items in the scope of work listed above.

**NO OTHER FEES WILL BE ASSESSED. We have included in Tab G our hourly rate sheet if additional services are required.**

Monthly invoices will be submitted on the 1<sup>st</sup> of each month. Terms will be net 30 days. Proposal is good for 30 days.

Sincerely,

  
Yvonne M. Lowrey  
CFO





Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt;

**AllState Fabrication OCIDA Labor Policy**

1 message

Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt;

Thu, Nov 3, 2016 at 11:04 AM

To: jacob@allstatefabrication.com

Good morning Jacob.

This is a follow up to our phone conversation a few weeks back.

I have met with OCIDA board members, as you indicated the construction of the facility was completed before approval of OCIDA grant.

They have asked that we do a final walk through your facility to ensure the completeness of the construction work.

You indicated that you are installing the equipment, could you please provide me a date as to when you believe all equipment will be installed.

This way I can plan the walk through accordingly.

Greatly appreciate your assistance.

Thank You

*Yvonne M. Lowrey*

Chief Financial Officer

**Loewke Brill Consulting Group, Inc.**

491 Elmgrove Rd, STE 2

Rochester, NY 14606

585-647-9350 ext 10



Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt;

**Re: FINAL WALK THROUGH**

1 message

**Jacob Ouseph** <jacob@allstatefabrication.com>  
To: Yvonne Lowrey <yvonne@loewkebrill.com>

Thu, Dec 8, 2016 at 6:38 PM

Ok that will work

Sent from my iPhone

On Dec 8, 2016, at 6:35 PM, Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt; wrote:

Jacob

Thank you, per OCIDA requirements, I will still need to perform another inspection then, once you are finished then we will perform final. I know you are only installing equipment but we have to verify as it is part of the Contract.

I would like to send Kevin out on December 20, between, 12:15 and 12:30.

Greatly appreciate it.

Warmest regards,  
Yvonne

**Thank You***Yvonne M. Lowrey*

Chief Financial Officer

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

Office: 585 647 9350 ext 10  
Fax 585 647 3508

&lt;image003.png&gt;

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On Thu, Dec 8, 2016 at 6:09 PM, Jacob Ouseph <jacob@allstatefabrication.com> wrote:  
Not all equipment is in anticipated date 1st wk of January

Sent from my iPhone

On Dec 8, 2016, at 2:31 PM, Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt; wrote:

Jacob



Good afternoon, we will be performing a final walk through on your project December 20, 2016.

Is all the equipment in place? Please let me know so I can calendar your inspection.

Thank You

*Yvonne M. Lowrey*

Chief Financial Officer

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

Office: 585 647 9350 ext 10

Fax 585 647 3508

<image003.png>

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Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt;

**Re: AllState Fabrication OCIDA Labor Policy**

1 message

**Jacob Ouseph** <jacob@allstatefabrication.com>  
To: Yvonne Lowrey <yvonne@loewkebrill.com>

Thu, Nov 3, 2016 at 1:49 PM

Meet at 400 Bellvale rd on 11/10/16 at 11 am  
Please have him call me on my cell phone [845 667 1800](tel:8456671800)

Thanks  
Jacob

On Thu, Nov 3, 2016 at 1:43 PM, Yvonne Lowrey <yvonne@loewkebrill.com> wrote:  
Jacob lets plan on 11:00 am. I will send a calendar request.

Kevin Loewke is my inspector he will have a hard hat and OCIDA verification.

Any specifics of where he should meet you on the job site. And a cell number or contact number. He generally calls, 10-15 minutes before he reaches your location.

Thanks  
Yvonne

Thank You

*Yvonne M. Lowrey*

Chief Financial Officer

**Loewke Brill Consulting Group, Inc.**

491 Elmgrove Rd, STE 2

Rochester, NY 14606

[585-647-9350](tel:585-647-9350) ext 10

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On Thu, Nov 3, 2016 at 1:29 PM, Jacob Ouseph <jacob@allstatefabrication.com> wrote:

Yes what time we need to set up time since we are not their all the time. we have not moved there yet. bet 10 am to 12 noon will work if it is ok with you?. Let me know your preference

Jacob

On Thu, Nov 3, 2016 at 1:04 PM, Yvonne Lowrey <yvonne@loewkebrill.com> wrote:

Jacob,

Would it be ok to perform a walk through on November 10th? And then another one once the equipment installation is completed?

Thanks

Thank You

*Yvonne M. Lowrey*

Chief Financial Officer

**Loewke Brill Consulting Group, Inc.**

491 Elmgrove Rd, STE 2

Rochester, NY 14606

585-647-9350 ext 10

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On Thu, Nov 3, 2016 at 12:57 PM, Jacob Ouseph <[jacob@allstatefabrication.com](mailto:jacob@allstatefabrication.com)> wrote:

Hi Mrs. Lowrey

No construction on done on the building minor inside changes to install crane, and electric and plumbing work.

On Thu, Nov 3, 2016 at 12:47 PM, Yvonne Lowrey <[yvonne@loewkebrill.com](mailto:yvonne@loewkebrill.com)> wrote:

Jacob is there construction involved with setting up the equipment?

Thank You

*Yvonne M. Lowrey*

Chief Financial Officer

**Loewke Brill Consulting Group, Inc.**

491 Elmgrove Rd, STE 2

Rochester, NY 14606

585-647-9350 ext 10

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On Thu, Nov 3, 2016 at 12:18 PM, Jacob Ouseph <[jacob@allstatefabrication.com](mailto:jacob@allstatefabrication.com)> wrote:  
We are anticipate most of the work will be done by end of November

Thanks  
Jcob

On Thu, Nov 3, 2016 at 11:04 AM, Yvonne Lowrey <[yvonne@loewkebrill.com](mailto:yvonne@loewkebrill.com)> wrote:  
Good morning Jacob.

This is a follow up to our phone conversation a few weeks back.

I have met with OCIDA board members, as you indicated the construction of the facility was completed before approval of OCIDA grant.

They have asked that we do a final walk through your facility to ensure the completeness of the construction work.

You indicated that you are installing the equipment, could you please provide me a date as to when you believe all equipment will be installed.

This way I can plan the walk through accordingly.

Greatly appreciate your assistance.

**Thank You**

*Yvonne M. Lowrey*

Chief Financial Officer

**Loewke Brill Consulting Group, Inc.**

491 Elmgrove Rd, STE 2

Rochester, NY 14606

[585-647-9350](tel:585-647-9350) ext 10

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--

Thanks  
Jacob

--  
Thanks  
Jacob

--  
Thanks  
Jacob

--

Thanks  
Jacob



Yvonne Lowrey &lt;yvonne@loewkebrill.com&gt;

---

**AllState**

1 message

---

**Kelly Reilly** <kreilly@theaccelerator.business>  
To: Yvonne Lowrey <yvonne@loewkebrill.com>

Mon, Oct 17, 2016 at 10:43 AM

Yvonne,

Attached, please find the signed documents for Allstate. Included is the Agreement, IDA Application and the Intro letter that was sent to Allstate on 9/29/16. Should you have any questions, please don't hesitate to call.

I also wanted to let you know that I am trying to get time with Laurie and Vinnie to go over the "closed IDA Project" audits and how they want to proceed with the closed projects.

Kelly

---

**From:** Kelly Reilly  
**Sent:** Thursday, October 13, 2016 2:46 PM  
**To:** 'Yvonne Lowrey'  
**Subject:** RE: AllState

Yvonne,

Attached, please find the letter that was sent to Allstate along with the Application. Again I am sorry for the disconnect. I will work on getting the information about the 8 projects that we have asked to be audited. Thank you for your patience. Hope you have a great day.

Kelly

---

**From:** Yvonne Lowrey [<mailto:yvonne@loewkebrill.com>]  
**Sent:** Thursday, October 13, 2016 2:38 PM  
**To:** Kelly Reilly  
**Subject:** AllState

Kelly

Thanks for the clarity. I meant to also ask for the Allstate Fabrications Application so that we have all the information in our hands.

Greatly appreciate it.

Thank You

*Yvonne M. Lowrey*

Chief Financial Officer

**Loewke Brill Consulting Group, Inc.**

491 Elmgrove Rd, STE 2

Rochester, NY 14606

[585-647-9350 ext 10](tel:585-647-9350)

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---

**3 attachments**

 **Allstate Signed Loewke Brill Intro. Letter.pdf**  
70K

 **Allstate Signed Agreement.pdf**  
283K

 **Allstate IDA Application Signed.pdf**  
311K





Applicant: Allstate Fabrication, Inc. Job#: 16-002  
Project: Allstate Fabrication Remo. Address: 400 Bellvue Rd.  
Chester, WV

## OCIDA Job Check List

- Approval Letter from OCIDA to new contact is received: 9/29/16
- Estimated construction start date on application: August 2016 - per contact already completed
- Job is added to upcoming jobs category on master spreadsheet: 10/17/16
- Applicant contact is e-mailed L&B introduction letter: 10/17/16
- Confirmed project contact information (via L&B Intro email): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Applicant:**  
Contact: Jacob Ouseph Phone#: 845-667-1800  
Office Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: jacob@allstatefabrication.com
- Job Site Contact:**  
Contact: Jacob Ouseph Phone#: 847-667-1800  
Office Address: \_\_\_\_\_  
Email: \_\_\_\_\_
- Confirmed job site address is same as above (via L&B Intro email): 10/17/16
- Estimated job (construction) start date given by project contact: prior to approval
- Sign drop scheduled with project contact for: n/a
- Sign delivered to project contact by Kevin/Jim and transmittal is received: n/a
- Actual construction start date: 8/16
- Construction begins and job is moved to ACTIVE on master jobs list: 9/29/16
- Job # 16002 is assigned & electronic subfolder for job created in computer: 10/1/2016
- At completion send written notice (email) to contact for confirmation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 At project completion: moved project from active to completed jobs on Master Jobs list

Applicant: Allstate Fabrication, Inc. Job#: 16-082  
Project: Allstate Fabrication Renov. Address: 400 Bellvue Rd  
Chester, NY.

# OCIDA Job Call Log

Engagement letter sent 9 /      /      notes:

Call Log: 10/17 / 16

Notes: Spoke with Jacob of Ymk-  
project completed as of Aug 2016.  
Writers to be set up for equipment  
order\*

Call Log: 11 / 4 / 16

Notes: Spoke with Jacob  
Schedule lunch walk thru  
for 11/10 11:00 - 12:00

Call Log:      /      /      Notes: Spoke with     

Call Log:      /      /      Notes: Spoke with     

Call Log:      /      /      Notes: Spoke with     

Call Log:      /      /      Notes: Spoke with     

Call Log:      /      /      Notes: Spoke with     

Call Log:      /      /      Notes: Spoke with























# **LOEWKE BRILL** **C O N S U L T I N G   G R O U P ,   I N C**

March 10th, 2017

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: All State Fabrications, Inc – Requests for Verified Exemptions  
Specialty Services: Water Filtration/Recycling System**

Water Treatment Solutions was hired to provide and install a water filtration and recycling system at the All State Fabrications, Inc project. **Background:**

The system is not a piece of equipment that can be installed by anyone other than a Water Treatment Solutions (WTS) trained employee. Their employees require at least 9 – 12 month hands on training in order for us to install & warranty the system.

No one else designs, manufactures & installs their patented EnviroSystem – unless they are an employee.

The company is based out of Hampton, NH and install systems all over North America. The USA made systems provides 100% closed loop water filtration and recycling for the stone, glass or concrete fabricator/manufacturer, in this case All State Fabrications, Inc.

One of the benefits to a WTS System is that their customers can save their local town or aquafer, on average, 30,000 gallons of water per day. Smaller shops would have a lower number and larger shops a larger number, but all saving water.

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

Sincerely,

Kevin E Loewke

---

491 Elmgrove Rd, Ste 2, Rochester, NY 14606

member of  
**nbc**a  
National Bond Claims Association

Toll Free: 866-647-9350 Phone: 585-647-9350 Fax: 585-647-3508

[www.loewkebrill.com](http://www.loewkebrill.com)

  
EMPLOYER SUPPORT OF  
THE GUARD AND RESERVE



Kevin Loewke &lt;kevin@loewkebrill.com&gt;

---

## All State Fabrication - NY

---

Paula Perry <pperry@watertreatmentonline.com>  
To: "kevin@loewkebrill.com" <kevin@loewkebrill.com>

Wed, Mar 8, 2017 at 1:35 PM

Hi Kevin –

As a follow up to our conversation regarding the Water Treatment Solutions EnviroSystem at All State Fabrication in Chester, NY – our system is not a piece of equipment that can be installed by anyone other than a Water Treatment Solutions (WTS) trained employee. Our employees require at least 9 – 12 month hands on training in order for us to install & warranty our system.

No one else designs, manufactures & installs our Patented EnviroSystem – unless they are an employee.

We are based out of Hampton, NH and install systems all over North America. Our USA made systems provide 100% closed loop water filtration and recycling for the stone, glass or concrete fabricator/manufacturer.

One of the benefits to a WTS System is that our customers can save their local town or aquifer, on average, 30,000 gallons of water per day. Smaller shops would have a lower number and larger shops a larger number, but all saving water!

I trust that this information will help you to confirm that the system at All State Fabrication qualifies for a waiver, as our system cannot be installed by anyone but a WTS trained employee.

If you have any questions, my phone number is noted below.

Best Regards –

*Paula*

**Paula Perry**

**Water Treatment Solutions**

6 Merrill Industrial Drive • Hampton, NH 03842

P: 603.758.1900



March 28th, 2017

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: All State Fabrications, Inc – Requests for Verified Exemptions  
Specialty Services: Robo Saw Installation**

BACA Systems, LLC was hired to install the Robo-Saw at the All State Fabrications, Inc facility in Chester, NY. **Background:**

All State Fabrications, Inc purchased the Robo-Saw directly from BACA Systems, LLC which is the company that manufactures them in Michigan. The company had to perform the install themselves, or All State Fabrications would have voided the warranty.

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

Sincerely,

Kevin E Loewke



Kevin Loewke &lt;kevin@loewkebrill.com&gt;

---

**Fwd: System installation**

5 messages

Jacob Ouseph &lt;jacob@allstatefabrication.com&gt;

Thu, Mar 16, 2017 at 4:07 PM

To: Kevin Loewke &lt;kevin@loewkebrill.com&gt;, Mathew &lt;AsMathew@optimum.net&gt;

----- Forwarded message -----

From: **Doug Cicchini** <dougc@bacasystems.com>

Date: Thu, Mar 16, 2017 at 2:51 PM

Subject: System installation

To: "jacob@allstatefabrication.com" &lt;jacob@allstatefabrication.com&gt;

Cc: Bryan Saenz &lt;bsaenz@bacasystems.com&gt;

Hello Jacob.

Bryan emailed me regarding the conversation that you had about the installation of the Robo SawJet system in your facility. As part of our system package, we include the labor and training required to complete the installation of the system, calibrate the system, and perform the training required to process stone on the equipment. We do not include the option for others to perform these tasks, as they would not have the proper training required to carry out the required tasks to completion.

If you have any additional questions or need additional detail, please let me know.

Best regards,

**Doug Cicchini****BACA Systems, LLC**

1265 Harmon Road

Auburn Hills, MI 48326

[BACASystems.com](http://BACASystems.com)**(248) 791-3053 - Direct Line****(248) 892-9902 - Cell****TECHNICAL ASSISTANCE: (714) 625-8168 • [SERVICE@BACASYSTEMS.COM](mailto:SERVICE@BACASYSTEMS.COM)****PARTS DEPARTMENT: (248) 706-6420 • [PARTS@BACASYSTEMS.COM](mailto:PARTS@BACASYSTEMS.COM)**



# **LOEWKE BRILL**

**C O N S U L T I N G   G R O U P ,   I N C**

September 6, 2017

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: All State Fabrications, Inc – Requests for Verified Exemptions**  
**Specialty Services: Construal CR2 Plus Monoblock CNC Saw**

Feist Machine Service, INC was hired to provide and install a Construal CR2 Plus Monoblock Saw at the All State Fabrications, Inc project. **Background:**

Construal is based out of Portugal, which is where the unit itself was manufactured. Feist Machine Service, INC is the distributor of Construal machines and parts in the United States

The company is based out of Bayport, NY (Suffolk County) and installs these machines all over North America. The Portuguese machine features a 5 axis interpolated with 0-90 degree tilting head with ½ gas adapter for drilling and milling. It is low maintenance, featuring high quality cutting and high performance levels for the All State Fabrications facility.

Feist Machine Service, INC is the only company that can sell, install, and service the Construal CR2 Plus Monoblock CNC Saw as is stipulated in the warranty.

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

Sincerely,

Kevin E Loewke

---

491 Elmgrove Rd, Ste 2, Rochester, NY 14606

member of  
**nbca**  
National Bond Claims Association

Toll Free: 866-647-9350 Phone: 585-647-9350 Fax: 585-647-3508

[www.loewkebrill.com](http://www.loewkebrill.com)

**ESGR**  
EMPLOYER SUPPORT OF  
THE GUARD AND RESERVE



Feist Machine Service Inc.  
 885 Sylvan Ave. Unit A  
 Bayport, NY 11705  
 Tele: 631-868-3755 Fax: 631-868-3754

# Invoice

Date	Invoice #
6/13/2017	27297A

**PAID**  
**06/23/2017**

<b>Bill To</b>
Allstate Fabrication 400 Bellvale Road Chester, NY 10918 845-365-4200 Ouseph Matthew

<b>Ship To</b>
Allstate Fabrication 400 Bellvale Road Chester, NY 10918 845-365-4200 Ouseph Matthew

P.O. No.	Terms
	COD

Item	Description	Qty	Cl...	Amount
Con- CR2 P...	<p>Construal CR2 Plus Monoblock CNC Saw, 5 Axis interpolated with 0-90 Degree tilting head with 1/2 gas adaptor for drilling and milling, easy and compact, it is a low maintenance machine, featuring high quality cutting and high performance levels.            Includes: Cutting Indicator (Laser), Hydraulic Tilting Table, CAD/CAM System for Profile cuts &amp; templates, Capable of doing Arcs and circular cuts.            Machine is equipped with USB/Ethernet port for easy loading of programs.            Support made in welded steel structure.</p> <p>Size: 5,6 x 2,7 x 2,8m            ( 220.47" x 106.30" x 110.23" )            Weight: 3700kg ( 8157 lbs )            Y Axis: 2.000mm ( 78.74" )                Max Speed 20m/min            Z Axis: 300mm ( 11.81" )                Max Speed 1,2m/min            A Axis: 0 - 45 Degrees Max Speed 10rpm            C Axis: 0 - 360 Degrees Max Speed 10rpm            Table Dimension: 3,200 x 2,000 mm                ( 125.98" x 78.74" )            Disc Diameter: 350mm- 500mm                ( 13.78" x 19.68" )            Engine Power: 20 hp            Water Consumption: 30 l/min            Water Pressure: 4 Bar            400v 3ph 30A            Wireless Remote Control</p> <p>Customer is responsible for Electric, and Water connections to the machine</p> <p><b>**Quote Valid for 30 Days, Subject to change depending upon Euro rate**</b></p>	1		120,000.00

payments 50% down 50% Before shipping	<b>Total</b>
	<b>Payments/Credits</b>
	<b>Balance Due</b>

E-mail
customerservice@feistmachineservice.c...



Feist Machine Service Inc.  
 885 Sylvan Ave. Unit A  
 Bayport, NY 11705  
 Tele: 631-868-3755 Fax: 631-868-3754

# Invoice

Date	Invoice #
6/13/2017	27297A

**PAID**  
**06/23/2017**

<b>Bill To</b>
Allstate Fabrication 400 Bellvale Road Chester, NY 10918 845-365-4200 Ouseph Matthew

<b>Ship To</b>
Allstate Fabrication 400 Bellvale Road Chester, NY 10918 845-365-4200 Ouseph Matthew

P.O. No.	Terms
	COD

Item	Description	Qty	Cl...	Amount

payments 50% down 50% Before shipping	<b>Total</b>
	<b>Payments/Credits</b>
	<b>Balance Due</b>

E-mail
customerservice@feistmachineservice.c...



Feist Machine Service Inc.  
 885 Sylvan Ave. Unit A  
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6/13/2017	27297A

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<b>Ship To</b>
Allstate Fabrication 400 Bellvale Road Chester, NY 10918 845-365-4200 Ouseph Matthew

P.O. No.	Terms
	COD

Item	Description	Qty	Cl...	Amount
Shipping/ M...	Shipping and Installation: Area for the machine must be clear. Customer is responsible for Air, Electric, and water connections to the machine			0.00
Travel Expe...	Hotel, Meals, Transportation for technician during training			0.00
FMS- Misc	DDX Easy Stone Basic software for doing sink cut outs and other milling jobs- Includes training			13,000.00
Extra Disco...	Discount			-2,000.00
INSTALLA...	6/23/17 Delivered and Installed Construal CR2Plus Bridge Saw s/n 060 in new condition. Tested Machine and installed a wireless remote radio control system. Test Ok. Moved Sesso revolution Edge Machine in to position as per customers location. Please note that the Construal CR2Plus Machine was produced in Portugal and is a very specialized machine. Feist Machine Service is the Distributor of Construal Machines and Parts in the USA. Our associates have had extensive training on these machines and are the only qualified technicians to service these machines.. The Construal CR2Plus, Serial Number 060 was sold to Allstate fabrication on 6/13/17 and was delivered and installed on 6/23/17. Our associates, Joe Feist, Russ Faillace, Brian Mitkish and Carlo Tunisi are the only qualified and authorized associates to do any installation or repair work on this machine. Any work done on this machine by any other vendor will negate the warranty and Feist Machine Service will not be held responsible.			0.00

payments 50% down 50% Before shipping	<b>Total</b>	\$131,000.00
	<b>Payments/Credits</b>	-\$131,000.00
	<b>Balance Due</b>	\$0.00

E-mail  
 customerservice@feistmachineservice.c...



## LIMITED WARRANTY TERMS

**Construal, Construtora Mecânica Lda**, warrants that any machine purchased from Construal or an authorized dealer shall be replaced or repaired in case of defects in material and production.

### WARRANTY PERIOD

1. The contractual warranty period is 1 year (12 months)
2. The warranty period is counted from the delivery date of the machine and its assembly, with the delivery of the certificate by the technician.

This warranty does **NOT COVER**:

1. The failure to use, maintain and store the machine as it indicates on the User Manual;
2. A machine purchased from another entity that is not Construal or an authorized dealer.
3. A machine with components, software added, or modifications made by the client or other company.
4. A machine repaired by other entity.
5. Accidents, misused, abuse, negligent or improper use of the machine.
6. Any damage, costs or expense by act of God or loss of time, use inconvenience and costs related to procuring a substitute machine, any incidental or consequential damages arising out of the non-use of the machine, or compensation for inconvenience or loss for use while the machine is being repaired or otherwise not available.
7. The costs of travel and staying for the staff responsible for the repairs within the time of the warranty.

### PROCEDURE

1. In the event of a defect covered by this limited warranty, the Owner shall contact an authorized Construal dealer.
2. All warranty repairs must be performed exclusively by a Construal Dealer or other representative or by another servicing facility pre-approved in writing by Construal.
3. To obtain warranty service for your Construal machine, including any allegedly defective part, your specific and detailed claim must be reported to and received by the Construal or authorized Construal dealer in accordance with the terms of this Limited Warranty and within the applicable warranty period.
4. Construal must approve, in advance and in writing, all repairs covered under or performed pursuant to this limited warranty.



# **LOEWKE BRILL**

**C O N S U L T I N G   G R O U P ,   I N C**

September 6, 2017

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: All State Fabrications, Inc – Requests for Verified Exemptions**  
**Specialty Services: Revolution polishing machine**

Sasso, USA was hired to provide and install revolution polishing machine at the All State Fabrications, Inc project. **Background:**

The machine is not one that can be installed by anyone other than a Sasso, USA trained employee. All warranty service is to be completed by a Sasso trained technician.

The company is based out of Palatine, IL and installs systems all over North America. The USA made system can process all the traditional line machine profiles and will be an asset to production at All State Fabrications.

There are very few companies within the United States that manufacture systems this large, none of which are anywhere within the local OCIDA approved area.

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

Sincerely,

Kevin E Loewke

---

491 Elmgrove Rd, Ste 2, Rochester, NY 14606

member of  
**nbca**  
National Bond Claims Association

Toll Free: 866-647-9350 Phone: 585-647-9350 Fax: 585-647-3508

[www.loewkebrill.com](http://www.loewkebrill.com)

  
EMPLOYER SUPPORT OF  
THE GUARD AND RESERVE

SASSO USA, Inc.  
220 N. Smith St  
Suite 414  
Palatine, IL 60067



July 19, 2017

All State Fabrication  
400 Belleveal Road  
Chester, NY 10918

To whom it may concern,

Sasso manufactured a Revolution polishing machine with serial number 2200. This machine was purchased by All State Fabrication. The Sasso Revolution was installed by Sasso technicians Brandon Kokalicev and Joe Connolly on June 26<sup>th</sup> through 30<sup>th</sup>. All warranty service is to be completed by a Sasso trained technician.

Sincerely,

Sen Usoltseff  
Customer Service and Logistics Coordinator  
Sasso USA  
[sen.sassousa@gmail.com](mailto:sen.sassousa@gmail.com)  
(480) 468-7001

SASSO USA, Inc.  
220 N. Smith St  
Suite 414  
Palatine, IL 60067



July 27, 2017

All State Fabrication  
400 Belleveal Road  
Chester, NY 10918

To whom it may concern

#### WARRANTIES

SASSO guarantees the correct performance of the new machine, the good quality of materials and perfect construction for a period of one year, but not exceeding the 2,000 working hours. In this period, computable from the date of installation and not further than 12 months from the delivery, Sasso guarantees to repair and replace any faulty components caused by poor quality materials or construction faults. Any defects and deficiencies, and / or an improper stock of the machine before the installation, the missing scheduled maintenance, do not involve the termination of contract or any client's rights to claim for damages compensation. The guarantee shall not be effective in case of faults or damages due to incorrect use, neglect or improper use of the machine by the client or third parties.

Therefore, the guarantee can be effective only if the machine is installed by a SASSO TRAINED TECHNICIAN. This is also valid for all warranty services. These operations must be carried out and completed by a SASSO TRAINED TECHNICIAN.

The guarantee shall be considered terminated when the payments are not made to the deadlines agreed with Sasso. The parts that are considered consumables as pressure rollers, belt, edge rollers etc... are excluded from the warranty. The transport cost for the replacement of parts or for the inspection of the machine, as well as any other return for any reason, shall be at buyer company's charge, as well as all present or future expenses, charges and taxes regarding the machinery and the registration of the contract.

Sincerely,  
SASSO USA Inc.





**Fumarola Plumbing and Heating  
LLC**  
236 Elm Street  
Monroe, NY 10950 US  
(845) 782-4520  
fumarolaplumbing@yahoo.com  
www.fumarolaplumbing.com



# Invoice

**BILL TO**  
Jacob  
All State Fabrication  
400 Bellvale Rd  
Chester, NY 10918

**SHIP TO**  
Jacob  
All State Fabrication  
400 Bellvale Rd  
Chester, NY 10918

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
11017	11/03/2016	\$2,345.87	11/18/2016	Project completion	

DATE	ACTIVITY	QTY	RATE	AMOUNT
10/21/2016	1- Mechanic	8	125.00	1,000.00
10/21/2016	1- helper	3.50	75.00	262.50
10/22/2016	1- mechanic	3	125.00	375.00
11/03/2016	Supply and install piping to connect customer supplied air compressor, receiver tank, and dryer			
11/03/2016	Install customer supplied water softener 1- mechanic	3.50	125.00	437.50
11/03/2016	Connect air and water lines to saw jet 1-mechanic	4	125.00	500.00
11/03/2016	Connect air and water to Marmo LTN Connect gray water to saw jet	6	125.00	750.00
11/03/2016	6" galv nipple	3	4.00	12.00T
11/03/2016	1" galv street 90	1	5.25	5.25T
11/03/2016	1" galv coupling	2	4.89	9.78T
11/03/2016	1 -1/2" x 1" press coupl	4	21.00	84.00T
11/03/2016	1" pro press 45	4	8.25	33.00T
11/03/2016	1" pro press 90	5	6.60	33.00T
11/03/2016	4" cl blind flange	2	42.00	84.00T
11/03/2016	5/8 x 3.5 zinc plated bolt	16	2.05	32.80T
11/03/2016	4 flange gasket	2	3.00	6.00T
11/03/2016	1-1/2" x L copper tube	260	4.54	1,180.40T
11/03/2016	2 x 1 1/2" brass hex bush	2	11.50	23.00T

Past due invoices will be subject to 1.5% late charge

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/03/2016	2 x 1 1/2" bl MI hex bushing	1	5.14	5.14T
11/03/2016	3 x 2" bl MI hex bushing	1	9.14	9.14T
11/03/2016	1 1/2" pro press ball valve	8	72.00	576.00T
11/03/2016	1 1/2" pro press 90	15	23.18	347.70T
11/03/2016	1 1/2" pro press 45	7	20.43	143.01T
11/03/2016	1 1/2" pro press tee	4	28.20	112.80T
11/03/2016	1 1/2" pro press male adpt	7	22.50	157.50T
11/03/2016	1 1/2" pro press union	5	58.00	290.00T
11/03/2016	1 1/2" Stainless braided flex	1	99.50	99.50T
11/03/2016	1" male adaptor	2	16.00	32.00T
11/03/2016	1 1/2" pro press coupling	3	12.75	38.25T
11/03/2016	1" L copper tube	100	2.50	250.00T
11/03/2016	Misc materials purchased at Lowe's air line, brass adaptors, clamps, etc....	1	154.45	154.45T

SUBTOTAL	7,043.72
TAX (8.125%)	302.15
TOTAL	7,345.87
PAYMENT	5,000.00
BALANCE DUE	<b>\$2,345.87</b>

**Fumarola Plumbing and Heating  
LLC**  
 236 Elm Street  
 Monroe, NY 10950 US  
 (845) 782-4520  
 fumarolaplumbing@yahoo.com  
 www.fumarolaplumbing.com



**Invoice**

**BILL TO**  
 Jacob  
 All State Fabrication  
 400 Bellvale Rd  
 Chester, NY 10918

**SHIP TO**  
 Jacob  
 All State Fabrication  
 400 Bellvale Rd  
 Chester, NY 10918

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
10950	09/14/2016	\$0.00	09/29/2016	Project completion	

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/14/2016	Labor	1	10,000.00	10,000.00
09/14/2016	(Capital improvement)			
09/14/2016	Agreed upon cost reduction of total job cost.	1	-1,200.00	-1,200.00

**PAID**

DATE

09/20/2016

ACTIVITY

QTY

RATE

AMOUNT

1- Clear Water Distribution;

Supply and install clear water distribution piping system from drop at 3000 gallon holding tank to work stations and equipment as per equipment list provided by Water treatment solutions and field drawing by Fumarola Plumbing. Clear water distribution piping in type L copper.

-Drop schedule as follows,

- 1-1/2" @ clear water pump
- 3/4" @ each work station (10 work stations total)
- 1" @ saw jet

-Clear water distribution pipe to be 2" diameter

-Supply and install ball valve at every termination

-Work stations to have 1" Chicago fitting

-Equipment to terminate with F.I.P. threaded valve

-(Final connection to equipment by other)

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/20/2016	<p>2- Gray Water distribution;</p> <p>-Supply and install Gray water distribution piping system from gray water pump location to equipment as specified by Water treatment solutions.</p> <p>-Gray water distribution piping in type L copper</p> <p>-Drop schedule as follows;</p> <p>2" @ Pump  1-1/2" @ Bridge saw  1-1/2" @ Marmo LTN</p> <p>-Gray water distribution pipe to be 2" diameter</p> <p>-Equipment to terminate with F.I.P. threaded valve</p> <p>-(Final connection to equipment by other)</p>			
09/20/2016	<p>3- City water distribution</p> <p>-Supply and install city water distribution piping from top of locker rooms to 3 drop locations.</p> <p>-City water to be 3/4" diameter type L copper tube</p> <p>-drops to terminate with F.I.P. threaded valve's</p> <p>-Drop schedule;</p> <p>3/4" @ saw jet  3/4" @ pit/pump location  3/4" @ locker room wall</p>			

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/20/2016	<p>4- Air distribution piping</p> <p>-Supply and install Air distribution piping system from Compressor location to work stations and equipment as specified by Water treatment solutions.</p> <p>-Supply labor for installation of customer supplied pipe and fittings.</p> <p>-Air distribution to be copper tube and fittings</p> <p>-Drop schedule;</p> <p>1-1/2" @ Compressor  3/4" @ work stations (10 work stations total)  3/4" locker room wall ( 2 drops)</p>			
09/20/2016	<p>5- General notes</p> <p>-All work to be tested with air</p> <p>-All copper tube to be supported with cushion clamps and/or split ring hangers</p> <p>-Support Brackets for work stations and main distribution piping to be provided by other as discussed with AJP electric and Mathew from All state fabrication.</p>			
09/20/2016	<p>6- Exclusions</p> <p>Pipe insulation  flow meters  equipment testing and tuning  final connection to equipment  flow rates and/or pipe sizing</p>			
09/20/2016	Materials	1	9,200.00	9,200.00
PAYMENT				18,000.00
BALANCE DUE				<b>\$0.00</b>

Past due invoices will be subject to 1.5% late charge

**Fumarola Plumbing and Heating  
LLC**

236 Elm Street  
Monroe, NY 10950 US  
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fumarolaplumbing@yahoo.com  
www.fumarolaplumbing.com



**Invoice**

**BILL TO**  
Jacob  
All State Fabrication  
400 Bellvale Rd  
Chester, NY 10918

**SHIP TO**  
Jacob  
All State Fabrication  
400 Bellvale Rd  
Chester, NY 10918

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
11248	04/10/2017	\$5,000.00	04/25/2017	Project completion	

DATE	ACTIVITY	QTY	RATE	AMOUNT
------	----------	-----	------	--------



DATE	ACTIVITY	QTY	RATE	AMOUNT
04/10/2017	<p>Softener and Pump system</p> <p>Supply and install commercial water softener connected to domestic water piping before entry point of 4000 gallon storage tank. Twin ALT softener with (2) 1.5 cubic ft resin tanks up to 16 GPM flow rate</p> <p>Supply and install auto regenerating 2 cubic ft programmable media filter at building water supply to address high turbidity levels.</p> <p>Supply and install canister filter before softener with 20" Dual Density 5 micron rated sediment filter.</p> <p>Supply and install Grundfoss model CMBE 5-62 Variable speed pressure booster pump and control capable of distributing up 25 GPM at 70 PSI outlet pressure.</p> <p>Supply and install float and control panel to operate line voltage solenoid valve on water make up piping. Float system to include low level alarm capable of pump shut down with built in audible alarm.</p> <p>Supply and install Overflow discharge pipe from storage tank to floor drain.</p> <p>Supply and install Necessary piping for installation of complete and functional system as discussed.</p> <p>All electrical connections and materials provided by other</p>			
04/10/2017	Materials	1	11,000.00	11,000.00
04/10/2017	Labor	1	7,000.00	7,000.00

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/10/2017	Extension and relocation of existing air and water distribution piping as discussed with Mathew work to be performed as Time and Material billing and will be above and beyond this estimate.  Mechanics to be billed at \$125 per hour  Helpers to be billed at \$75 per hour			
04/10/2017	50% deposit 50% at completion			
PAYMENT				13,000.00
BALANCE DUE				<b>\$5,000.00</b>

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 236 Elm Street  
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 fumarolaplumbing@yahoo.com  
 www.fumarolaplumbing.com



**Invoice**

**BILL TO**  
 Jacob  
 All State Fabrication  
 400 Bellvale Rd  
 Chester, NY 10918

**SHIP TO**  
 Jacob  
 All State Fabrication  
 400 Bellvale Rd  
 Chester, NY 10918

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
11372	07/21/2017	\$1,670.80	08/05/2017	Project completion	

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/11/2017	Run 1" gray waterline from locker room area to cutting machine.			
	Hang 1" sch 80 PVC along bottom of hoist I-beam.			
07/21/2017	Labor service tech per hour	6	125.00	750.00T
07/21/2017	Labor Helper Per Hour	6	75.00	450.00T
07/21/2017	Materials	1	373.30	373.30
	<b>SUBTOTAL</b>			1,573.30
	<b>TAX (8.125%)</b>			97.50
	<b>TOTAL</b>			1,670.80
	<b>BALANCE DUE</b>			<b>\$1,670.80</b>

**ajp ELECTRICAL CORP.**

P.O. Box 178

Washingtonville, NY 10992

Phone: (845) 496-9309 E-Mail: [ajpelectric@yahoo.com](mailto:ajpelectric@yahoo.com) Fax: (845) 496-4034

DATE: August 4, 2017

INVOICE #: 2017-009

SOLD TO: All State Fabrication  
15 Highview Ave  
Orangeburg, NY 10962

PHONE:

FAX:

PROJECT: 400 Bellvale Rd Chester, NY

8/03/2017

- 3 Electricians 8 hrs @ \$90.00/hr

\$2,160.00

Materials:

\$250.00

**TOTAL DUE: \$2,410.00**

Please make checks payable to AJP Electrical Corp.  
If you have any questions regarding this invoice, please call

Paperwork  
Checklist





# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank.  
**Allstate Kitchen & Bath**

2 Business name/disregarded entity name, if different from above  
**DBA Allstate Fabrication**

3 Check appropriate box for federal tax classification, check only one of the following seven boxes.  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
 Other (see instructions) ▶  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**400 Bellvale Rd**

6 City, state, and ZIP code  
**Chester, NY 10918**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
			-						
or									
Employer identification number									
2	0	-	2	1	1	9	0	5	6

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Signature Here      Signature of U.S. person ▶ *James Smith*      Date ▶ *9/26/17*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.







CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only)
ALL STATE KITCHEN & BATH CORP DBA ALL STATE FABRICATION

4 ARROW LANE
NEW CITY, NY 10956

1b. Business Telephone Number of Insured

845-735-3000

1c. NYS Unemployment Insurance Employer Registration Number of Insured

1d. Federal Employer Identification Number of Insured or Social Security Number

202119056

2. Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder)

Orange County IDA
4 Corty Lane, Suite 100
New Windsor, NY 12553

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity listed in box "1a"

DBL276314

3c. Policy effective period

05/21/2017 to 05/20/2018

4. Policy covers

- a. [X] All of the employer's employees eligible under the New York Disability Benefits Law
b. [ ] Only the following class or classes of the 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 Benefits Insurance coverage as described above.

Date Signed 7/31/2017 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Title Chief Executive Officer

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" is checked, this certificate is NOT COMPLETE for the purposes of section 220, Subd. 9 of the Disability Benefits Law. It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

State of New York
Worker's Compensation Board

According to information maintained by the NYS Worker's Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of its/her employees.

Date Signed By [Signature]
(Signature of NYS Worker's Compensation Board Employee)

Telephone Number Title

Please Note: Only insurance carriers licensed to write NYS Disability Benefits Insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120-1. Insurance brokers are NOT authorized to issue this form.

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?  YES  NO

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 Disability Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability benefits 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 NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

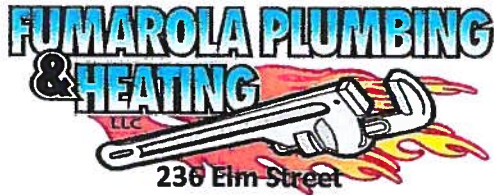
### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.





236 Elm Street

Monroe, NY 10950

Office: (845) 782-45020 Cell#: (845) 656-2521

Email: [fumarolaplumbing@yahoo.com](mailto:fumarolaplumbing@yahoo.com)

Website: [www.fumarolaplumbing.com](http://www.fumarolaplumbing.com)

July 19, 2017

All State Fabrication  
400 Bellvale Rd  
Chester, NY 10918

Fumarola Plumbing and Heating, LLC was hired by Allstate Fabrication on April 1, 2017 for some plumbing work. The work will be completed as of July 21, 2017.

The scope of the work is as follows:

Supply and install water softener and pressure boosting system to feed high pressure water to fabrication machines.

The employees that worked on this job:

Robert Depuy  
Clinton LaPorta  
William Ramm

Attached are copies of their drivers licenses and Osha certification cards.

If you have any questions please do not hesitate to contact me via any of the means listed above.

Cordially,

Michele Mazzamuto  
Office Manager  
Fumarola Plumbing & Heating, LLC

Attachments

---

**OSHA**

Occupational Safety  
and Health Administration

13-005480585

This card acknowledges that the recipient has successfully completed:

**10-hour Construction Safety and Health**

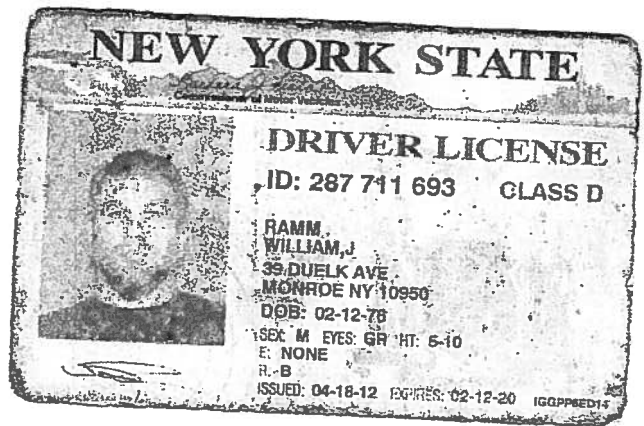
This card issued to:

**William Ramm**

---

Chase Coyne  
Trainer Name

01/31/17  
Date of Issue



ADDRESS CHANGE

533 STATION RD

ROCKTAVERN, NY 12575

---

**OSHA**

Occupational Safety  
and Health Administration

13-005480583

This card acknowledges that the recipient has successfully completed:

**10-hour Construction Safety and Health**

This card issued to:

**Robert Depuy**


---

Chase Coyne  
Trainer Name

01/31/17  
Date of Issue



**NEW YORK STATE**  
DRIVER LICENSE  
ID: 938 482 807 CLASS DM



DEPUY  
ROBERT A. JR.  
4 MEVINS ST  
EDENVILLE NY 12428  
DOB: 10-27-45  
SEX: M EYES: BL HAIR: B-11  
FINONE  
ISSUED: 05-07-10 EXPIRES: 10-27-10 AFSWVAD12

*Robert A. DeFoy JR*

---

**OSHA**

Occupational Safety  
and Health Administration

13-005480582

This card acknowledges that the recipient has successfully completed:

**10-hour Construction Safety and Health**

This card issued to:

**Clinton Laporta**

---

Chase Coyne

Trainer Name

01/31/17

Date of Issue

NEW YORK STATE  
DRIVER LICENSE

USA  
DEPARTMENT OF  
TRANSPORTATION

CLASS D

ID 688 319 974

LAPORTA  
CLINTON, D

190 DEMOCRACY LN  
WASHINGTONLE, NY 10982

Sex M Height 5'-10" Eyes BRO

DOB 05/13/1980

Expires 05/13/2017

E NONE

R NONE

Issued 01/09/2017



688 319 974





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/26/2017

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).

<b>PRODUCER</b> 845-783-2555 Walter Rose Agency, Inc 8 Stage Road Monroe, NY 10950	<b>CONTACT NAME:</b> Walter Rose Agency <b>PHONE (A/C, No. Ext):</b> 845-783-2555 <b>FAX (A/C, No.):</b> 845-783-2428 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> Mike Fumarola Plumbing & Heating LLC 242 Elm St Monroe, NY 10950	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: National Grange Mutual NAIC # 14788 INSURER B: INSURER C: 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket All/Waive GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		MPU4020R	05/07/2017	05/07/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE    OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  All State Fabrication 400 Bellvale Road Chester, NY 10918	<b>CANCELLATION</b>  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 
--	--

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Michael Fumarola

2 Business name/disregarded entity name, if different from above  
Mike Fumarola Plumbing & Heating, LLC

3 Check appropriate box for federal tax classification; check only one of the following seven boxes  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C-Corporation, S-S Corporation, P-partnership) ▶  
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
5 Short Drive

6 City, state, and ZIP code  
New Windsor, NY 12553

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
 See Specific Instructions on page 2.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

				-				
--	--	--	--	---	--	--	--	--

or

Employer identification number

4	6	-	4	6	4	8	0	4	9
---	---	---	---	---	---	---	---	---	---

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person [Signature] Date 7-24-17

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1098-K (merchant card and third party network transactions)

- Form 1099 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued)
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Workers' Compensation Board**

**CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW**

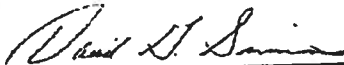
**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p>Mike Fumarola Plumbing and Heating LLC</p> <p>236 ELM STREET Monroe, NY 10950</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State. i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 464648049</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>GENERAL PROOF OF COVERAGE Monroe, NY 10950</p>	<p>3a. Name of Insurance Carrier AmGUARD Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DB01158124</p> <p>3c. Policy effective period 01/01/2017 to 01/01/2018</p>

4. Policy covers:

- A. All of the employer's employees eligible under the New York Disability 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 Benefits insurance coverage as described above

Date Signed 01/05/2017 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-673-2465 Title Vice President of Sales

**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" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305

**PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box "4b" 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 Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

GENERAL PROOF  
OF COVERAGE  
Monroe, NY 10950

### Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?  YES  NO

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 Disability Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability benefits 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 NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.







**ajp ELECTRICAL CORP.**

P.O. Box 178

Washingtonville, NY 10992

Phone: (845) 496-9309 E-Mail: [ajpelectric@yahoo.com](mailto:ajpelectric@yahoo.com) Fax: (845) 496-4034

DATE: July 20, 2017

SOLD TO: All State Fabrication  
15 Highview Ave  
Orangeburg, NY 10962

PHONE: 845-365-4200

FAX: 845-365-5708

PROJECT: 400 Bellvale Rd Chester, NY 10918

To whom it may concern,  
AJP Electrical Corp. has performed electrical work for Allstate Fabrication at 400 Bellvale rd Cester Ny 10918 starting on 8-30-2016 and ending on 7-20-2017.

The work performed was for the installation of electrical service equipment, power and lighting in work area.

The work was performed by David Miller, Zachary Ewanciw, Brian Dupree, and Lacy Gilkeson.

Total man hours on this project: 595 hrs

Please make checks payable to AJP Electrical Corp.  
If you have any questions regarding this invoice, please call

**ajp Electrical Corp**  
P.O. Box 178  
Washingtonville, NY 10992  
Office: 845-496-9309 Fax: 845-496-4034  
E-Mail: [ajpelectric@yahoo.com](mailto:ajpelectric@yahoo.com)

**FAX**

To: ALLSTATE FABRICATION From: AJP.  
Fax: 845 365-5708 Pages: 6 PLUS COVER.  
Phone: 845 365 4200 Date: 7-26-17.  
Re: AS per your REQUEST. cc: ATT - KATLYN.

Urgent     For Review     Please Comment     Please Reply

DAVID MILLER 8427 BRUNSWICK RD WAUKILL NY 12589  
BRIAN DUPREE 5 ORCHARD ST. DINEBUSH NY 12566.  
ZACHARY EWANCIW 16 MI-BAR LANE. PUTI JERVIS 12771.  
LACY GILKESON. 68 PAAL LANE MORRIS NY 10950.



# New York State Insurance Fund

*Workers' Compensation & Disability Benefits Specialists Since 1914*

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 222214704

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



Scan to Validate

<b>POLICYHOLDER</b> AJP ELECTRICAL CORP. PO BOX 178 WASHINGTONVILLE NY 10992
---

<b>CERTIFICATE HOLDER</b> ALLSTATE FABRICATIONS 15 HIGHVIEW AVE. ORANGEBURGH NY 10862
--

<b>POLICY NUMBER</b> G2167 847-9	<b>CERTIFICATE NUMBER</b> 649818	<b>POLICY PERIOD</b> 11/01/2016 TO 11/01/2017	<b>DATE</b> 7/28/2017
-------------------------------------	-------------------------------------	--	--------------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2167 847-9, 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](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.

JOHN P HILL  
1 OF 1  
AJP ELECTRICAL CORP

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/26/2017

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).

<b>PRODUCER</b> W.A. Sierra Insurance Agency 5 Fairlawn Drive Suite 302 Washingtonville NY 10992		<b>CONTACT NAME:</b> Brianna M. Tounkara <b>PHONE (A/C, H/O, Ext):</b> (845)614-5603 <b>FAX (A/C, H/O):</b> (845)614-5804 <b>EMAIL ADDRESS:</b> Brianna@wasierrainsurance.com	
<b>INSURED</b> AJP Electrical Corporation P.O. Box 178 Washingtonville NY 10992		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Merchants Mutual Insurance Co NAIC # 23329 <b>INSURER B:</b> Merchants Preferred Insurance 12901 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

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.

INSR LTR	TYPE OF INSURANCE	ADOL SLBR INSC WVD	PCL CY NUMBER	PCL CY EFF (MM/DD/YYYY)	PCL CY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability -Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	BOP9090675	02/10/2017	02/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR/RENT) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CAP1042764	02/10/2017	02/10/2018	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP9138393	02/10/2017	02/10/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE   OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Ailstate Fabrications is included as additional insured when required by written contract.

<b>CERTIFICATE HOLDER</b> Ailstate Fabrications 15 Highview Ave Orangeburg, NY 10962	<b>CANCELLATION</b> 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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Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only)  <b>AJP ELECTRICAL CORP</b></p> <p>97 MOFFAT ROAD  WASHINGTONVILLE, NY 10992</p>	<p>1b. Business Telephone Number of Insured  914-496-9309</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured  7752925</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number  222214704</p>
<p>2. Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder)  Allstate Fabrications</p> <p>15 Highview Avenue  Orangeburgh, NY 10962</p>	<p>3a. Name of Insurance Carrier  ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity listed in box "1a":  DBL54738</p> <p>3c. Policy effective period:  01/01/2017 to 12/31/2018</p>

4. Policy covers:

- a.  All of the employer's employees eligible under the New York Disability Benefits Law
- b.  Only the following class or classes of the 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 Benefits Insurance coverage as described above.

Date Signed 7/26/2017 By [Signature]  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Title Chief Executive Officer

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" is checked, this certificate is NOT COMPLETE for the purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

State of New York Worker's Compensation Board

According to information maintained by the NYS Worker's 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 Worker's Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

Please Note: Only insurance carriers licensed to write NYS Disability Benefits insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2"

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?  YES  NO

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 Disability Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability benefits 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 NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

DB-120.1 (9-15) Reverse





15-075008679

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in Construction Safety and Health

Brian DuPree

John Wilson

1/31/2015

(Trainer name - print or type)

(Course end date)



15-075008680

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in Construction Safety and Health

Zachary Egan

John Wilson 9/17/12

(Trainer name - print or type)

(Course end date)



15-00589468

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in Construction Safety and Health

LACY GILKESON

ROSARIO OLIVERI 5-15-10

(Trainer name - print or type)

(Course end date)



000172574

U.S. Department of Labor  
Occupational Safety and Health Administration

DAVID MILLER

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

Rosario Oliveri 4-19-03

(Trainer)

(Date)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return) Name is required on this line; do not leave this line blank. <b>AJP ELECTRICAL CORP.</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification, check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3) Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <b>97 MORRAT ROAD.</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code <b>WASHINGTONVILLE NY 10992.</b>		
	7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]	or
Employer identification number	
22 - 2214704	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here: Signature of U.S. person ▶ *[Handwritten Signature]* Date ▶ 7-26-17

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1088-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filed-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# Form W-4 (2005)

**Purpose** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2005 expires February 15, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A 1

B Enter "1" if: B 00

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C 0

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D 1

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E     

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F     

G Child Tax Credit (including additional child tax credit): G     

- If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child.
- If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here (Note. This may be different from the number of exemptions you claim on your tax return.) H 2

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No 1545-0010 <b>2005</b>
1 Type or print your first name and middle initial: <u>David J</u> Last name: <u>Miller</u>		2 Your social security number: <u>[REDACTED]</u>
Home address (number and street or rural route): <u>2427 Brynswick Rd</u>		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code: <u>Willk: 11 NY 12589</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <span style="float: right;">5 <u>2</u></span>		6 Additional amount, if any, you want withheld from each paycheck <span style="float: right;">6 \$ <u>    </u></span>
7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here <span style="float: right;">7 <u>    </u></span>		Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. Employee's signature (Form is not valid unless you sign it.) <u>[Signature]</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		
9 Office code (optional)		10 Employer identification number (EIN)



# IBEW 363

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

67 COMMERCE DRIVE SOUTH • HARRIMAN, NY 10926  
"Serving the Hudson Valley"

TELEPHONE (845) 783-3600  
FAX (845) 783-3555

ISSUE DATE: 1/10/14

THIS WILL INTRODUCE BROTHER/SISTER:

LACY GILKESON

ADDRESS: 68 BARR LANE  
MONROE NY 10950  
WAGE RATE: ██████████  
S.S.#: \*\*\*-\*\*-5324

WT#: 019  
INSIDE WIREMAN JOURN  
CARD#: 7098385

CONTRACTOR: AJP ELECTRICAL CORP.  
LOCATION OF JOB: JOBBING

CODE: 001/01  
WORK ZONE 1

START DATE: 1/10/14  
START TIME:  
COMMENT: CHANGED RATE

BENEFIT SCHEDULE: SJ3  
WORK ZONE: 001

SAMUEL FRATTO  
BUSINESS MANAGER

# LOCAL UNION 363

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

REPRESENTING THE HUDSON VALLEY  
AND UPPER NEW YORK STATE  
TELEPHONE MEMBERS

www.lbewlu363.com

67 COMMERCE DRIVE SOUTH • HARRIMAN, NY 10926 • TEL (845) 783-3500 • FAX (845) 783-3555



SAMUEL FRATTO  
BUSINESS MANAGER

ISSUE DATE: RE-PRINT

THIS WILL INTRODUCE BROTHER/SISTER: ZACHARY EWANCIW

ADDRESS: 16 MI-BAR LANE  
PORT JERVIS NY 12771

WAGE RATE: ██████████

S.S.#: \*\*\*-\*\*-2768

CONTRACTOR: AJP ELECTRICAL CORP.

LOCATION OF JOB: JOBBING

FOREMAN: . .

START DATE: 7/07/17

START TIME: 7:00

COMMENT:

INSIDE WIREMAN JOURN

CARD #: 7356783

CODE: 001/01

WT#: 014

BENEFIT SCHEDULE: C1R

WORK ZONE: 001

SAMUEL FRATTO  
BUSINESS MANAGER

*"Anything can be accomplished when people work together."*

496-4034

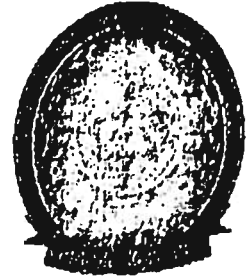
# LOCAL UNION 363

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

REPRESENTING THE HUDSON VALLEY  
AND UPPER NEW YORK STATE  
TELEPHONE MEMBERS

www.ibewlu363.com

67 COMMERCE DRIVE SOUTH • HARRIMAN, NY 10926 • TEL (845) 783-3500 • FAX (845) 783-3555



SAMUEL FRATTO  
BUSINESS MANAGER

ISSUE DATE: RE-PRINT

THIS WILL INTRODUCE BROTHER/SISTER: BRIAN T DUPREZ  
ADDRESS: 5 ORCHARD STREET  
PINE BUSH NY 12566  
WAGE RATE: ██████████  
S.S.#: \*\*\*-\*\*-3421

APPRENTICE WIREMAN  
CARD #: 7826983

CONTRACTOR: AJP ELECTRICAL CORP.  
LOCATION OF JOB: JOBBING  
FOREMAN: . . .  
START DATE: 12/04/15  
START TIME: 7:00  
COMMENT:

CODE: 001/01  
WT#: 001

BENEFIT SCHEDULE: A11  
WORK ZONE: 001

\*\* INDENTURED APPRENTICE

\* INFORMATIONAL ONLY \*

SAMUEL FRATTO  
BUSINESS MANAGER

*New Ticket*