

### 19-001

## Kraftify,

LLC



Project # - 19-001

Project Name - Kraftify, LLC

### **Inspections Dates/Compliance:**

- 01/28/19 100%
- 02/14/19 No Activity
  - 03/14/19 100%
  - 04/11/19-100%
  - 05/09/19 50%
  - 06/10/19 50%
  - 07/02/19 100%
  - 08/07/19 100%
  - 09/24/19 100%
  - 10/23/19 90%
  - 11/22/19 100%
  - 12/06/19 100%
- 01/17/20 No Activity
  - 01/30/20 100%
- 02/27/20 No Activity
  - 04/28/20 100%
  - 05/07/20 100%

### **Contractor Compliance**

- A. Prokosch & Sons Sheet Metal 100%
  - Action Packed Demolition 100%
    - Allied Excavating, Inc 100%
      - AMP Masonry Inc 100%
  - Campbell Fire Protection Inc B8%
- Copperworks Mechanical LLC 100%
  - Craig West Designs 100%
  - Dwayne's Glass Works Lic 100%
    - Electrolock Inc 100%
- Green Mountain Services Inc 100%
- JB Insulation & Drywall LLC 63%
  - Kraftify, LLC 100%
- Midpost Concrete Cutting & Coring 100%
- Mike West Decorating Contractor 100%



- Paul Nebrasky Plumbing, Heating, and Cooling, Inc 100%
  - Poley Paving and Construction Corp 100%
    - Raynor Overhead Door Sales 100%
      - S Devries Concrete Inc 100%
      - Skyward Electric Co. Inc 100%
    - Thom Woglom Construction, LLC 100%
      - TruGreen Energy, Inc 100%
  - Warwick Valley Iron and Wood LLC 100%

### Waivers: 3

- Pioneer Pole Buildings, Inc
  - Van Grouw Welding
- MSP Industrial Refrigeration Service, LLC

Certificate of Occupancy Issue Date: 06/17/20

Town of Warwick Building Department 132 Kings Highway Warwick, NY 10990 845-986-1127

### **CERTIFICATE OF OCCUPANCY**

Certificate of Occupancy #: 11627

Date: 6/17/2020

**Building Permit #: 26802** 

SBL#: 46-1-37

Location: 251 STATE SCHOOL RD

Owner:

Warwick Valley Local Dev Corp

**PO BOX 202** 

Warwick NY 10990

THIS CERTIFIES that the structure described herein, conforms substantially to the approved plans and specifications heretofore filed in this office with Application for Building Permit date: 7/20/2018, pursuant to which Building Permit was issued, and conforms to all the requirements of the applicable provisions of the law.

Permit Type: CHANGE OF USE Description of Construction:

KRAFTIFY BREWERY & TASTING ROOM.

14,453 SQ FT. 150 SEATS - MAX.

BREWERY: 8AM-6PM

TASTING ROOM: M-TH 10AM-10PM, FRI & SAT: 10AM-12M

15 EMPLOYEES.

This certificate is issued to: Warwick Valley Local Dev Corp for the aforesaid structure.

Quepel

**Building Inspector** 

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

NOTICE

This Certificate of Occupancy is for the internal code enforcement and record keeping purposes only, pursuant to the Town's general duty to protect the public health, safety and welfare. This certificate is issued solely with respect to a specific building permit application made to the Town, and does not imply compliance with all codes. No person may rely on this certificate or on any acts or representations of Town employees to establish any special relationship or duty with respect to the Town. Persons seeking to verify compliance with applicable laws and codes must undependably establish such compliance. Certificates issued upon misinformation or mistakes are invalid.

### Town of Warwick Building Department 132 Kings Highway Warwick, NY 10990 845-986-1127

### CERTIFICATE OF OCCUPANCY

Certificate of Occupancy #: 11626

Date: 6/17/2020

**Building Permit #: 27411** 

SBL#: 46-1-37

Location: 251 STATE SCHOOL RD

Owner:

Kraftify Holdings LLC 682 County Route 1 Pine Island NY 10969

THIS CERTIFIES that the structure described herein, conforms substantially to the approved plans and specifications heretofore filed in this office with Application for Building Permit date: 4/3/2019, pursuant to which Building Permit was issued, and conforms to all the requirements of the applicable provisions of the law.

Permit Type: RENOVATIONS Description of Construction:

INTERIOR RENOVATION FOR BREWERY & EVENT SPACE - INCLUDE STRUCTURAL AND MECHANICAL WORK, AS WELL AS A LIFT TO ALLOW ADA ACCESS.

This certificate is issued to: Kraftify Holdings LLC for the aforesaid structure.

**Building Inspector** 

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### Town of Warwick Building Department 132 Kings Highway Warwick, NY 10990 845-986-1127

### **CERTIFICATE OF OCCUPANCY**

Certificate of Occupancy #: 11625

Date: 6/17/2020

**Building Permit #: 27535** 

**SBL#:** 46-1-37

Location: 251 STATE SCHOOL RD

Owner:

Kraftify Holdings LLC

5 Missonellie Ct

Hawthorne NJ 07506

THIS CERTIFIES that the structure described herein, conforms substantially to the approved plans and specifications heretofore filed in this office with Application for Building Permit date: 5/7/2019, pursuant to which Building Permit was issued, and conforms to all the requirements of the applicable provisions of the law.

Permit Type: COMMERCIAL ADDITION

**Description of Construction:** 

ADDITION: REAR STORAGE BUILDING 30' X 66'

\*ZBA VARIANCE GRANTED ON 4/22/219 FOR SETBACKS.

This certificate is issued to: Kraftify Holdings LLC for the aforesaid structure.

Queral

**Building Inspector** 

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

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### RENOVATIONS PERMIT



Town of Warwick 132 Kings Highway Warwick, NY 10990 845-986-1127

S-B-L #:

46-1-37

Permit #:

274

File Date:

4/3/2019

**Expiration Date:** 

4/2/2020

Location: 251 STATE SCHOOL RD

A Permit is hereby given by the Building Department, TOWN OF WARWICK, ORANGE COUNTY, for the structure described herein:

Owner Information:

**Kraftify Holdings LLC** 682 County Route 1 Pine Island, NY 10969

Contacts:

CONTRACTOR KRAFTIFY LLC DBA PINE ISLAND BREWING 682 COUNTY ROUTE 1 PINE ISLAND, NY 10969

Work Description:

RENOVATIONS

INTERIOR RENOVATION FOR BREWERY & EVENT SPACE - INCLUDE STRUCTURAL AND MECHANICAL WORK, AS WELL AS A LIFT TO ALLOW ADA ACCESS.

Cost of Construction: \$1209061.00

Fees:

**BUILDING PERMIT - MINOR C/O REQUIRED** 

\$11,885.00

Total Paid:

\$11,885.00

### **IMPORTANT**

1. The owner/contractor shall adhere to all State and Local Codes and Ordinances.

2. A permit under which no work has commenced within one (1) year after issuance, shall expire by limitation, and a new permit must be secured before work can begin.

3. It is the responsibility of the owner and/or contractor to comply with all applicable ordinances and to call for the required inspections at least one day in advance.

4. Please call Orange & Rockland Utilities, Inc. at 811 prior to any digging on your property.

**BUILDING INSPECTOR** 

When work is complete contact Building Department for final inspection for Certificate of Compliance or Certificate of Occupancy (which application must be applied/paid for).

# This Card Must Be Posted in a Conspicuous Place

7

# Town of Warwick Department of Buildings

# Owner\_ Parcel Address 25/ State School Kraftify Holdings **BUILDING PERMIT ISSUED**

Before the Building or any part thereof is occupied, a Certificate of Occupancy / Compliance

Permit #. 27411

Sec-Blk-Lot: 46-1-37

Date Issued 4-3

		Other
		Final
		Mileson Co.
		M Insulation
S S S S S S S S S S S S S S S S S S S		Framing
Town of Warwick		<b>X</b> Rough Plumbing
Building Inspector		Foundation
	Moder	Slab Prepour
		Plumbing under Slab
Mouth Jewalanons	PERMIT USE	☐ Backfill
		☐ Footings
onan 20 obtained from the building inspector.		Inspections required

### TOWN OF WARWICK <u>CHANGE OF USE APPLICATION</u> \$25 IF GRANTED OR \$500 IF PLANNING BOARD PRE-APP IS NEEDED

Date 6/20/18

Application is hereby made to the Building Department for the issuance of a Change of Use permit. The applicant agrees to comply with all applicable laws, ordinances and regulations.

SITE DATA:					
Street Location: State School Road					
Section – Block – Lot: <u>46</u> – <u>1</u> <u>– 37</u>	Zone: Ol				
<u>OWNER:</u> <sub>Name:</sub> Warwick Valley Local Developme	nt Corporation				
Mailing Address: PO Box 202					
City: Warwick	State: NY 7:-: 10000				
Phone: 845-986-1156					
	Modile:				
DESCRIPTION: (Fill in ALL blanks!) Prior use: NY State Correctional Facility Ac	tministrative Offices				
Proposed use: #19. Manufacturing,assembli					
	her processing,packaging or repackaging				
of agricultural products or mai					
Name of Business: Kraftify Brewery and Tast					
Number of parking spaces provided155	<del></del>				
Total floor area of the Building: 14,453 (SF)					
Total floor area of the Building that will be used for busine	ss: 14,453 (SF)				
Number of persons employed: 15					
Brewery 8am-6pm M-Sun	10nm Eri9 Set 10 cm 1284				
Tasting Room M-Th 10 am Proposed sign area (if any) (SF) (All sign	s require sign permit.)				
Contact information for Business: (if different from owner)					
Contact information for Business: (if different from owner)					
Contact information for Business: (if different from owner)	· · · · · · · · · · · · · · · · · · ·				
Contact information for Business: (if different from owner) Name: Kraftify, LLC	<del> </del>				
Contact information for Business: (if different from owner)  Name: Kraftify, LLC  Mailing Address: 5 Missonellie Ct.	State: NJ Zip: 07506				
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Contact information for Business: (if different from owner) Name: Kraftify, LLC  Mailing Address: 5 Missonellie Ct.  City: Hawthorne  Phone: 973-396-7217  FOR CONSTRUCTION ACTIVITIES ONLY, INFO Management of the content of the cont	State: NJ Zip: 07506  Mobile: IEEDED FOR BUILDING PERMIT: y owner.				
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Comments:

Application #: \_\_\_



Town of Warwick 132 Kings Highway Warwick, NY 10990 845-986-1127

Parcel ID:

46-1-37

Permit #:

27098

File Date:

11/9/2018

**Expiration Date:** 

11/1/2019

### **DEMOLITION PERMIT**

Location: 251 STATE SCHOOL RD

A Permit s herby given by the Building Department, TOWN OF WARWICK, ORANGE COUNTY, for the structure described herein:

### Owner Information:

Kraftify Holdings LLC 682 County Route 1 Pine Island, NY 10969

### Contractor Information:

**Project Description:** 

DEMOLITION

DEMOLITION OF EXISTING INTERIOR WALLS AND FINISHES.

Fees:

DEMOLITION

\$100.00

Total Paid:

\$100.00

### **IMPORTANT**

1. A permit under which no work has commenced within one (1) year after issuance, shall expire by limitation, and a new permit must be secured before work can begin.

It is the responsibility of the owner and/or contractor to comply with all applicable ordinances and to call for the required inspections at least one day in advance.

3. Any change in construction or design of this project requires new plans submitted and approved by the Town **Building Department** 

**BUILDING INSPECTOR** 



Empowering Businesses. Inspiring Growth.

### APPLICATION FOR FINANCIAL ASSISTANCE

Kraftify LLC (Applicant Name)

(Date of Application)

### Robert T. Armistead Chairman

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

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

www.ocnyida.com business@ocnyida.com

Updated February 1, 2017

### ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY

### APPLICATION FOR FINANCIAL ASSISTANCE

### I. <u>APPLICANT INFORMATION</u>

APPLICANT	
Company Name:	Kraftify LLC
Mailing Address:	5 Missorellie Ct. Hawthane, NJ 07506
Phone No.:	973-346-7217
Fax No.:	
Fed Id. No.:	47-1392536
Contact Person:	Mike Kraci
Contact Email:	Mike a preistandbeer com
Address: 65 Pc Phone No.: 201- Fax No.: Counsel Email: \( \lambda \) APPLICANT'S GENE Name/Contact:	han Seifert  Oute 4 East, Stite 6 River Edge iN = 07661  441-9056  Beifert @hdr bb.com  BRAL CONTRACTOR/CONSTRUCTION MANAGER  Ramon Conzalez  Of Route 6, Slate Hill NY 10473
4.	45-866-4091
Fax No.:	
Liliali. Tulivo	MOLITO TOWN

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

Michael Kracii, 100%

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

Form (	of Entity
	Corporation
	Date of Incorporation:
	Partnership
	General or Limited  Number of general partners  If applicable, number of limited partners
	Date of formation Jurisdiction of Formation
Œ	Limited Liability Company/Partnership (number of members)
	Date of organization: 6/15/14 State of Organization: New York
□ If a fo	Sole Proprietorship reign organization, is the applicant authorized to do business in the State of New York?
list all	of the above persons, or a group of them, owns more than a 50% interest in the company other organizations which are related to the company by virtue of such persons having than a 50% interest in such organizations.
	e company related to any other organization by reason of more than 50% commor rship? If so, indicate name of related organization and relationship.
	the company (or any related corporation or person) made a public offering or private ment of its stock within the last year? If so, please provide offering statement used.
	<u>NIA</u>

II.	PROJECT INFORMATION
A)	Project Address: 251 State School Rd, Warwick NY 10990
	Located in City of Warwick NIA  Located in Town of Warwick Nick  Located in Village of Warwick  School District of Warwick Valley
B)	Are utilities on site?
	Water - Disconnected Electric "  Gas " " Sanitary/Storm Sewer " "
C)	Present legal owner of the site <u>Wavwark Valley Local Development</u> Corlif other than from applicant, by what means will the site be acquired for this project?NA
D)	Zoning of Project Site: Current: <u>Industrial</u> Proposed:
E)	Are any variances needed?
	Furnish a copy of any environmental application presently in process of completion ming this project, providing name and address of the agency, and copy all pending or eted documentation and determinations.
G)	Statement describing project (i.e. land acquisition, construction of manufacturing facility,
etc.):	land requisition, full removation + construction of brewing fac.
H)	Anticipated Date of Operation:
l)	Principal use of project upon completion:
ind	nufacturing
If othe	r, explain:

J) !	Estimated Project Costs, including:	
Value o	f property to be acquired: \$240,000	
Value o	f improvements: \$ 1,710,000	
Value o	f equipment to be purchased: \$ 150,000	
Estimat	ed cost of engineering/architectural services: \$ inclu	oded in construction
Other: \$		
Total C	apital Costs: \$ 2,700,000	
	refinancing; estimated amount nancing of existing debt only)	\$
Source	s of Funds for Project Costs:	
Bank F	inancing:	<u>\$ 2,430,000</u>
Equity (	(excluding equity that is attributed to grants/tax credits)	\$ <u>270,000</u>
Tax Ex	empt Bond Issuance (if applicable)	\$
Taxable	e Bond Issuance (if applicable)	\$
	Sources (Include sum total of all state and federal and tax credits)	\$ 540,000
lde	ntify each state and federal grant/credit:	
	NY ESO	\$ <u>540,000</u>
		\$
		\$
	- 1010 02 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$
Tot	al Sources of Funds for Project Costs:	\$
K)	Inter-Municipa! Move Determination	
	Will the project result in the removal of a plant or farea of the State of New York to another?	cility of the applicant from one
	☐ Yes or ☒ No	
	Will the project result in the removal of a plant of occupant of the project from one area of the State of the State of New York?	
	☐ Yes or ☑ No	

	Will locate	the project result in the abandonment of one or more plants or facilities ed in the State of New York?
	□ Ye	es or 🔀 No
or ac reloc	tivity rea	of the questions above, explain how, notwithstanding the aforementioned closing duction, the Agency's Financial Assistance is required to prevent the Project from ut of the State, or is reasonably necessary to preserve the Project occupant's position in its respective industry:
<u>Proje</u>	ect Data	
1.	Proje	ct site (land)
	(a)	Indicate approximate size (in acres or square feet) of project site.
	(b)	Are there buildings now on the project site? X Yes No
	(c)	Indicate the present use of the project site.
		Vacant Previously a training school, then prison admin
	(d)	Indicate relationship to present user of project.
		None
2.		s the project involve acquisition of an existing building or buildings? If yes, ate number, size and approximate age of buildings:
		Building, *14,000 5, Ft, 1930
3.		s the project consist of the construction of a new building or buildings? s, indicate number and size of new buildings:
	PI	naise 2, 1,500 sypt addithion
4. indic		s the project consist of additions and/or renovations to existing buildings? If yes, ure of expansion and/or renovation:
	_£	il removertion; inechanicals, plubbing, lighting, walls, demo, et
5.	Estir	nated Start Date of Construction: Fall 2018
6.	Estir	mated End Date of Construction:

7. by the and s	What will the building or build company? (Include description ervices to be rendered	lings to be acqui of products to b	red, constructed e manufactured,	or expanded be used for assembled or processed,
	15 BBL production	brewery,	banel agm	ey, canning line, tastin
	including the percentage estimate of the percentage related to the day-to-day ope	of the function	ns to be perfor	med at such office not
1	3% office, 0%		<del></del>	O Common of the
8. tenan	If any space in the project footage of the project amount it.			
	MIA			
9.	List principal items or cate project.	egories of equi	pment to be a	acquired as part of the
	Brewny Egypu	ent		
	Brewing Equipment Furnishings			
10.	Has construction work on this	s project begun?		
	Complete the following			
	(a) site clearance	Yes	XNo	% complete
	(b) foundation	Yes	<u>X</u> No .	% complete
	(c) footings	Yes	<u>×</u> No	% complete
	(d) steel	Yes	_ <u>X</u> No	% complete
	(e) masonry work	Yes	<u> </u>	% complete
	(f) other (describe below)	Yes	<u>×</u> No	% complete
III.	FINANCIAL ASSISTANCE F	REQUESTED		
A)	Benefits Requested:			
⊠s	ales Tax Exemption	MRT Exem	ption <b>⊠</b> Real P	Property Agreement

b.) Value of incentives:
IDA PILOT Benefit: Agency staff will indicate the amount of PILOT Benefit based on estimated Project Costs as contained herein and anticipated tax rates and assessed valuation, including the annual PILOT Benefit abatement amount for each year of the PILOT benefit year and the sum total of PILOT Benefit abatement amount for the term of the PILOT as depicted under the heading "Real Property Tax Benefit (Detailed)" of the Application.
Estimated duration of Property Tax exemption: 10 vc
Sales and Use Tex:
Estimated value of Sales Tax exemption for facility construction: \$_35 -50K
Estimated Sales Tax exemption for fixtures and equipment: \$ 35 - 60K
Estimated duration of Sales Tax exemption: 5yr
Mortgage Recording Tax Exemption Benefit:
Estimated value of Mortgage Recording Tax exemption: \$\8K
IRB Benefit:
☐ IRB inducement amount, if requested: \$
is a purchaser for the Bonds in place?
☐ Yes or ☐ No
Percentage of Project Costs financed from Public Sector sources:
Agency staff will calculate the percentage of Project Costs financed from Public Sector sources based upon Sources of Funds for Project Costs as depicted above under the heading "Estimated Project Costs" (Section II(I)) of the Application.
C.) Likelihood of Undertaking Project without Receiving Financial Assistance
Please confirm by checking the box, below, if there is likelihood that the Project would not be undertaken but for the Financial Assistance provided by the Agency?
☑ Yes or ☐ No
If the Project could be undertaken without Financial Assistance provided by the Agency, then provide a statement in the space provided below indicating why the Project should be undertaken by the Agency:
It is possible the project could be undertaken but not
to the same degree These incentives will increase the
projects ability to create jobs, promote tourism, and sustain
a lasting economic impact on orange county.
8

### IV. <u>EMPLOYMENT PLAN</u>

	at proposed project location or to be relocated to project location	ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be RETAINED	ASSISTANCE IS GRANTED — project the number of FTE and PTE jobs to be	
Full time (FTE)	Ø	7	10	7
Part Time (PTE)	Ø	Ø	3	3
Total	Ø	7	13	io

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

### Salary and Fringe Benefits for Jobs to be Retained and/or Created:

Category of Jobs to be Retained and Created	Estimated Number of Jobs Per Category		Average Fringe Benefits or Range of Fringe Benefits
Management	l 2	40K-65K	4K-7K
Professional			
Administrative			
Production	a	50K-60K	5K - 6.5K
Independent Contractor			
Other	9	30K-40K	2K-5K

### III. REPRESENTATIONS BY THE APPLICANT

The Applicant understands and agrees with the Agency as follows:

- A. <u>Job Listings</u> In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the proposed project must be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entitle") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JPTA") in which the project is located.
- B. <u>First Consideration for Employment</u> In accordance with Section 858-b(2) of the General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant must first consider persons eligible to participate in JTPA programs who shall be referred by the JPTA Entitles 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 Fillings In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the proposed project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the Applicant.
- E. <u>Annual Employment Reports:</u> The applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site. The applicant will receive a request for information in the fourth quarter of each year that Financial Assistance is utilized, and agrees to return the information by the end of January the following year.
- F. <u>Compliance with N.Y. GML Sec. 862(1):</u> Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project:
  - § 862. Restrictions on funds of the agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

- G. <u>Compliance with Applicable Laws:</u> The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state and federal tax, worker protection and environmental laws, rules and regulations.
- H. <u>False and Misleading Information</u>: The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.
- 1. Recapture: Should the Applicant not expend or hire as presented, the Agency may view such information/status as failing to meet the established standards of economic performance. In such events, some or all of the benefits taken by the Applicant will be subject to recapture.
- J. <u>Absence of Conflicts of Interest</u> The applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

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

STATE OF NEW YORK

COUNTY OF ORANGE ) ss.:	
Michael Kraci, being first duly sw	vorn, deposes and says:
1. That I am the President and to of the Applicant to bind the Applicant.	(Corporate Office) of hat I am duly authorized on behalf
<ol><li>That I have read the attached Application, I know the best of my knowledge and belief, this App Application are true, accurate and complete.</li></ol>	
-	(Signature of Officer)
Subscribed and affirmed to me under penalties of perjury	
this 25 day of JUNE 2018  Montage Police  (Notary Public)	MARITZA BALCAZAR Notary Public State of New Jersey My Commission Expires Oct. 8, 2020 1.D.# 2178175

This Application should be submitted to the Orange County Industrial Development Agency, c/o Robert T. Armistead, Chairman, Orange County Business Accelerator, 4 Crotty Lane, Suite 100, New Windsor, NY 12553.

The Agency will collect an administrative fee at the time of closing. **SEE ATTACHED FEE SCHEDULE** 

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

Fax: (585) 419-8817

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

### Attach the following Financial Information of the Company

- 1. Financial statements for last two fiscal years (unless included in company's Annual Reports).
- 2. Company's annual reports (or Form 10-K's) for the two most recent fiscal years. Pipe
- 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: Kraftify LLC

Name: Michael Kravi

ZO\_\_

Title:

Sworn to before me this 25 day

20 / X

MARITZA BALCAZAR

Notary Public State of New Jersey My Commission Expires Oct. 8, 2020 I.D.# 2178175

Real Property Tax Benefits (Detailed):

### PILOT Estimate Table Worksheet

Costs Subject to IDA*
-----------------------

<sup>\*</sup>Apply equalization rate to value

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

<sup>\*</sup>Estimates provided are based on current property tax rates and assessment values

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

### To be completed/calculated by AGENCY

	<u>Costs =</u> <u>Financial Assistance</u>	<u>Benefits =</u> <u>Economic Development</u>
*Estimated Sales Tax Exemption	1 \$	New Jobs Created Permanent Temporary
		Existing Jobs Retained Permanent Temporary
Estimated Mortgage Tax Exemption	\$	Expected Yearly Payroll \$
•	•	Expected Gross Receipts \$
Estimated Property Tax Abatement	\$	Additional Revenues to School Districts
		Additional Revenues to Municipalities
		Other Benefits
Estimated Interest Savings	\$	Private Funds invested \$
IRD ISSUE		Likelihood of accomplishing proposed project within three (3) years
		☐ Likely or ☐ Unlikely
* Estimated Value of Goods and Agency's involvement in the Pro potential for a recapture of sales	ject. PLEASE NOTE: Thes	n sales and use tax as a result of the e amounts will be verified and there is a apture" on page 10).
\$ (	to be used on the NYS ST-6	an)

FEE SCHEDULE FOR THE ORANGE COUNTY IDA IS AS FOLLOWS:

### **Application Fee:**

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

IDA Administrative Fee: \$2,500

IDA Transaction Counsel Fee: \$2,500

### Labor Policy Monitoring Fee, based on project cost, due at application.

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

Projects less than \$5M:

\$5,000,00

Projects greater than \$5M but less than \$15M:

\$10,000.00 \$20,000.00

Projects greater than \$15M but less than \$25M: Projects greater than \$25M:

To be determined

### **IDA** Fee

Closing Fee:

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

### **IDA Transaction Counsel Fee**

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

### Local Labor Policy Monitoring

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

NOTE:

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

### Please make all Checks payable to:

Orange County Industrial Development Agency

<u>Mail to:</u> 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 4 of this application).

LABOR POLICY
ORANGE COUNTY INDUSTRIAL DEVELOPMENT AGENCY

### Adopted 01-12-17

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

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

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

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

- Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
- Specialized construction is required and no local contractors or local construction workers have the required skills, certifications or training to perform the work;
- Cost Differentials:
  - a. For projects whose project cost exceeds \$15M, significant cost differentials in bid prices whereby the use of local labor and materials significantly increases the sub contract or contract of a particular trade or work scope by at least 20%. Every reasonable effort should be made by the applicant and or the applicant's contractor to get below the 20% cost differential including, but not limited to, communicating and meeting with local construction trade organizations, such as the Hudson Valley Building and Construction Trades Council and other local Contractor Associations;
  - b. For projects whose project cost is less than \$15M, significant cost differentials in bid prices whereby the use of local labor and materials significantly increases the sub contract or contract of a particular trade or work scope by 10% or more. Every reasonable effort should be made by the applicant and or the applicant's contractor to get below the 10% cost

differential including, but not limited to, communicating and meeting with local construction trade organizations, such as the Hudson Valley Building and Construction Trades Council and other local Contractor Associations;

- 4. No labor is available for the project; and
- The contractor requires key or core persons such as supervisors, foreman or "construction workers" having special skills that are not available in the "local labor" market.

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

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

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

 Contact information for the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the applicant's project;

Description of the nature of construction jobs created by the project, including in as much detail as possible, the number, type and duration of construction positions:

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 from all contractors' employees performing work on the site; and

 A Construction Completion Report listing the names and business locations of prime contractors, subcontractors and vendors who have been engaged in the construction phase of the project.

All Orange County IDA projects are subject to local monitoring by the IDA and any  $3^{rd}$  party monitor. The applicant and/or the Construction Manager or General Contractor acting as agent for the applicant on the project, shall keep a log book on site detailing the number of workers, hours worked and counties and states in which they reside. Proof of residency or copy of drivers' ticense shall be included in the log book, along with evidence of necessary OSHA

certifications. Reports will be on forms provided by the IDA or weekly payroll reports which contain the same information as required on the IDA issued form. The applicant and contractors are subject to periodic inspection or monitoring by the IDA or  $3^{rd}$  party monitor.

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

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

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

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

Copy of the Executed Labor Policy.

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

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

Kraftify LLC	J-1/1/10
Applicant Signature	Signature of CM, GC or SC
Mi pri	Triple R Development LLC
Company Name	Company Name
Michael Kraai	Ramon B Gonzalez
Print Name of above signer	Print Name of above signer
973-396-7217 Email/phone of Applicant	Ramon@triplerd.com (845) 866-4091
Email/phone of Applicant	Email/phone of CM/GC/SC
6/18/18	06/18/18
Date	Date

### **AGREEMENT**

THIS AGREEMENT is entered into as of the day of September. 2018, 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 Lucal 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.
- 41. LOFWKE 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.
- 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 ereate 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 ofOCIDA.
- 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.

Loewke Brill Consulting Group, Inc.

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 Principal, both in duplicate, on the day and year first above written.

Orange Goynty

By: Laurie Villaguso

Chief Operating Officer

### 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 focate 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:

- Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
- 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 1 0% 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
- The contractor requires the use of key or core persons such as supervisors, foremen, or construction workers having special skills.

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

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

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

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

- Contact information for the applicant's representative who will be responsible and accountable for providing information about the bidding and awarding of construction contracts relative to the application and project;
- 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
- 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.

Adopted 4/24/14 Page 2 of 3 The applicant of an IDA approved project shall be required to maintain a 4'x 8' bulletin board on the project site containing the following information:

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

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

Adopted 4/24/14 Page 3 of 3

### Exhibit "B

Project Name: Kraftify LLC

### 1. Project Location and Description.

251 State School Rd. . Warwick, NY 10990

### 2. Project Contact Information

Mike Kraal (Owner)

(973)396-7217

Mike@pinelsiandbeer.com

and/ or

Ramon Gonzalez (GC)

(845)866-4091

Ramon@tripleRD.com

### 3. Construction Cost Estimate

Total Capital Cost: \$2,700,000.00

Exhibit "C"

Schedule of Fees



### SUMMARY:

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

Loewke Brill has assessed a fee hase 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
0	>5 Million < 15 Million	s	540.00
0	> 15 Million <25 Million	5	900 00

### Additional lees:

	Project Set Up/per project	- 5	1 050 00
	Monthly Reporting	S .	1,400 00
0	Waiver fee: per waiver	S .	230 00
	Annual Reporting	\$	270.00
O	Project Close out/per project	\$	575.00
D	Sign age		
	Initial Art work Set Up fee	S	250 00
Γ,	Signage perunit	S	40.00

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



491 Elmgrove Rd., Suite #2, Rochester, NY 14606 Toll Free:866-647-9350 Phone 585 647-9350 Fax 585-647-3508 WWW.loewkebrill.com







### BOARD OF DIRECTORS

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Mary Ellen Rogulski

- VICE CHAIRMAN

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Laurie Villasuso

CHIEF OPERATING
OFFICER &
EXECUTIVE VICE
PRESIDENT

Joel Kleiman

- CHIEF FINANCIAL OFFICER

Kevin T. Dowd
- ATTORNEY

**September 25, 2018** 

Mr. Mike Kraai Kraftify LLC 5 Missonellie Ct. Hawthorne, NJ 07506

RE: Kraftify LLC, Warwick NY
OCIDA Local Labor Policy Monitoring

Dear Mr. Kraai:

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

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

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

Very truly yours

Laurie Villasuso

Chief Operating Officer & Executive Vice President



Kevin Loewke <kevin@loewkebrill.com>

### Upcoming OCIDA Project - Kraftify, LLC

3 messages

Kevin Loewke <kevin@loewkebrill.com>

Wed, Oct 10, 2018 at 2:02 PM

To: mike@pineislandbeer.com

Cc: Laura Perri <laura@loewkebrill.com>, Jim Loewke <jim@loewkebrill.com>

October 10th, 2018

Mr. Mike Kraai 5 Missonellie Ct. Hawthorne, NJ 07506

Re: Upcoming OCIDA Project ~ Kraftify, LLC

Dear Mr Kraai:

As you know, our firm has been retained by OCIDA to monitor your project and insure that all local labor requirements are met. We will regularly be in contact with you (or whomever you designate in your place) to obtain the status of your construction project.

Please also advise as to whom the appropriate contact should be (whether you or someone else) and provide all necessary contact information (name, address, phone number and email address).

It is important that you advise our office as to the approximate date that you anticipate that construction will begin and notify Kevin Loewke immediately should that time frame change.

Please also confirm the construction site address as: 251 State School Rd, Warwick, NY 10990

Upon receipt of this letter please contact me to provide the above requested information. Thank you in advance for your attention and assistance in this matter. I look forward to hearing from you.

Best regards,

Kevin E Loewke

I Locute

Kevin Loewke

10/21/2018

Loewke Brill Consulting Group 491 Elmgrove Road #2 Rochester, NY 14606 585-469-0954 (Cell - Preferred) 585-647-9350 (Office)

Pine Island Brewery <mike@pineislandbeer.com>

Mon, Oct 15, 2018 at 12:29 PM

To: Kevin Loewke <kevin@loewkebrill.com>

Cc: Laura Perri <laura@loewkebrill.com>, Jim Loewke <jim@loewkebrill.com>

Hi Kevin,

Thanks for reaching out, I will be your contact and you have the correct address. At this point our estimated construction start date is 10/29/18. Will keep you posted.

Thanks,

Mike

From: Kevin Loewke <kevin@loewkebrill.com> Sent: Wednesday, October 10, 2018 2:02 PM

To: mike@pineislandbeer.com

Cc: Laura Perri <laura@loewkebrill.com>; Jim Loewke <jim@loewkebrill.com>

Subject: Upcoming OCIDA Project – Kraftify, LLC

[Quoted text hidden]

Kevin Loewke <kevin@loewkebrill.com> Draft To: mike@pineislandbeer.com

Sun, Oct 21, 2018 at 5:26 PM

Hello Mike.

Thanks for following up with me on the upcoming project. Given you're going to be starting soon. I'd like to schedule the initial site inspection and meeting with you right around the time of commencement. Ideally within 2 weeks of the project start date.

What I've attached to this e-mail is all the documentation you will need to understand the local labor requirements. I ask you to review this information and come back to me with any questions you may have.

With the labor policy agreement, you need to have 85% local labor for each contractor on the job site over the duration of the project. This will be monitored by weekly labor reports that are sent to us, as well as our on site inspections. The first inspection will be scheduled, and the following inspections will be at random. We also request insurance documentation for all contractors on site to verify that everyone is covered in case of any on site accidents/incidents.

Also note that there are exemptions that can be made to this policy if local labor cannot be attained for certain aspects of the project. The due diligence report and waiver request form can be reviewed for further questions.

Please take the chance to look at these prior to the project start date, and shoot me a call or email to discuss further.

Thanks and have a great week,

Kevin Loewke [Quoted text hidden]

10 attachments

🔁 OCIDA Daily Sign In Sheet.pdf

Applicant: Kraftify, LLC Job#: 19-001 Project: Drowned Lands Browny Address: 251 State School Road
Project: Drowned Lands Brang Address: 25 State School Road Warwerd NY 10990
OCIDA Job Check List
• Engagement Letter from OCIDA to new contact is received: 9 / 25 / 18
Job is added to upcoming jobs category on master spreadsheet: _/O/_2//13
Applicant contact is e-mailed L&B introduction letter: 10 / 10 / 18
<ul> <li>Confirmed project contact information (via L&amp;B Intro email): 10 / 15 / 18</li> </ul>
Applicant:
Contact: Mike Kraal Phone #: 973-396-7217
Office Address: 682 County Rt. 1 Pinc Ishal, NY 10969 Fax:
Email: Mike & pine island beer - com
Job Site Contact:
Contact: Mike Kraai Phone#: 973-396 - 7217
Office Address: 682 County R+ 1. Pine Island, NY 10969
Email: Mike @ pine is landbeer, com
Confirmed job site address is same as above (via L&B Intro email):
10 1 15 1 18
• Estimated job (construction) start date given by project contact: $10/29/18$
Initial Site Visit/ Local Labor review:/_28/19
Actual construction start date moved to ACTIVE Status://
Job # 19 001 is assigned for job and created in computer: 1 / 14/ 19
• Completion of project is confirmed: 6/17/20
<ul> <li>Project moved to completed jobs list: 6/23/20</li> </ul>

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

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										S. Devries Concrete	Skyward Electric	AMP Masonry	Woglom Construction	VanGrow Welding	Nebrasky Plumbing	Action Packed Demo	Odb Collinacio	Sub Contractor	251 State School Rd
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251 State School Rd	Rd	Wee	Week Ending: "8/10/19"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	cal Counties: Orang livan, Ulster, Dutche Putnam, Rockland, estchester. If 0, leav blank	orange, utchess, and, leave	OOA :	OOA = Out of Area . If 0, leave blank		Kevin@I	Submit V oewkeb	Veekly L	abor Repo on the Mo week	ports to Nonday	Submit Weekly Labor Reports to Kevin Loewke. Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	ay	Tuesday	$\sqcup$	Wednesday	Thu	Thursday	Friday	day	Saturday	$\dashv$	Weekly Total	_	Contractor	Compliance
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Sub Contractor	Sun	day	Monday	ay	Tuesday		Wednesday	sday	Thur	Thursday	Friday	day	Saturday	rday	Weekly Total	/ Total	Contractor	Compliance
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Sub Contractor	Sunday	lay	Monday		Tuesday		Wednesday	Thu	Thursday	Friday	day	Saturday	$\Box$	Weekly Total	_	Contractor	Compliance
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VanGrow Welding									2					0	2	2	0%
Woglom Construction			4		4		4	4		4				20	0	20	100%
AMP Masonry								4						4	0	4	100%
Skyward Electric			<u>5</u>		თ		ن ن	5		ζī				25	0	25	100%
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Cub Contractor	Sunday	day	Monday	day	Tuesday	day	Wednesday	esday	Thu	Thursday	Fr	Friday	Sat	Saturday	Week	Weekly Total	Contractor	Compliance
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VanGrow Welding							32								0	0	0	#DIV/0!
Woglom Construction					ڻ ن		တ		ഗ		<b>о</b>				22	0	22	100%
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Skyward Electric					2		ω		4		2				11		11	100%
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251 State School Rd	Rd	Week "9/1	Week Ending: "9/14/19"	- » د د د د د د د د د د د د د د د د د د	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	cal Counties: Orang livan, Ulster, Dutche Putnam, Rockland, /estchester. If 0, leav blank	range, itchess, and, leave	OOA =	OOA = Out of Area If 0, leave blank	•	Kevin@I	Submit V _oewkeb	Veekly l	_abor Repo on the Moi week	ek	Submit Weekly Labor Reports to Kevin Loewke Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	y	Monday	-	Tuesday	₩e	Wednesday	Thu	Thursday	Friday	lay	Saturday	4	Weekly Total		Contractor	Compliance
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Nebrasky Plumbing					2		2							4	0_	4	100%
VanGrow Welding			_											0	0	0	#DIV/0!
Woglom Construction			4	-	4		4	<u>о</u>		2				20	0	20	100%
AMP Masonry														0	0	0	#DIV/0!
Skyward Electric			2		2		2	2						00	0	8	100%
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Sub Contractor	Sunday	lay	Monday	Н	Tuesday	Wedr	Wednesday	Thursday	sday	Friday	ay	Saturday	Ц	kly Total	Weekly Total   Contractor	Compliance
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VanGrow Welding														0	0	#DIV/0!
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AMP Masonry			ω		ω									6 0	6	100%
Skyward Electric			2		N	2								<u>၈</u>	o o	100%
MSP Industrial			1						-					0		100%
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251 State School Rd	Rd	Wee	Week Ending: "9/28/19"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	cal Counties: Orang livan, Ulster, Dutche Putnam, Rockland, festchester. If 0, leav blank	Local Counties: Orange, bullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank		OOA = Out of If 0, leave bl	Out of A ave bla	Area .	(evin@I	Submit \ Loewkel	Weekly brill.con	Labor R n on the	r Reports t he Monday week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	y	Tuesday	Н	Wednesday	day	Thursday	day	Friday	ay	Saturday	day	Weekly Total		Contractor	Compliance
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Nebrasky Plumbing							ω		ω		2				œ	0	8	100%
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Woglom Construction			4		4		4	_	4		4				20	0	20	100%
AMP Masonry								_							0	0	0	#DIV/0!
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Sub Contractor  Sub Contractor  Nebrasky Plumbing  VanGrow Welding  Woglom Construction  AMP Masonry  Skyward Electric  Warwick Valley Iron	Sund	Week Ending: "10/4/19"  Monday  DA Local Oc  4  4	OA Y	Sullivan, U Putnar Westche Tuesday Local OC	Distribution of the bias of th	wes. Orange, ar, Dutchess, Rockland, c. If 0, leave nk  Wednesday Local OOA	hess, d, save	OOA = If 0, If 0, Local 4	OOA = Out of Area  If 0, leave blank  Thursday F Local OOA Local  3	Area lank	Submit Submit Satt Local	Saturday ocal OOA	Weekl Local Local 14	Labor Reports on the Mond week  Weekly Total Local OOA  20 0 0 0 14 0 0 0	day for	<del></del>	wke, he completed Compliance % 100% #DIV/0! #DIV/0!
Skyward Electric											i		0		0	0	
Warwick Valley Iron Wood								2		2			4		0	4	1
Copperworks													0		0	0	
Prokosch		2		2		2		2		2			10		0	10	1
:															0	0	1
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		Raynor Overhead Door 2	Craig West	Cambell Fire & Protection	Prokosch 2 2 2 2	Warwick Valley Iron Wood 1	Dwaynes Glass 3 3	Skyward Electric 3 3	AMP Masonry	Woglom Construction 4 4 4	VanGrow Welding	Nebrasky Plumbing	Sub Contractor Sunday Monday Tuesday Wednesday Thurs  Local OOA Local OOA Local OOA Local OOA Local	Local Counties: Orange, Sullivan, Ulster, Dutchess, OOA = ( "10/12/19" Westchester. If 0, leave blank
:		2		1	2					4			<del>                                     </del>	iss, OOA = Out of Area .  If 0, leave blank
				1	2					ω			Local	
													OOA Local OOA	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
0	0	2	0	2	10	_	9	9	0	19	0	0		skly Labor com on the
0_	0	0	0	2	0	0	0	0	0	0	0	0	OOA Total	r Reports the Monday week
0	0	2	0	4	10		9	9	0	19	0	0	Weekly Total Contractor Local OOA Total	to Kevin Lo y following
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251 State School Rd		Week Ending: "10/19/19"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	Orange, Dutchess, kland, 0, leave	OOA = Out	OA = Out of Area . If 0, leave blank	, u	Subn in@Loew	nit Week! kebrill.co	y Labor F m on the w	r Reports t he Monday week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 5 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	Monday	/ Tuesday	Ц	Wednesday	Thursday	day	Friday	S	Saturday	Weekly	Total	Contractor	Weekly Total Contractor Compliance
Sub Collinacion	Local OOA	듣	)A Local	Ž	Local OOA	Local	00A L	Local OOA	)A Local	AOO IE	Local	00A	Total	%
Nebrasky Plumbing		N	N		N	2		2			10	0	10	100%
Woglom Construction		4	4		4	4		4			20	0	20	100%
AMP Masonry								_			0	0	0	#DIV/0!
Skyward Electric											0	0	0	#DIV/0!
Warwick Valley Iron Wood		2									2	0	2	100%
Prokosch		2	2								4	0	4	100%
Cambell Fire & Protection											ტ	5	10	50%
Craig West												0		100%
								_			0	0	0	#DIV/0!
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								_			0	0	0	#DIV/0!

251 State School Rd		Week "10/2	Week Ending: "10/26/19"	Sullii We	al Coun van, Uls vutnam, stchest	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave	inge, hess, id, eave	OOA = Out If 0, leav	OA = Out of Area If 0, leave blank		(evin@L	Submit V	Veekly prill.com	Labor R on the	r Reports t he Monday week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 6 Sevin@Loewkebrill.com on the Monday following the completed week
				1		18/2-4-		1		]_		2	4	Afaald.	1 1		
Sub Contractor	Local O	<u></u>	Local OOA	計	cal OOA	Local OOA	OOA V	Local OC	۶ <sub>`</sub>	Local OC	ĭ ĭ	Local 00	<u> </u>	Local	OOA P	Local OOA Total	%ailce
Nebrasky Plumbing	$\rightarrow$		2	2	2					2					0	8	100%
Woglom Construction			4		**	4		4		4				20	0	20	100%
AMP Masonry														0	0	0	#DIV/0!
Skyward Electric														0	0	0	#DIV/0!
Warwick Valley Iron Wood			2			3		ω						<u>∞</u>	0	00	100%
Prokosch			2	2		2		2						∞_	0	8	100%
Cambell Fire & Protection														5	ڻ ن	10	50%
Craig West												_		0	0	0	#DIV/0!
											_			0	0	0	#DIV/0!
				ļ										0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "11/2/19"	Local Cour Sullivan, Uls Putnam, Westchest bl	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	OOA = Out of Area If 0, leave blank		Submit Weekly Labor Reports to Kevin Loewke, 전 Kevin@Loewkebrill.com on the Monday following the completed week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	r Reports ( he Monday week	to Kevin Loe y following th	ne completed
Sub Contractor	Sunday	Monday	Tuesday	Wednesday	/ Thursday	Friday	Saturday	Ц	ly Total	Weekly Total Contractor	Compliance
Sub-Contractor	Local OOA	Ĕ	딚	Н	Local	Loc	)A Local	OOA Local	00A	Total	%
Nebrasky Plumbing				2	2	2		o	0	6	100%
Woglom Construction		2	2	2				<u>ග</u>	0	o o	100%
AMP Masonry					4	ω		7	0	7	100%
Skyward Electric								0	0	0	#DIV/0!
Warwick Valley Iron Wood									0	0	#DIV/0!
Prokosch									0	0	#DIV/0!
Cambell Fire & Protection								5	0	5	100%
Craig West								0	0	0	#DIV/0!
								0	0	0	#DIV/0!
								0	0	0	#DIV/0!
								0	0	0	#DIV/0!

251 State School Rd		Week	Week Ending: "11/9/19"	- » د د د د د د د د د د د د د د د د د د	ocal Co illivan, I Putna Vestche	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	Orang Dutche kland, 0, leav		OOA = Out If 0, leav	OA = Out of Area If 0, leave blank		Kevin@	Submit )Loewk	Weeki brill.co	y Labor m on th	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	y	Monday		Tuesday	Ц	Wednesday	day	Thursday	day	F	Friday	Satu	Saturday	Week	Weekly Total	Contractor	Compliance
Sub-Contractor	Local	SA A	Local OOA	A Local	al OOA	)A Local		1 V00	Local	00A	Local	A00	Local	00A	Local	00A	Total	%
Nebrasky Plumbing							2		2		2				6	0	6	100%
Woglom Construction															0	0	0	#DIV/0!
AMP Masonry										1					0	0	0	#DIV/0!
Skyward Electric			2		N										4	0	4	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch					<u> </u>		_	_		•	2				2	0	2	100%
Cambell Fire & Protection			<b>3</b>		ω		ω		ω		3				15	0	15	100%
Craig West															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
	-									· ·					0	0	0	#DIV/0!

251 State School Rd	=	Week Ending: "11/16/19"	ding:	Local ( Sullivan Putr Westc	ocal Counties: Orang illivan, Ulster, Dutche Putnam, Rockland, Vestchester. If 0, leav blank	Local Counties: Orange, Sullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank	_	OOA = Out of Area . If 0, leave blank		(evin@l	Submit \ oewket	Veekiy orill.com	Labor R on the	or Reports to the Monday week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 9 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	Н	Monday	Tuesday		Wednesday	y Thurso	ırsday	Friday	lay	Saturday	Щ	Weekly Total	Total	Contractor	Compliance
Cap Collinacio	Local O	OOA Loca	ĭ	Local	00A Lo	Local OOA	A Local	00A	Local	00A	Local	Α	Local	00A		%
Nebrasky Plumbing											-5		0	0	0	#DIV/0!
Woglom Construction							N		ω				51	0	5	100%
AMP Masonry													0	0	0	#DIV/0!
Skyward Electric				2									2	0	2	100%
Warwick Valley Iron Wood													0	0	0	#DIV/0!
Prokosch				2		N	2	i.c.			1	_	6_	0	6	100%
Cambell Fire & Protection		155	ω	3		ω	3		3				15	0	15	100%
Craig West														0		100%
					 				3				0	0	0	#DIV/0!
		_			<u> </u>						_		0	0	0	#DIV/0!
					-	H					_		0	0	0	#DIV/0!

251 State School Rd	<del></del>	Week "11/2	Week Ending: "11/23/19"	Sullii F We	al Coun van, Uls vanam, utnam, stcheste	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	inge, thess, id, eave	00A = If 0, I	OOA = Out of Area . If 0, leave blank		Kevin@	Submit	Weekly brill.cor	Labor In on the	or Reports the Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 1 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	¥	Monday	Tue	Tuesday	Wednesday	esday	Thur	Thursday	Fri	Friday	Saturday	rday	Weekly	Total	Contractor	Weekly Total   Contractor   Compliance
Sub Collination	Local	00A L	Local OOA	Local	00A	$\vdash$	OOA	Local	00A	Local	00A	Local	00A	Local	00A	Total	%
Nebrasky Plumbing														0	0	0	#DIV/0!
Weglom Construction														0	0	0	#DIV/0!
Skyward Electric										2				2	0	2	100%
Warwick Valley Iron Wood														0	0	0	#DIV/0!
Prokosch				2		2		2		2				8	0	<b>&amp;</b>	100%
Cambell Fire & Protection			2	2		2		2		2				10	0	10	100%
Craig West		_												0	0	0	#DIV/0!
														0	0	0	#DIV/0!
														0	0	0	#DIV/0!
														0	0	0	#DIV/0!

251 State School Rd		Week "11	Week Ending: "11/30/19"		Local Counties: Orange, jullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank	ocal Counties: Orang Ilivan, Ulster, Dutche Putnam, Rockland, Vestchester. If 0, leav blank	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		OOA = Out of Area . If 0, leave blank	of Area blank		Subn n@Loew	nit Weel ⁄kebrilt.c	dy Labor om on th	r Reports he Mond week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 1 Kevin@Loewkebrill.com on the Monday following the completed week
S.:h Contractor	Sunday	_	Monday	+	Tuesday	$\dashv$	Wednesday	+	Thursday	_	Friday	ွင္စ	Saturday	Week	dy Total	Contractor	Weekly Total   Contractor   Compliance
Sub Contractor	Local	8	Local OOA	У Го	Local OOA	<u> </u>	al OOA	<u></u>	AOO IE	Loca	NOO IE		AOO I	ш	00A	Total	%
Nebrasky Plumbing	**													0	0	0	#DIV/0!
Woglom Construction															0	0	#DIV/0!
Skyward Electric															0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	#DIV/0!
Prokosch			2		N		N							6	0	6	100%
Cambell Fire & Protection			2		2		2							6	0	6	100%
Craig West															0	0	#DIV/0!
														0	0	0	#DIV/0!
															0	0	#DIV/0!
														0	0	0	#DIV/0!

251 State School Rd		Weel	Week Ending: "127/19"	Sulliv P Wes	al Count ran, Ulst utnam, I stcheste	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	inge, shess, id, eave	00A =	OOA = Out of Area . If 0, leave blank		Kevin@	Submit )Loewke	Weekly ∌brill.co	/ Labor m on the	or Reports the Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 11 Kevin@Loewkebrill.com on the Monday following the completed week
S. b Continuous	Sunday	JV	Monday	Tue	Tuesday	Wednesday	esday	Thur	Thursday	Fri	Friday	Saturday	rday	Weekl	y Total	Weekly Total Contractor	Compliance
Sub Contractor	Local	A	Local OOA	5	00A	Local	00A	Local	AOO	Local	00A	Local	OOA	Local	OOA	Total	%
Nebrasky Plumbing				2		2		2					]	7	0	7	100%
Woglom Construction										4	i			4	0	4	100%
Skyward Electric										2				2	0	2	100%
Warwick Valley Iron Wood														0	0	0	#DIV/0!
Prokosch		<u> </u>												0	0	0	#DIV/0!
Cambell Fire & Protection				_				1		_				4	0	4	100%
Craig West														0	0	0	#DIV/0!
Electrolock			2	2										4	0	4	100%
														0	0	0	#DIV/0!
				-							İ			0	0	0	#DIV/0!

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251 State School Rd		Weel "12	Week Ending: "12/14/19"	<u> </u>	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	ounties: Ulster, am, Roc nester. If blank	Local Counties: Orange, bullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank		OOA = Out of Area . If 0, leave blank	OA = Out of Area If 0, leave blank		(evin@	Submit ' Loewke	Weekly brill.con	Labor F n on the w	or Reports the Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, The Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	lay	Monday	Y	Tuesday	Щ	Wednesday	day	Thursday	day	Friday	lay	Saturday		Weekly	/ Total	Contractor	Weekly Total   Contractor   Compliance
Sub Collifactor	Local	S	Local	ĭ	Local C	Ž	Local	Н	Local		Local	00A	Local		Local	00A	Total	%
Nebrasky Plumbing			2		2		2		2		2				10	0	10	100%
Woglom Construction															0	0	0	#DIV/0!
Skyward Electric											4				4	0	4	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch															0	0	0	#DIV/0!
Cambell Fire & Protection															5	0	ςī	100%
Craig West																0		100%
Electrolock															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
				-											0	0	0	#DIV/0!

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#DIV/0!	0	0	٥															Electrolock
#DIV/0!	0	0	0															Craig West
100%	5	0	ر ن				_		_					-	-			Cambell Fire & Protection
#DIV/0!	0	0	0										-					Prokosch
100%	2	0	2					Γ								-		Warwick Valley Iron Wood
100%	4	0	4						2			2						Skyward Electric
#DIV/0!	0	0	0								-							Woglom Construction
100%	6	0	6								2	2		2				Nebrasky Plumbing
%	Total	00A	Local	00A	Local	00A	Local	00 A	Local	00 9	Local	00A	Local	900A	A Local	NOO IE	Local	Cab Contractor
Weekly Total Contractor Compliance	Contractor	y Total	Weekl	Saturday	Satu	Friday	F	Thursday	Thu	Wednesday	Wed	Tuesday	Tu	Monday	M	Sunday	S	Ser Coatrocks
Submit Weekly Labor Reports to Kevin Loewke, 1 Kevin@Loewkebrill.com on the Monday following the completed week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	r Reports he Monda week	y Labor   m on the w	: Weekl	Submit )Loewke	Kevin@		OOA = Out of Area . If 0, leave blank	OOA:	ange, chess, nd, leave	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	al Cour van, Uli outnam, istchest	Sullii Foc	ding:	Week Ending: "12/21/19"			251 State School Rd

251 State School Rd		Week	Week Ending: "12/28/19"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	ounties: Ulster, am, Roc ester. If	ocal Counties: Orang llivan, Ulster, Dutche Putnam, Rockland, /estchester. If 0, leav blank		00A = If 0, I	Out of eave b	Area . lank	Kevin@	Submi )Loewk	t Weekl ebrill.α	y Labor vm on th	r Report he Mond week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 15 OOA = Out of Area . Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	ау	Monday		Tuesday	Щ	Wednesday	day	Thursday	sday	<u>-</u> 1	Friday	Sati	Saturday	Week	iy Total	Contractor	Weekly Total   Contractor   Compliance
Sub Collegeio	Local	00A L	Local OOA	×	Local O	00A בי	Local (	00A	ocal	OOA	Local	OOA	Local	OOA	Local	00A	Total	%
Nebrasky Plumbing								_							0		0	#DIV/0!
Woglom Construction															0		0	#DIV/0!
Skyward Electric															0		0	#DIV/0!
Warwick Valley Iron Wood											2				2		2	100%
Prokosch							_										0	#DIV/0!
Cambell Fire & Protection		_	<u> </u>	_			_										0	#DIV/0!
Craig West																	0	#DIV/0!
Electrolock															0		0	#DIV/0!
		_													٥		0	#DIV/0!
													_		0	_	0	#DIV/0!

251 State School Rd		Week Ending: "1/4/2020"	Local Coun Sullivan, Uls Putnam, Westchest	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	OOA = Out of Area		S Kevin@Lo	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	ly Labor R om on the	r Reports to he Monday week	o Kevin Loe following th	Submit Weekly Labor Reports to Kevin Loewke,  Kevin@Loewkebrill.com on the Monday following the completed  week
S.b Contractor	Sunday	Monday	Tuesday	Wednesday	Thursday		Friday	Saturday	Weekly	Total C	Weekly Total   Contractor	Compliance
Sup Collination	Local OOA	Н	Local OOA Local OOA Local OOA	Local OOA	Local OOA	DA Local OOA	╌	Local OOA	Local	00A	Total	%
Nebrasky Plumbing					4				4	0	4	100%
Woglom Construction									0	0	0	#DIV/0!
Skyward Electric					ω	ω			o	0	6	100%
Warwick Valley Iron Wood			-		2	2			4	0	4	100%
Prokosch									0	0	0	#DIV/0!
Cambell Fire & Protection										0		100%
Craig West									2	0	2	100%
Electrolock									0	0	o	#DIV/0!
									0	0	0	#DIV/0!
									0	0	0	#DIV/0!

251 State School Rd		Wee "1/1	Week Ending: "1/11/2020"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	Local Counties: Orange, bullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank	s: Oran r, Dutch ockland ff 0, lea	ige, less, l,	00A =	OOA = Out of Area . If 0, leave blank		Kevin@	Submit	Weekly brill.com	Labor In on the	r Reports ne Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebril.com on the Monday following the completed week
Sub Controdor	Sunday	day	Monday	ay	Tuesday	_	Wednesday	sday	Thursda	sday	Fri	Friday	Saturday	rday	Weekly Total		Contractor	Compliance
Sub Contractor	Local	8	Local	ĭ	Local OOA		Local OOA	$\vdash$	Local	00A	Local	00A	Local	Local OOA	Local OOA	00A	Total	%
Nebrasky Plumbing					576										0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Copperworks							4					ļ.			4	0	4	100%
Skyward Electric							ယ								ω	0	ω ω	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch															0	0	0	#DIV/0!
Cambell Fire & Protection															ω	0	ω <sub>_</sub>	100%
Craig West															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
								_							0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Wee "1/	Week Ending: "1/18/2020"		Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	Local Counties: Orange, Sullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank	es: Orar r, Dutch ockland If 0, lea	nge, ness, l,	00A = If 0, I	OOA = Out of Area . If 0, leave blank		Kevin@	Submit Loewke	Weekly brill.cor	Labor for on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week
2	Sunday	day	Monday	ay	Tuesday		Wednesday	sday	Thursda	sday	Fri	Friday	Saturday	rday	Weekly	/ Total	Contractor	Weekly Total   Contractor   Compliance
Sub Contractor	Local	00A	Local	×	Local OOA	$\neg$	Local	00A	Local	00A	Local	OOA	Local	AOO	Local	00A	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction							ယ		3						တ	0	6	100%
Copperworks							4								4	0	4	100%
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch							•					!	2		2	0	2	100%
Cambell Fire & Protection					_				_						4	0	4	100%
Craig West															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
JB Insulation					'		ω		ڻ ت	4					<u>ω</u>	4	12	67%
															0	0	0	#DIV/0!

251 State School Rd		Wee	Week Ending: "1/25/2020"		Local Sullivan Put Westo	Counties: 1, Ulster, nam, Roc chester. If blank	Local Counties: Orange, Sullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank	nge, ness, d, ave	00A =	OOA = Out of Area . If 0, leave blank		Kevin@	Submit )Loewk	Weekly ebrill.co	y Labor m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 15 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	ay	Monday	Ÿ	Tuesday	ay	Wednesday	sday	Thurso	sday	Ę	Friday	Satı	Saturday	Weeki	Weekly Total	Contractor	Compliance
Sub Collinación	Local	00A	Local OOA Local OOA	ŎA L	ocai		Local	AOO	Local	AOO	Local	AOO	Local	OOA	Local	AOO	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction									4		4				8	0	æ	100%
Copperworks															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood		_										:			0	0	0	#DIV/0!
Prokosch									i						0	0	0	#DIV/0!
Cambell Fire & Protection						_	ω		ω		ω				11	0	<b>±</b>	100%
Craig West															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
JB Insulation									ω		4	2	ω		10	2	12	83%
															0	0	0	#DIV/0!

251 State School Rd		Wee "2	Week Ending: "2/1/2020"		Local Sulliva Pu Wes	I Counties: an, Ulster, itnam, Roc tchester. If blank	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d,	00A =	OOA = Out of Area If 0, leave blank	Area . lank	Kevin©	Submi )Loewk	t Weeki ebrill.co	y Labor m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	lay	Monday	lay	Tuesday	day	Wednesday	esday	Thur	Thursday	Fr	Friday	Satu	Saturday	Weekl	Weekly Total	Contractor	Compliance
Sub Collidation	Local	OOA	Local OOA		Local OOA	00 A	Local OOA	00A	Local	AOO	_	Local OOA	Local	Local OOA	Local	00A	Total	%
Nebrasky Plumbing											2				2	0	2	100%
Woglom Construction			ω		ω		ω		ယ						12	0	12	100%
Copperworks								} :							0	0	0	#DIV/0!
Skyward Electric				_											0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Flooring															0	0	0	#DIV/0!
Craig West															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
JB Insulation				4												4	ڻ.	20%
															0	0	0	#DIV/0!

251 State School Rd		Wee "2/	Week Ending: "2/8/2020"		Local Sullivar Put Westo	Counties:	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, ness, s,	00A =	OOA = Out of Area . If 0, leave blank		Kevin@	Submit	Weekly brill.co	/ Labor I m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	ay	Monday	Ÿ	Tuesday	lay	Wednesday	sday	Thurso	sday	Ţ	Friday	Saturday	rday	Weekly	/ Total	Weekly Total Contractor	Compliance
Sup Collination	Local	00A	Local OOA Local	Ŏ۸	<u>са</u>	A00	Local	00A	Local	A00	Local	AOO	Local	00A	Local	00A	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Copperworks							4								4	0	4	100%
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Flooring									ယ		သ		3		9	0	9	100%
Craig West															0	0	0	#DIV/0!
Electrolock						_									0	0	0	#DIV/0!
JB Insulation															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Wee "2/	Week Ending: "2/15/2020"		Local Sulliva Put West	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	es: Orar r, Dutch ockland . If 0, lea	nge, ness, d, ave	00A = If 0, I	OA = Out of Area If 0, leave blank		Kevin@	Submit	Weekly ebrill.co	/ Labor m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	lay	Tuesday		Wednesday	sday	Thun	Thursday	F)	Friday	Saturday	rday	Weekl	Weekly Total	Contractor	Compliance
Sap Colliactor	Local	00A	Local	1 VOO	Local	Ž	Local	A00	Local	OOA	Local OOA	00A	Local	OOA	Local	Local OOA	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction												i			0	0	0	#DIV/0!
Copperworks											4				4	0	4	100%
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood								_							0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Flooring			ω		ω		ω		ω		ω				15	0	15	100%
Craig West															0	0	0	#DIV/0!
Electrolock									2		2				4	0	4	100%
JB Insulation															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Wee	Week Ending: "2/22/2020"	- <u></u>	Local Sulliva Pu West	Counties: n, Ulster, tnam, Roc chester. If blank	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, ness, d, ave	OOA =	OOA = Out of Area If 0, leave blank	•	Kevin@	Submit )Loewk	Weekly	y Labor m on th	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	ay	Tuesday	day	Wednesday	sday	Thurso	sday	F	Friday	Satu	Saturday	Week	y Total	Weekly Total   Contractor	Compliance
Sub Contractor	Local	00A	Local	×	Local	Ž	Local	AOO	Local	<b>P</b>	Local	00A	Local	Local OOA	Local	00A	Total	%
Nebrasky Plumbing																0		100%
Woglom Construction									4						4	0	4	100%
Copperworks															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Services							ω								ω	0	w	100%
Craig West					L										_	0		100%
Electrolock															0	0	0	#DIV/0!
JB Insulation															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Wee "2/	Week Ending: "2/29/2020"	- 44	Local Sulliva Pu West	Counti an, Ulst trnam, F tcheste	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d,	00A = If 0,	OOA = Out of Area . If 0, leave blank	Area . ank	Kevin@	Submit @Loewk	Weekly ebrill.co	y Labor m on th	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 12 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	ay	Tuesday	day	Wednesday	esday	Thur	Thursday	F	Friday	Satu	Saturday	Weekl	Weekly Total	Contractor	Compliance
Sub Collinación	Local	00A	Local OOA Local OOA Local	00A	ocal	00A		AOO	Local	AOO	Local	AOO	Local	Local OOA	Local	Local OOA	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction															0		0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Services			ω												ω	0	ω	100%
Craig West			_	_							_				3	0	3	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
			_	L											0	0	0	#DIV/0!

251 State School Rd		Wee	Week Ending: "3/7/2020"	9.	Local Sulliva Pur West	Counties: in, Ulster, tnam, Roc chester. If chester. If	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d, ave	00A =	OOA = Out of Area . If 0, leave blank	·	Kevin	Submi ĝLoewk	t Weekl ebrill.cc	y Labor m on th	r Reports he Mond week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	lay	Monday	lay	Tuesday	day	Wednesday	esday	Thurso	sday	Fr	Friday	Sati	Saturday	Week	Weekly Total	Contractor	Compliance
	Local	00A	Local	×	Local OOA	OOA	Local	OOA	Local	AOO	Local	AOO	Local	Local OOA	Local	OOA	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Electrolock								:							0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Services															0	0	0	#DIV/0!
Craig West															2	o	2	100%
Mike West															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
			_												0	0	0	#DIV/0!

251 State School Rd		Wee "3/1	Week Ending: "3/14/2020"		Local Sulliva Put West	Counties: n, Ulster, tham, Roc chester. If blank	Local Counties: Orange, Sullivan, Ulster, Dutchess Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d, ave	00A =	OOA = Out of Area . If 0, leave blank	-	Kevin@	Submit )Loewke	Weekly ebrill.co	n on the	r Reports he Mond <i>a</i> week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 12 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	ay	Tuesday	day	Wednesday	esday	Thur	Thursday	Fi	Friday	Saturday	rday	Weekl	Weekly Total	Contractor	Compliance
Sub Collinacion	Local	Š	Local OOA		Local OOA	_	Local	OOA	Local	VOO	Local	Local OOA	Local OOA	00A	Local OOA	00A	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Electrolock					_										0	0	0	#DIV/0!
Skyward Electric					_										0	0	0	#DIV/0!
Warwick Valley Iron Wood									2						2	0	2	100%
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Services															0	0	0	#DIV/0!
Craig West															2	0	2	100%
Mike West															ω	0	3	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Wee "3/	Week Ending: "3/21/2020"	- <del> </del>	Local Sulliva Put West	Counties: n, Ulster, I tnam, Roc chester. If blank	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d, ave	00A = C If 0, lea	OA = Out of Area If 0, leave blank		Kevin@	Submit )Loewk	: Weekly ebrill.co	/ Labor   m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	lay	Monday	ay	Tuesday	day	Wednesday	esday	Thurso	sday	F	Friday	Satu	Saturday	Weekl	Weekly Total	Contractor	Compliance
our Connactor	Local	00A	Local OOA	00A	Local OOA	_	Local OOA	OOA	Local	00A	Local	00A	Local	Local OOA	Local	00A	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction				_											0	0	0	#DIV/0!
Electrolock			_						:						0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood							2								N	0	2	100%
Cambell Fire & Protection															0	0	0	#DIV/0!
Green Mountain Services															0	0	0	#DIV/0!
Craig West																0		100%
Mike West									_		_				4	0	4	100%
Allied Excavating											_				ω	0	3	100%
															0	0	0	#DIV/0!

							-									
251 State School Rd		Wee	k Ending:	Local C Sullivan	Counties , Ulster,	Local Counties: Orange, Sullivan, Ulster, Dutchess	00A =	= Out o	Out of Area .	Keying	Submit	Weekiy	Labor F	Reports t	Submit Weekly Labor Reports to Kevin Loewke,	128
251 State School Rd		"3/2	"3/28/2020"	Westel	/estchester. If 0, leav	Westchester. If 0, leave	<u> </u>	If 0, leave blank	blank	Kevino	0L0ewKe	ioniii.con	n on the	week	1) Bulmollot /	Revin@Loewkebrill.com on the Monday following the completed week
					blank											
Sub Contractor	Sunday	ay	Monday	Tuesday	Ц	Wednesday		Thursday	_	Friday	Saturday	rday	Weekly	Total	Weekly Total Contractor	Compliance
Sub-Contractor	Local	9 A	Local OOA	Local	Ž	Local OOA	A Local	Н	Loc	00A	Local	00A	Local	00A	Total	%
Nebrasky Plumbing									2				2	0	2	100%
Woglom Construction													0	0	0	#DIV/0!
Electrolock													0	0	0	#DIV/0!
Skyward Electric													0	0	0	#DIV/0!
Warwick Valley Iron Wood											2		2	0	2	100%
Cambell Fire & Protection					_								0	0	0	#DIV/0!
Green Mountain Services					_								0	0	0	#DIV/0!
Craig West													2	0	2	100%
Mike West				_	ļ			-					5	0	თ	100%
Allied Excavating				3	<u> </u>	ω		ω					9	0	9	100%
							_	_	•	-			o	0	0	#DIV/0!

251 State School Rd		Wee "4/	Week Ending: "4/4/2020"	<u>-</u>	Local Sullivar Put West	Counties: n, Ulster, I nam, Roc chester. If	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, ness, d, ave	00A = If 0,	OOA = Out of Area . If 0, leave blank	Area . lank	Kevin@	Submit )}Loewk	: Weekh	y Labor m on th	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 19 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	ау	Monday	Y	Tuesday	Ц	Wednesday	sday	Thurso	rsday	<u>.</u>	Friday	Satu	Saturday	Weeki	Weekly Total	Contractor	Compliance
Sup Collinación	Local	00A	Local C	00A L	Local	00A	Local OOA	00A	Local	OOA	Local	00A	Local	Local OOA	Local	00A	Total	%
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
S. Devries Concrete											თ		5		10	0	10	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection		_				<u> </u>									0	0	0	#DIV/0!
Green Mountain Services		_			_										0	0	0	#DIV/0!
Craig West															0	0	0	#DIV/0!
Mike West				<u> </u>											5	0	5	100%
Allied Excavating									3		3				6	0	6	100%

251 State School Rd		Wee! "4/1	Week Ending: "4/11/2020"	· · · · · · · · · · · · · · · · · · ·	Local ( Sullivan Putr Westc	Counties: , Ulster, nam, Roc hester. If blank	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d, ave	00A =	OOA = Out of Area . If 0, leave blank	-	Kevin@	Submi )Loewk	t Weekl	y Labor m on th	or Reports the Mond week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the coweek	Submit Weekly Labor Reports to Kevin Loewke, 은 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	ay	Monday		Tuesday	ay	Wednesday	sday	Thurso	sday	T.	Friday	Satu	Saturday	Week	Weekly Total	Contractor	Compliance
Contractor	Local	00A	Local OOA	1	Local	1 VOO	Local	00A	Local	00A	Local	AOO	Local	Local OOA	Local	00A	Total	%
				-														
Nebrasky Plumbing															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
Skyward Electric			4		4										8		8	100%
Warwick Valley Iron Wood						_									0	0	0	#DIV/0!
Cambell Fire & Protection			_												0	0	0	#DIV/0!
Green Mountain Services															0	0	0	#DIV/0!
Craig West				ļ											0	0	0	#DIV/0!
Mike West									_						5	0	5	100%
Allied Excavating									4		4				00	0	8	100%

251 State School Rd		Wee "4/	Week Ending: "4/18/2020"		Local Sulliva Pu West	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	es: Ora er, Dutc er, Cocklan cocklan	nge, hess, d,	00A = If 0,	OOA = Out of Area If 0, leave blank		Kevin@	Submit )Loewk	ł Weekly ebrill.co	y Labor m on th	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, ত্র Kevin@Loewkebrill.com on the Monday following the completed ; week
Sub Contractor	Sunday	day	Monday	ay	Tuesday	day	Wednesday	esday	Thu	Thursday	Ţ	Friday	Satu	Saturday	Weekl	Weekly Total	Contractor	Compliance
Sup Collination	Local	00A	Local	00A	Local	AOO	Local	OOA	Local	OOA	Local	00A	Local	Local OOA	Local	Local OOA	Total	%
Nebrasky Plumbing											ω				3		ü	100%
Woglom Construction				_							4				4	0	4	100%
Electrolock															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection				_					2						2	0	2	100%
Craig West															0	0	0	#DIV/0!
Mike West															5	0	5	100%
Allied Excavating															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		"4/:	Week Ending: "4/25/2020"	ੱ <b>(</b> ਰੈ	Local Sulliva Pu West	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	es: Ora er, Dutc cocklan c. If 0, le	nge, hess, d,	00A =	OOA = Out of Area If 0, leave blank	Area . ank	Kevin@	Submit @Loewk	t Weekt	y Labor m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 2 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	day	Tuesday	day	Wednesday	esday	Thu	Thursday	F	Friday	Satu	Saturday	Weekt	Weekty Total	Contractor	Compliance
Odo Contractor	Local	OOA	Local OOA		Local	Ž	Local	00A	Local	OOA	Local	00A	Local	Local OOA	Local	Local OOA	Total	%
Nebrasky Plumbing											3				ω	0	ဒ	100%
Woglom Construction															0	0	0	#D{V/0!
Electrolock															0	0	0	#DIV/0!
Skyward Electric									ω						ω	0	ယ	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	#DIV/0!
Craig West									:						0	0	0	#DIV/0!
Mike West															0	0	0	#DIV/0!
LakeStation Repair							ယ		ω		ω				9	0	9	100%
															0	0	0	#DIV/0!

251 State School Rd		Wee	Week Ending: "5/2/2020"	<u> </u>	Local Sulliva Pu West	Counti in, Ulst tnam, F tchester	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	nge, hess, d,	00A =	OOA = Out of Area . If 0, leave blank		Kevin@	Submit )Loewk	t Weekl ebrill.co	y Labor m on th	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke, Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, 3 Kevin@Loewkebrill.com on the Monday following the completed week
Sub Contractor	Sunday	day	Monday	lay	Tuesday	day	Wednesday	esday	Thu	Thursday	F	Friday	Satu	Saturday	Week	Weekly Total	Contractor	Compliance
Sub Collination	Local	00A	Local OOA		Local	Ď	Local	AOO	Local	A00	Local	AOO	Local	Local OOA	Local	Local OOA	Total	%
Nebrasky Plumbing			ω		ω										6	0	6	100%
Woglom Construction															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood			2		2		2		2		2				10	0	10	100%
Cambell Fire & Protection				<u> </u>											0	0	0	#DIV/0!
Craig West															0	0	0	#DIV/0!
Mike West															0	0	0	#DIV/0!
LakeStation Repair			ω		ω		ω								9	0	9	100%
				_											0	0	0	#DIV/0!

0 #DIV/0!	0	0														
	0	0											·			LakeStation Repair
ယ	0	ω										<u> </u>				Mike West
0	0	0														Craig West
0	0	0														Cambell Fire & Protection
<u>1</u>	0	10				2	2		2		2		2		_	Warwick Valley Iron Wood
0	0	0						-		-						Skyward Electric
0	0	0				<del> </del>	_									Electrolock
0	0	0				_			-					_		Woglom Construction
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251 State School Rd		Wee "5/	Week Ending: "5/17/2020"		Local Sulliva Pu West	Local Counties: Orange, Sullivan, Ulster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank	es: Ora er, Dutc cocklan r. If 0, k	inge, thess, d,	OOA =	OOA = Out of Area . If 0, leave blank	Area . lank	Kevin@	Submi )Loewk	Weekl	/ Labor m on the	r Reports he Monda week	Submit Weekly Labor Reports to Kevin Loewke Loewkebrill.com on the Monday following the co week	Submit Weekly Labor Reports to Kevin Loewke, <sup>5</sup> Kevin@Loewkebrill.com on the Monday following the completed week
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PROJECT: Kraftify, LLC

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

CONTACTOR	PERMIT	<u>G.L. I.</u>	W.C.C.	<u>U.L.</u>	A.L.	NYS D.I.
Action Packed Demo	Х	Х	Х	N/A	Х	Х
Paul Nebrasky Plumbing and Heating	Х	Х	X	Х	х	X
Skyward Electric Co. Inc	Х	Х	X	Х	х	Х
Thom Woglom Construction, LLC	X	Х	X	N/A	Х	X
Poley Paving & Construction Corp	Х	Х	Х	Х	Х	Х
Pioneer Pole Buildings Inc	X	Х	Х	Х	Х	Х
TruGreen Energy Inc DBA Foam Boys	Х	х	Х	N/A	Х	Х
Green Mountain Services Inc	Х	Х	Х	Х	X	Х
S Devries Concrete Inc	Х	Х	Х	N/A	X	X
Copper Works Mechanical LLC	X	Х	Х	N/A	х	X
AMP Masonry Inc.	Х	Х	х	X	х	X
Raynor Overhead Door Sales	Х	Х	Х	Х	X	Х
Van Grouw Welding	Х	Х	Х	X	X	X
Warwick Valley Iron and Wood LLC	Х	Х	Х	N/A	X	Х
Craig West Designs	Х	Х	N/A	N/A	X	N/A
<b>MSP Industrial Refrigeration Service LLC</b>	Х	X	Х	N/A	х	X
Midpost Concrete Cutting & Coring	Х	Х	Х	N/A	X	X
Dwayne's Glass Works Lic	х	Х	X	Х	х	X
A Prokosch & Sons Sheet Metal Inc	Х	Х	Х	Х	х	Х
Campbell Fire Protection Inc.	Х	Х	Х	Х	х	X
Electrolock Inc	Х	Х	х	Х	X	X
JB Insulation & Drywall LLC	Х	Х	х	X	X	X
Mike West Decorating Contractor	х	X	N/A	N/A	X	N/A
Allied Excavating, Inc	Х	Х	Х	X	X	X
Lakestation Repair and Renovations	Х	Х	X	N/A	X	X
Kraftify, LLC	х	Х	X	X	X	X

**Permits**: Required for the general contractor as well as all eligible subcontractors on site. Not all subcontractors will require a permit including but not limited to: painters, flooring companies, other finishing trades.

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

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

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

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

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

DRD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIODAYYY) 12/27/2018

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	NAME: Christine Tresaloni	
Consolidated Insurance Agents, Inc.	PHONE (845) 765-8633 FAX (AC, Not. (84	\$1.747 p.z.
Michael Corrado Agency	ADDRESS Christing.tresaloni@hotmail.com	3) 763-9633
621 Rt 52	INSURERIS) AFFORDING COVERAGE	HAIC #
Beacon NY 12508	MSURERA: Evanston Insurance	HAIC W
INSURED	NSURERS: The State Insurance Fund	
Action Packed Demolition	MSURER C:	
19 Cliff St	PIBURER D :	
CONTROL MARKAGE	INSURER E :	
Beacon · NY 12508	NSURER F :	
COVERAGES CERTIFICATE NUMBER CT	1712425290 DELECTOR AND DELECTO	

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 HERBIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

HISP LTR	TYPE OF INSURANCE	ADOL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	3	
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y / N					PER OTH-	JE E	
-4	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	A1A	24097967	02/06/2018	02/06/2019	E.L. EACH ACCIDENT	\$	500,000
D	(Mendatory in NH)  If was, describe under					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
			20					
	and the second second second second		San San San San San San San San San San					
DEST	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	1000000	A A MARIE A DESCRIPTION OF THE PARTY OF THE					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required).

Certificate holder is listed as additional insured.

CERT	FICAT	ŒΗ	OLD	ER

#### CANCELLATION

Kraftify LLC Kraftify Holdings LLC 251 State School Rd Warwick, NY 10990 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** 

Michael Corrado/MAC

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ACORD 25 (2014/01) INS025 (201401) The ACORD name and logo are registered marks of ACORD



DATE (MM/DD/YYYY) 12/27/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	l .			NAME:	CHILIBLE	ne Tresalo	oni			
Consoli	idated Insurance Agents,	Inc.		PHONE (A/C, No	). Ext): (0=0)	765-8633		LIANG, NOD	5) 765-8	635
Michael	l Corrado Agency			E-MAIL ADDRE	<sub>SS:</sub> christi	ne.tresalo	oni@hotmail.	com		
621 Rt	52				ins	URER(S) AFFOR	IDING COVERAGE		·	NAIC #
Beacon	NY 125	808		INSURE	RA: Evanste	on Insuran	ce			
INSURED				INSURE	RB:The Sta	ate Insura	nce Fund			
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If yes,	describe under	1					E.L. DISEASE - EA			500,000
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#### POLICY ISSUED ON THE CO-OPERATIVE PLAN

NON ASSESSABLE POLICY

Policy was prepared for:

HENRI PAULIN

## COMMERCIAL POLICY



### **Preferred Mutual Insurance Company**

One Preferred Way • New Berlin, NY 13411 1.800.333.7642 • preferred mutual.com

Policy PCA 0100715529 effective 04/15/2018 to 04/15/2019

### Preferred Mutual representative:

MICHAEL CORRADO AGENCY 845 765 8633 031006500



**COMMERCIAL AUTO** NY CA DS 03 10 14

Direct Bill RENEWAL 04/15/2018

### **BUSINESS AUTO DECLARATIONS**

POLICY NO.: PCA 010	00715529		
PREFERRED MUTUAL	INSURANCE COMPANY	MICHAEL CO	DRRADO AGENCY
ONE PREFERRED WA	lΥ.	621 ROUTE	52
NEW BERLIN, NY	13411	BEACON, NY	12508
		031006500	
ITEM ONE NAMED INSURED:	HENRI PAULIN		
MAILING ADDRESS:	30 LINDEN DR		·
	NEWBURGH, NY 12550		
POLICY PERIOD:		04/15/2019 2	at 12:01 A.M. Standard Time at your
	04/13/2010		nailing address shown above.
PREVIOUS POLICY N	UMBER: PCA 0100715529		•
	-	_	
BUSINESS DESCRIP	TION: GENERAL CONTRACTO	PR .	
FORM OF BUSINESS:			
☐ CORPORATION	<del>-</del>	LITY COMPANY	☑ INDIVIDUAL
☐ PARTNERSHIP			□ OTHER
	E PAYMENT OF THE PREM MITH YOU TO PROVIDE THE I		JECT TO ALL THE TERMS OF THE STATED IN THIS POLICY.
PREMIUM FOR END	 Drsements		\$0.00
*ESTIMATED TOTAL			\$1,164.00
*This policy may be subje	<u> </u>		
Premium shown is pay	yable: \$	at inception.	
AUDIT PERIOD (IF AP	PLICABLE) 🖂 ANNUALLY	□ SEMI-ANNUA	LLY   QUARTERLY   MONTHLY
AOUNTEDOLONES		B. J.	
COUNTERSIGNED	03/01/2018 (Date)	BY	(Authorized Representative)

Page 1

POLICY NUMBER: PCA 0100715529

### **ENDORSEMENTS ATTACHED TO THIS POLICY:** NYCADS03(10/14) Business Auto Declarations CANYIDCRD1 New York Identification Card CAAPVS (10/03) Commercial Auto Loss Payee Vehicle Schedule IL0017 (11/98) Common Policy Conditions IL0183 (08/08) New York Changes - Fraud CA0001 (03/06) Business Auto Coverage Form CA3535 (12/15) NY Changes in Business Auto, Business Auto Physical Damage, Motor Carrier & Truckers Coverage Forms CA0225 (01/14) New York Changes - Cancellation CA3541 (03/10) Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation) CA3539 (11/16) Primary And Noncontributory - Other Insurance Condition CA2232 (11/13) New York Mandatory Personal Injury Protection Endorsement CA3107 (10/13) New York Supplementary Uninsured/Underinsured Motorists Endorsement CA9903 (03/06) Auto Medical Payments Coverage CA9944 (12/93) Loss Payable Clause

Date Printed: 03/01/2018

#### SCHEDULE OFCOVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$100,000	\$779.00
PERSONAL INJURY PROTECTION (or equivalent No- fault Coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$112.00
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)*	No Coverage	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$0.00
OPTIONAL BASIC ECONOMIC LOSS COVERAGE	No Coverage	\$0	\$0.00
AGGREGATE NO-FAULT BENEFITS AVAILABLE:	7	\$50,000	Included
MAXIMUM MONTHLY WORK LOSS		\$2,000	
DEATH BENEFIT		\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)		\$25	
AUTO MEDICAL PAYMENTS	7	\$5,000	\$2.00
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE**	7	\$100,000	\$32.00
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$66.00
		See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	No Coverage	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$0.00
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$163.00
PHYSICAL DAMAGE TOWING AND LABOR	No Coverage	\$ For Each Disablement Of A Private Passenger "Auto".	\$0.00
NEW YORK MOTOR VEHICLE LAW	ENFORCEMENT FE	E	\$10.00
		COMPANION POLICY DISCOUNT	
		PREMIUM FOR ENDORSEMENTS	\$0.00
		††ESTIMATED TOTAL PREMIUM	\$1,164.00

#### ††This policy may be subject to final audit.

NY CA DS 03 10 14

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of 6

<sup>\*</sup> The maximum amount payable under Additional PIP coverage shall be the difference between the Additional PIP limits and the basic economic loss limits (Mandatory PIP coverage and, if purchased, OBEL coverage).

<sup>\*\*</sup>The maximum amount payable under SUM coverage shall be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

POLICY NUMBER: PCA 0100715529

### **ITEM THREE** SCHEDULE OF COVERED AUTOS YOU OWN

	VEHICLE DESCRIPTION	COVERAGE	LIMIT	DEDUCT	PREMIUM
overed uto No.	Year: 2006	Liability	\$100,000	_	\$779.00
101	Make: FORD	Medical Pymts	\$5,000	_	\$2.00
101	Model: F-350 SUPER DUTY SRW CREW	Uninsured Mot	\$100,000	-	\$32.00
	VIN: 1FTWW31P36EC44694	PIP	\$50,000	\$0	\$112.00
	Garaging Address: Newburgh, NY	Comprehensive	-	\$500	\$66.00
	Age: 12	Collision	-	\$500	\$163.00
	Territory: 032	Spec COL	No Coverage	-	\$0.00
	CLASSIFICATION				
	Size Class: 01189 Body Type: TRUCKT GVW/Seats: 6000 Radius: Local				
	Bus. Use: SR* Cost New: \$25,000	Total Premium			\$1,164.00
Covered	VEHICLE DESCRIPTION	COVERAGE	LIMIT	DEDUCT	PREMIUM
	CLASSIFICATION				
		Total Premium			
Covered Auto No.	VEHICLE DESCRIPTION	COVERAGE	LIMIT	DEDUCT	PREMIUM
	CLASSIFICATION				
		Total Premium			

<sup>\*</sup> BU - Business, CL - Clergy, CM - Commercial, CO - Commute, CP - Car Pool, DO - Drive to Work or School Over 15 Miles, DU - Drive to Work or School Under 15 Miles, DW - Driven To and From Work, E - Driven To and From School, FM - Farm, OT - Other, PL - Pleasure, RT - Retail, S - Show (Restricted Use), SR - Service, VE - Van Pools (Employer Furnished), VO - Van Pools (all other) , F/T/W - Fire, Theft, Windstorm

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of 6 Page 4

Date Printed: 03/01/2018

#### POLICY ISSUED ON THE CO-OPERATIVE PLAN

NON ASSESSABLE POLICY

Policy was prepared for:

HENRI PAULIN

# COMMERCIAL POLICY



 $Live\ Assured$ 

### **Preferred Mutual Insurance Company**

One Preferred Way • New Berlin, NY 13411 1.800.333.7642 • preferred mutual.com

Policy PCA 0100715529 effective 04/15/2019 to 04/15/2020

### Preferred Mutual representative:

MICHAEL CORRADO AGENCY 845 765 8633 031006500



**COMMERCIAL AUTO** NY CA DS 03 10 14 Direct Bill RENEWAL 04/15/2019

### **BUSINESS AUTO DECLARATIONS**

POLICY NO.: PCA 01	00715529		
PREFERRED MUTUAL ONE PREFERRED WA NEW BERLIN, NY		MICHAEL CORRADO AGENCY 621 ROUTE 52 BEACON, NY 12508	
		031006500	
ITEM ONE NAMED INSURED:	HENRI PAULIN		
MAILING ADDRESS:	30 LINDEN DR		
	NEWBURGH, NY 12550		
POLICY PERIOD:	From <u>04/15/2019</u> to	04/15/2020 at 12:01 A.M. Standard mailing address shown a	
PREVIOUS POLICY N	UMBER: PCA 0100715529		
BUSINESS DESCRIP	TION: GENERAL CONTRACTOR		
FORM OF BUSINESS:  CORPORATION PARTNERSHIP	☐ LIMITED LIABILI	TY COMPANY ⊠ INDIVIDU □ OTHER	AL
		JM, AND SUBJECT TO ALL THE T SURANCE AS STATED IN THIS POLIC	
PREMIUM FOR END	ORSEMENTS	\$0.00	
*ESTIMATED TOTAL		\$1,112.00	
*This policy may be subje	ect to final audit.		
Premium shown is pay	/able: \$ a	t inception.	
AUDIT PERIOD (IF AF	PLICABLE) 🗆 ANNUALLY 🗆	SEMI-ANNUALLY   QUARTERLY	□ MONTHLY
COUNTERSIGNED _	03/01/2019 (Data)	BYAuthorized Pennse	antativa)
	(Date)	(Authorized Repres	entative)

Page 1



### | ShelterPoint Life Insurance Company

1225 Franklin Avenue, Ste. 475 Garden City, NY 11530 Fax: 516.504.6412 (main) | 516.504.6436 (service) | 516.504.6414 (claims) Phone: 800.365.4999 (516.829.8100) www.shelterpoint.com

## New York State Disability Benefits Policy Summary

#### Dear Policyholder:

The following is a summary of your New York State DBL Policy (DBL), including Paid Family Leave (PFL) benefits if applicable. Please review this information and the pages that follow. If you require assistance or changes to your coverage, please contact your ShelterPoint Life producer.

Sincerely,

Policy Service ShelterPoint Life

Policyholder: NARENDRA PAULIN DBA ACTION PACK

DEMOLITION

Address: 19 CLIFF STREET

**BEACON NY 12508** 

Your Policy Number: DBL550094

Effective Date of Coverage: 02/06/2019

Anniversary Date: 02/06/2020

Benefit Level: Statutory Benefits

Current Employee Count: 3

Billing Cycle: Annual Billing Cycle

Rate for Coverage: DBL Rate: 21.00 per Male 45.60 per Female

PFL Rate: 0.153% of Covered Payroll up to the annualized NYSAWW

Your ShelterPoint Life Producer: CONSOLIDATED INSURANCE AGENTS INC (MICHAEL CORRADO AGENCY)

621 RT 52

**BEACON NY 12508** 

845-765-8633

The following Riders & Endorsements have been included: \* Paid Family Leave Rider FORM (SPL DB 0918 F)



5/6/2019

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 REPORTS OF PRODUCER AND THE CERTIFICATE HOLDER.

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.

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380	) Br	oadway rgh NY 12550				E-MAIL	ss: jradford@	waemithands	I (A/G, NO): S	<del>,,,,,,,,</del>	1-1037
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MC	nroe	NY 10950				INSURE					
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		Kraftify LLC 251 State School Road				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
)		Warwick NY 10990				AUTHO	RIZED REPRESE	Antive A	h		

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DATE (MM/DD/YYYY) 3/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRO	DUCER				CONTA NAME:					
	lliam A. Smith & Son, Inc.				PHONE	945-56°			FAX DAE	5-561-1697
	0 Broadway wburgh NY 12550				E-MAIL	o, Ext); 845-56° ss: jradford@	lwaemithande		(AUC, NO): O-A	F-001-1097
146	wburgii NY 12550				ADDRE					
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	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per	accident) \$	
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CE	RTIFICATE HOLDER				CANC	ELLATION				
	Kraftify LLC				THE	EXPIRATION	DATE THE	ESCRIBED POLICI REOF, NOTICE Y PROVISIONS.		
)	251 State School Road Warwick NY 10990					RIZED REPRESE		<u></u>	·	

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orkers' Compensation & Disability Benefits Specialists Since 1914

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

### **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)**

^^^^^ 133648773
PAUL NEBRASKY PLUMBING, HEATING
& COOLING, INC.
1019 ROUTE 17M SUITE 3
MONROE NY 10950



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

PAUL NEBRASKY PLUMBING, HEATING & COOLING, INC. 1019 ROUTE 17M SUITE 3 MONROE NY 10950 **CERTIFICATE HOLDER** 

PINE ISLAND BREWING COMPANY 682 COUNTY ROUTE 1, SUITE B PINE ISLAND NY 10969

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
G2057 715-1	843468	05/01/2019 TO 05/01/2020	4/11/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2057 715-1, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



### **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)**

^^^^^ 133648773
PAUL NEBRASKY PLUMBING, HEATING
& COOLING, INC.
1019 ROUTE 17M SUITE 3
MONROE NY 10950



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

PAUL NEBRASKY PLUMBING, HEATING & COOLING, INC. 1019 ROUTE 17M SUITE 3 MONROE NY 10950 CERTIFICATE HOLDER

PINE ISLAND BREWING COMPANY 682 COUNTY ROUTE 1, SUITE B PINE ISLAND NY 10969

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
G2057 715-1	6417	05/01/2020 TO 05/01/2021	4/6/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2057 715-1, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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**NEW YORK STATE INSURANCE FUND** 

DIRECTOR, INSURANCE FUND UNDERWRITING



### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier						
1a. Legal Name & Address of Insured (use street address only) PAUL NEBRASKY PLUMBING, HEATING & COOLING, INC. 1019 RT. 17M, SUITE #3 MONROE, NY 10950	1b. Business Telephone Number of Insured  8457836661						
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number						
	13-3648773						
Name and Address of Entity Requesting Proof of Coverage     (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier						
Kraftify LLC	Standard Security Life Insurance Company of New York						
251 State School Road   Warwick, NY 10990	3b. Policy Number of Entity Listed in Box "1a"						
A ASSAULT, 141 10390	R73088-000						
	3c. Policy effective period 1/1/2014 to 5/4/2020						
4. Policy provides the following benefits:  A. Both disability and paid family leave benefits.  B. Disability benefits only.  C. Paid family leave benefits only.  S. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.  Date Signed 5/6/2019  By  (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier')  Telephone Number (212) 355-4141  Name and Title SUPERVISOR-DBL/POLICY SERVICES  If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.							
Board, Plans Acceptance Unit, PO Box 5200, Bin							
PART 2. To be completed by the NYS Workers' Compensati	on Board (Only if Box 4C or 5B of Part 1 has been checked)						
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.							
Date Signed By	Signature of Authorized NYS Workers' Compensation Board Employee)						
Telephone Number Name and Title							

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



DATE (MWDD/YYYY) 5/3/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	10	CONTACT NAME:			
Seely & Durland, Inc. 13 Oakland Ave		PHONE (AIC No. Ext): 845-986-1177	FAX (A/C, No): 845-98	6-0094	
Warwick NY 10990		ADDRESS: dpinckney@seely-durland.c	com		
		INSURER(S) AFFORDING	COVERAGE	NAIC#	
		INSURER A: Preferred Mutual	15024		
INSURED	SKYWELE-01	INSURER B: Graphic Arts Mutual Insura	25984		
Skyward Electric Co. Inc. 61 Big Island Road		INSURER C:			
Warwick NY 10990		INSURER D:			
		INSURER E :			
<u></u>		INSURER F:	50,000,000,000,000,000	1.001.00	
COVERACES	CEDTIEICATE MI IMPED: 4000700704	DEV	ICION MUMBED.		

CERTIFICATE NUMBER: 1368733794 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.

NSR LTR	TYPE OF INSURANCE		INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
A	Х	CLAIMS-MADE X OCCUR	Υ		BOP0100710189	9/24/2018	9/24/2019	EACH OCCURRENCE DAMAGE TO RENTED PREM'SES (Ea occurrence)	\$1,000,000 \$100,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	YL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	Х	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:		-						\$
4	AUT	OMOBILE LIABILITY			PCA0100711419	9/24/2018	9/24/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
9		ANY AUTO	13		1			BODILY INJURY (Per person)	\$
		OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
			ž						\$
Α	Х	UMBRELLA LIAB X OCCUR			UC 0100606195	9/24/2018	9/24/2019	EACH OCCURRENCE	\$ 1,000,000
		EXCESS LIAB CLAIMS-MADE					5	AGGREGATE	\$
		DED X RETENTION\$ 10,000				1 8			\$
		RKERS COMPENSATION			4982346	9/24/2018	9/24/2019	PER OTH-	
	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 500,000
	(Man	ICER/MEMBEREXCLUDED?	""					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
- 1	DESI	8, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kraftify LLC and Kraftify Holdings LLC are included as additional insured on a primary and non contributory basis. A waiver of subrogation applies in the favor of Kraftify LLC and Kraftify Holdings LLC. The General Liability policy includes contractual liability and there is no exclusion for injury to employees otherwise known as NY labor law in relation to the work our insured performs for them provided a written contract exists and subject to the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
Kraftify LLC Kraftify Holdings LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
251 State School Road Warwick NY 10990	Hut w Queled

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DATE (MWDD/YYYY) 9/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.  If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
_	DUCER	O GIE	, 0010	modes notes in the or st	CONTA		<i>j</i> •				
	ely & Durland, Inc.				NAME: PHONE				FAX .		
13	Oakland Ave				(A/C, N	), Ext): 043-900			(Ã/Ĉ, No): 8	945-981	5-0094
Wa	rwick NY 10990				Appress: dpinckney@seely-durland.com						
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Preferred	Mutual				15024
INSU				SKYWELE-01	INSURE	RB: Graphic	Arts Mutual II	nsurance Co.			25984
Skyward Electric Co. Inc. Steven Slattery				INSURE	RC:						
	Big Island Road				INSURER D:						
Wa	rwick NY 10990				INSURE						
						l I					
<u></u>	VERAGES CER	TICH	PATE	NUMBER: 1187996707	INSURE	KE;		DEVICION MUS	IDED.		
_	IIS IS TO CERTIFY THAT THE POLICIES				AL DEE	N ICCUED TO		REVISION NUM		E 80U	IOV BEDIOD
IN CI	DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	EQUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIES	OR OTHER I	DOCUMENT WITH	RESPEC	T TO V	MHICH THIS
	(CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR WVD	LIMITS SHOWN MAY HAVE	REEN	POLICY EFF (MM/DD/YYYY)		•			
INSR LTR	TYPE OF INSURANCE	INSD	WVD				POLICY EXP (MM/DD/YYYY)		LIMOTS		
Α	X COMMERCIAL GENERAL LIABILITY	"		BOP0100710189		9/24/2019	9/24/2020	DAMAGE TO RENTE	D.	\$1,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu	rrence)	\$ 100,0	00
								MED EXP (Any one )	person)	\$ 10,00	0
								PERSONAL & ADV I	NJURY	\$ 1,000,	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		i '					GENERAL AGGREG	ATE	\$ 2,000	.000
	X POLICY PRO-		l ,					PRODUCTS - COMP		\$ 3,000	,000
	OTHER:							COMPRIED ONO	- 10 0000	\$	
A	AUTOMOBILE LIABILITY			PCA0100711419		9/24/2019	9/24/2020	COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,000	,000
1	ANY AUTO		'					BODILY INJURY (Pe	r person)	\$	
	OWNED X SCHEDULED AUTOS							BODILY INJURY (Pe	- 1	\$	
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
Α	X UMBRELLA LIAB X OCCUR			UC0160606195		9/24/2019	9/24/2020	EACH OCCURRENC	F	s 1,000.	000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	,000
	DED X RETENTION\$ 10,000	1						AGGINEGATE		<u>.</u> s	
В	WORKERS COMPENSATION			4982346		9/24/2019	9/24/2020	PER	OTH-	\$	-
-	AND EMPLOYERS' LIABILITY			4802340		9/24/2019	8/24/2020				
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				}		E.L. EACH ACCIDEN		\$ 500,0	
	(Mandatory in NH) If yes, describe under						+	E.L. DISEASE - EA E	MPLOYEE	\$ 500,0	00
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	CYLIMIT	\$ 500,0	00
						:					
Kra Kra kno	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Kraftify LLC and Kraftify Holdings LLC are included as additional insured on a primary and non contributory basis. A waiver of subrogation applies in the favor of Kraftify LLC and Kraftify Holdings LLC. The General Liability policy includes contractual liability and there is no exclusion for injury to employees otherwise known as NY labor law in relation to the work our insured performs for them provided a written contract exists and subject to the terms and conditions of the policy.										
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Kraftify LLC Kraftify Holdings LLC				ACC	EXPIRATION ORDANCE WIT	I DATE THE	ESCRIBED POLIC EREOF, NOTICE LY PROVISIONS.			
)	251 State School Road Warwick NY 10990				AUTHORIZED REPRESENTATIVE						

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### STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

(Entity Pains Listed as the Configure Halden)	ederal Employer Identification Number of Insured
Kraftify LLC Kraftify Holdings LLC 251 State School Road Warwick NY 10990  3c. P	raphic Arts Mutual Insurance Co.  licy Number of entity listed in box "1a"  982346  licy effective period:  24/2018  24/2019  the Proprietor, Partners or Executive Officers are:  accluded (only check here if all partners/officers included ll excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

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

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

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

Approved			
by:	Garrett W. Durland		
	(Print name of authorized representative or	licensed agent of insurance carrier)	
Approved by:	Bus woll	5/3/2019	
	(Signature) (	Date)	
Title:	President		

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-986-1177

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

C-105.2 (9-07)



### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Pa	aid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier							
1a. Legal Name & Address of Insured (use street addre SKYWARD ELECTRIC COMPANY INC								
61 BIG ISLAND ROAD Warwick, NY 10990 Work Location of Insured (Only required if coverage is spectarial locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 27-2394280							
Name and Address of Entity Requesting Proof of Co (Entity Being Listed as the Certificate Holder) Kraftify LLC	verage 3a. Name of Insurance Carrier SHELTERPOINT LIFE INSURANCE COMPANY							
3b. Policy Number of Entity Listed in Box "1a"								
Kraftity Holdings LLC	D346265							
251 State School Road	3c. Policy effective period							
Warwick, NY 10990	9/24/2018 to 9/23/2019							
<ul> <li>4. Policy provides the following benefits: <ul> <li>X. A. Both disability and paid family leave benefits.</li> <li>B. Disability benefits only.</li> <li>C. Paid family leave benefits only.</li> </ul> </li> <li>5. Policy covers: <ul> <li>X. A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</li> <li>B. Only the following class or classes of employer's employees:</li> </ul> </li> </ul>								
Under penalty of perjury, I certify that I am an authorize insured has NYS Disability and/or Paid Family Leave 8  Date Signed 5/8/2019 By	andreal Of Vale							
546 000 0400	(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)							
Telephone Number 516-829-8100	Name and Title Richard White - Chief Executive Officer							
	d, and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.							
Disability and Paid Family Leav	this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS re Benefits Law. It must be mailed for completion to the Workers' Compensation PO Box 5200, Binghamton, NY 13902-5200.							
PART 2. To be completed by the NYS Work	ers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)							
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)							
Telephone Number	(Signature of Authorized NYS Workers' Compensation Board Employee)  Name and Title							

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

DART 1. To be completed by Disphility and Dald Servited	Lance Deposits Coming on Lineared Lances & Control of the Control							
	Leave Benefits Carrier or Licensed Insurance Agent of that Carrier							
1a. Legal Name & Address of Insured (use street address only) SKYWARD ELECTRIC COMPANY INC	1b. Business Telephone Number of Insured (845) 544-6514 x							
61 BIG ISLAND ROAD Warwick, NY 10990 Work Location of insured (Only required if coverage is specifically limited certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 27-2394280							
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Kraftity Holdings LLC	3a. Name of Insurance Camer SHELTERPOINT LIFE INSURANCE COMPANY							
	3b. Policy Number of Entity Listed in Box "1a"							
   251 State School Road	D346265							
Warwick, NY 10990	3c. Policy effective period							
{	9/24/2019 to 9/22/2020							
4. Policy provides the following benefits:  A. Both disability and paid family leave benefits.  B. Disability benefits only.  C. Paid family leave benefits only.  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.  Date Signed 9/25/2019  By  (Signature of insurance carrier's authorized representative or NYS Ucensed Insurance Agent of that insurance carrier)  Telephone Number 516-829-8100  Name and Title Richard White - Chief Executive Officer  IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.								
Disability and Paid Family Leave Benefits L Board, Plans Acceptance Unit, PO Box 520								
PART 2. To be completed by the NYS Workers' Comp	ensation Board (Only if Box 4C or 5B of Part 1 has been checked)							
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)							
	Title							

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



DATE (MM/DD/YYYY) 4/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER Seely & Durland, Inc. 13 Oakland Ave	FMAN	FAX (A/C, No): 845-986-0094						
Warwick NY 10990	Aportess: amcpherson@seely-durland.com							
	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: Selective Insurance Company-Main	26301						
INSURED THOMWOG-01	INSURER B:							
Thom Woglom Construction, LLC 585 State Rt. 94 North	INSURER C:							
Warwick NY 10990	INSURER D:							
	INSURER E :							
	INSURER F :	a design of the second						
COVERAGES CERTIFICATE NUMBER: 306263255	REVISION NUM	BER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	I OF ANY CONTRACT OR OTHER DOCUMENT WITH	RESPECT TO WHICH THIS						

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF (MW/DD/YYYY) TYPE OF INSURANCE LIMITS **POLICY NUMBER** INSD WVD **COMMERCIAL GENERAL LIABILITY** S 1984771 6/25/2018 6/25/2019 Х \$1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG \$3,000,000 OTHER: COMBINED SINGLE LIMIT \$ 1,000,000 **AUTOMOBILE LIABILITY** S 1984771 6/25/2018 6/25/2019 (Ea accident) X ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) Х Х \$ \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE **AGGREGATE** OED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$

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

Certificate holder is listed as additional insured on a primary and non contributory basis including a waiver of subrogation in favor of the certificate holder provided a written contract exists and subject to the terms and conditions of the policy in regard to commercial general liability per the work performed by our insured. The General Liability includes contractual liability and there is no exclusion for New York Labor Law. See Attached endorsements from Selective.

CERTIFICATE HOLDER	CANCELLATION
Kraftify LLC & Kraftify Holdings LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
251 State School Road Warwick NY 10990	AUTHORIZED REPRESENTATIVE  Market Combandary

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DATE (MM/DD/YYYY) 6/24/2019

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).

th	is certificate does not confer rights t	o the	certi	ificate holder in lieu of si			).				
	DUCER				CONTACY NAME:						
	ely & Durland, Inc. Oakland Ave				PHONE (A/C, No, Ext): 845-986-1177 (A/C, No): 845-986-0094						6-0094
	rwick NY 10990				E-MAIL ADDRESS: dpinckney@seely-durland.com						
							URER(S) AFFOR	DING COVERAGE			NAIC #
					INSURE	RA: Selective	Way Insurar	nce Company			316
	NSURED THOMWOG-01			Я	INSURER 6 :						
The	Thom Woglom Construction, LLC Thomas E Woglom dbaThom Woglom			INSURE							
The	Thomas E Woglom dbaThom Woglom				INSURER D:						
	5 State Rt. 94 North rwick NY 10990				INSURE	RE:					
vva	TWICK NT 10990				INSURE	RF:					
				NUMBER: 1603647116				REVISION NUM			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE E INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEE						CONTRACT THE POLICIE REDUCED BY	OR OTHER IS S DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPE	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY	Y	Y	S 1984771		6/25/2019	6/25/2020	EACH OCCURRENCE DAMAGE TO RENTE		\$ 1,000	,000
	CLAIMS-MADE X OCCUR	-						PREMISES (Ea occu	mence)	\$ 500,0	00
								MED EXP (Any one	person)	\$ 15,00	0
		ŀ						PERSONAL & ADV I	NJURY	\$ 1,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$3,000	
	POLICY X PRO-							PRODUCTS - COMP	P/OP AGG	\$3,000	,000
	OTHER:		<del>  </del>	0.4004374		010510010	20000000	COMBINED SINGLE	LIMIT	\$ 000	000
	AUTOMOBILE LIABILITY  X ANY AUTO	l		S 1984771		6/25/2019	6/25/2020	(Ea accident)	_	\$ 1,000 \$	,000
	OWNED SCHEDULED							BODILY INJURY (Pe	• • •	<u>,</u>	
	X HIRED X NON-OWNED							PROPERTY DAMAG	•	5	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
┢	UMBRELLA LIAB OCCUR		H					EACH OCCURRENC	`=	<u> </u>	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	,	\$	
	DED RETENTIONS							AGGINEGATE		<u>*</u>	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN		s	
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA E		\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	5	
			·					3420			
Cer	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC tificate holder is listed as additional insu vided a written contract exists and subje ured. The General Liability includes co	red c	on a p the te	erimary and non contributor erms and conditions of the	ry basis policy ir	including a war regard to co	aiver of subremmercial ger	ogation in favor o neral liability per t	the work	perforn	ned by our

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Kraftify LLC & Kraftify Holdings LLC

Kraftify LLC & Kraftify Holdings LLC 251 State School Road Warwick NY 10990

AUTHORIZED REPRESENTATIVE

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Vorkers' Compensation & Disability Benefits Specialists Since 1914

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

#### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 263377123

RISK MANAGEMENT PLANNING GROUP -A YORK RISK SERVICES GROUP CO 333 EARLE OVINGTON BLVD ST600 UNIONDALE NY 11553



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

THOM WOGLOM CONSTRUCTION LLC 585 ROUTE 94 NORTH SUITE 1 WARWICK NY 10990 CERTIFICATE HOLDER

KRAFTIFY LLC KRAFTIFY HOLDINGS LLC 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER CERTIFICATE NUMBER		POLICY PERIOD	DATE
Z1389 500-8	896809	11/01/2018 TO 11/01/2019	4/30/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1389 500-8, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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

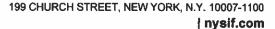
THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

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

**NEW YORK STATE INSURANCE FUND** 

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 183478131





### **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)**

^ ^ ^ ^ ^ 263377123 ONEGROUP 169 MAIN STREET ONEIDA NY 13421



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

THOM WOGLOM CONSTRUCTION LLC 827 COUNTY RT. 1 SUITE 4 PINE ISLAND NY 10969 **CERTIFICATE HOLDER** 

KRAFTIFY LLC KRAFTIFY HOLDINGS LLC 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
Z1389 500-8	395897	11/01/2019 TO 11/01/2020	11/7/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1389 500-8, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING



### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier			
1a. Legal Name & Address of Insured (use street address only) THOM WOGLOM CONSTRUCTION LLC	1b. Business Telephone Number of Insured (845) 987-7577 x		
585 ROUTE 94 SUITE 1 Warwick, NY 10990 Work Location of Insured (Only required if coverage is specifically limited certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 26-3377123		
Name and Address of Entity Requesting Proof of Coverage     (Entity Being Listed as the Certificate Holder)     KRAFTIFY LLC	3a. Name of Insurance Carrier SHELTERPOINT LIFE INSURANCE COMPANY		
KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD	3b. Policy Number of Entity Listed in Box "1a" D172255		
WARWICK, NY 10990	3c. Policy effective period 1/1/2019 to 12/31/2019		
<ul> <li>4. Policy provides the following benefits: <ul> <li>☑ A. Both disability and paid family leave benefits.</li> <li>☐ B. Disability benefits only.</li> <li>☐ C. Paid family leave benefits only.</li> </ul> </li> <li>5. Policy covers: <ul> <li>☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</li> <li>☐ B. Only the following class or classes of employer's employees:</li> </ul> </li> </ul>			
Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the naminatured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.  Date Signed 5/13/2019  By			
(Signature of I	insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)		
Telephone Number 516-829-8100 Name and 1	Richard White - Chief Executive Officer		
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.			
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.			
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)			
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed  By			
	(Signature of Authorized NYS Workers' Compensation Board Employee)		
Telephone Number Name and 1	Title		

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

TENTE TO DE COMPLETER DA DIZABINTA SUO ESIO ESIMIN TESAÑA			
	Benefits Carrier or Licensed Insurance Agent of that Carrier		
1a. Legal Name & Address of Insured (use street address only) THOM WOGLOM CONSTRUCTION LLC	1b. Business Telephone Number of Insured (845) 987-7577 x		
827 County Route 1, Suite 4 Pine Island, NY 10969 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number     26-3377123		
Name and Address of Entity Requesting Proof of Coverage     (Entity Being Listed as the Certificate Holder)     pine island brewery	3a. Name of Insurance Carrier SHELTERPOINT LIFE INSURANCE COMPANY		
682 county rt 1	3b. Policy Number of Entity Listed in Box "1a" D172255		
pine island , ny 10969	3c. Policy effective period		
	1/1/2020 to 12/30/2020		
4. Policy provides the following benefits:  A. Both disability and paid family leave benefits.  B. Disability benefits only.  C. Paid family leave benefits only.  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.			
Date Signed 1/13/2020 By	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)		
	ichard White - Chief Executive Officer		
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.			
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.			
PART 2. To be completed by the NYS Workers' Compensati	on Board (Only if Box 4C or 5B of Part 1 has been checked)		
State of New York Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.			
Date Signed By	Signature of Authorized NYS Workers' Compensation Board Employee)		
Telephone Number Name and Title			

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





REVISION NUMBER:

CUSTOMERSVC



COVERAGES

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/1/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fleu of such endorsement(s).

PRODUCER	CONTACT			
G5 Agency LLC. 7 Erie Avenue, Suite 202	PHONE (A/C, No. Ext): (845) 842-1226 FAX (A/C, No.: (84	5) 842-1183		
Narrowsburg, NY 12764	ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Ohio Security Insurance Company	24082		
INSURED	INSURER B : The Ohio Casualty Insurance Company	24074		
Poley Paving & Construction Corp.	INSURER C : American Fire And Casualty Company	24066		
PO Box 916 Liberty, NY 12754	INSURER D:			
Liberty, 141 12704	INSURER E :			
	INSURER F :			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence CLAIMS-MADE X OCCUR BKS59463093 500,000 Х 11/15/2018 11/15/2019 10.000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY X PRO-2.000.000 PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY ANY AUTO BAS59463093 11/15/2018 Х 11/15/2019 BODILY INJURY (Per person)

1,000,000 OWNED AUTOS ONLY SCHEDULED AUTOS SODILY INJURY (Per accident) Х HIRED AUTOS ONLY MONGOVNED PROPERTY DAMAGE (Per accident) В X UMBRELLA LIAB X OCCUR 5,000,000 **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE USO59463093 11/15/2018 11/15/2019 5,000,000 AGGREGATE DED X RETENTIONS 10,000 5,000,000 5,000,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER X OTH-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) XWA59463093 11/15/2018 11/15/2019 1,000,000 N E.L. EACH ACCIDENT 1.000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYER 1,000,000 E.L. DISEASE - POLICY LIMIT **Equipment Floater** BMO59551811 11/15/2018 11/15/2019 Per Policy Form

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

Job location 251 State School Road, Warwick, NY 10990

**CERTIFICATE NUMBER:** 

Kraftify LLC and Kraftify Holdings LLC are provided additional insured status on a primary and non-contributory basis with a waiver of subrogation on the commercial general ilability and commercial auto per policy forms CG8810 (4/13) and BA8827(10/11) when required by written contract. Waiver of subrogation is provided for workers compensation and umbrella per policy forms CU6495 (12/07) and WC000313 (4/84) when required by written contract - policy forms are

Coverage provided by the umbrella liability is follow form over CG 8810 (4/13), with respects to the additional insured, unless the umbrella policy has a specific exclusion attached that is not part of the underlying policies.

CERTIFICATE HOLDER	CANCELLATION
Kraftify LLC And Kraftify Holdings LLC 251 State School Road Warwick, NY 10990	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
	6-2



### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be	completed by Disability	and Paid Family Leave	Benefits Carrier or Licen		
1a. Legal Name &	Address of Insured (use stre	eet address only)			Agent of that Carrier
Poley Paving	g & Construction Corp	out additions of my/	1b. Business Telephone Nu	mber of Insured	
PO Box 916 Liberty, NY 12754			845-292-47	705	
			4	_	
certain locations in N	nsured (Only required if coverage lew York State, i.e., Wrap-Up Pol	licy)	1c. Federal Employer Identif or Social Security Number	ication Number o er	f Insured
251 State School Road Warwick NY 10990			473348658		
2. Name and Addr	ame and Address of Entity Requesting Proof of Cover Entity Being Listed as the Certificate Holder)		3a. Name of Insurance Carri	er	
(=nety soming en	see as the Continuate Floride	,	Arch Insurance Company		
Kraftify LLC	and Kraftify Holdings Lt	ic	3b. Policy Number of Entity L	isted in Box "1a"	,
251 State Sc	hool Road		11DBL0586300		
Warwick, Ne	w York 10990		3c. Policy effective period		
	the following benefits:		4/29/2019	to	4/28/2020
B. Disabilit C. Paid far 5. Policy covers: A. All of the	A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:				
insured has NYS D	isability and/or Paid Family L	utilorizeo representative or la Leave Benefits insurance cov	censed agent of the insurance rerage as described above.	carrier reference	ed above and that the named
Date Signed	5/1/2019	Ву	Jame da	mias	
		(Signature of insurance of	er's authorized representative or I	NYS Licensed Insuran	ce Agent of that insurance carrier)
Telephone Number	201-743-3937	Name and Title	James lannicelli		
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or N Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.			rd representative as AIVC		
	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.				
PART 2. To be c	ompleted by the NYS \	Workers' Compensation	n Board (Only if Box 4C or	5B of Part 1 has	been checked)
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.					
Date Signed		Ву			
		(Sig	gnature of Authorized NYS Workers' C	ompensation Board	Employee)
Telephone Number		Name and Title			

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



June 17th, 2019

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: Kraftify, LLC – Requests for Verified Exemptions

Specialty Services: Pole Barn Installation

Pioneer Building was hired to fabricate and install a pole barn that will be attached to the existing building located at 251 State School Road. **Background:** 

Pioneer Building will be performing both the fabrication as well as install for a pole barn on the Kraftify Project. We were given 4 total quotes, 2 local, and 2 out of area. This is considered a price point differential waiver and Pioneer Building was a significantly lower bid than the other quotes provided.

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

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





### **Orange County Industrial Development Agency**

### Local Labor Verified Exemption Request

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

Kougher 116.

APPLICANT NAME-

	The state of the s		
CONT	ITACT: Mike Korai		
PHON	ONE (B) 97336-727 PHONE (CELL)	<del></del>	
FAX_	EMAIL Misse @ pire islandbeer.com		
REAS	ASON FOR REQUEST		
1)	<ol> <li>Warranty issues related to installation of specialized equipment whereby the manufactures installation by only approved installers. – EXPLAIN</li> </ol>	turer	
2)	2) Specialized construction in which a local contractor is not available - EXPLAIN		
3)	3) Significant cost differentials in bids; whereby use of local labor significantly increases the cost of the project. A cost differential of 10% is deemed significant. Where there is a significant cost differential, if the local contractor agrees to reduce the bid to the average of the two bids, no waiver will be granted. However, if the average is still 10% or more, a waiver will be granted — EXPLAIN (PROVIDE COPIES OF ALL BIDS)		
4)	4) No local labor available for the project ~ EXPLAIN		
	Date: 613114  Dount of Contract Needing Verified Exemption: 48 49, 905		
	nber of Workers Needing Verified Exemption(s):		
Send C	d Completed Form and Attachments to our auditors:  Kevin E. Loewke  Loewke Brill Consulting Group  491 Elmgrove Road – Suite 2  Rochester, NY 14606  Kevin@loewkebrill.com		
	4 CROTTY LANE SHITE 100 NEW WINDSOR NEW YORK 12552		

4 CROTTY LANE . SUITE 100 . NEW WINDSOR . NEW YORK 1255: PHONE . 845-234-4192 . www.ocnyida.com



### SPECIFICATIONS AND CONTRACT FOR PINE ISLAND BREWERY

PQS ID # 353882-003 This replaces 353882-002

Bill to:

Kraftify LLC 251 State School Rd Warwick, NY 10990 Phone #973-396-7217 Ship to:

Mike Krai 251 State School Rd Warwick, NY 10990 Town of Warwick

Date: 4/12/19

Pioneer Buildings, is pleased to provide the following specifications and quotation:

#### SIZE

- 30' x 66' x 14' pre-engineered wood frame structure tied into existing structure
- Roof pitch to be 2/12
- Total square feet under roof to be 1,980 Square Feet

#### COLUMNS

- All columns to be 3 ply 2" x 6" glue laminated with the bottom part treated
- · All columns to be set a minimum of 3' into existing grade
- · All columns to be set on a concrete spread footer

### **FRAMING**

- All structural members such as but not limited to headers, supports and rafters to be #1 southern yellow pine or better.
- Non-bearing members such as wall girts and roof purlins to be MSR lumber.
- One 2x8" pressure treated splash board attached to foundation column around entire perimeter at grade
- Required fasteners used at all connections
- · All gable columns shall run to roof line and cut off flush with top of truss
- Sidewall headers shall be appropriate species, quantity, size and lamination to ensure required support of roof loads.
- All headers shall have necessary fasteners, tie downs, bearing blocks suitable for required loads.

716 South Rt 183 Schuylkill Haven, PA 17972 \* Phone (888) 448-2505 \* Fax (888) 448-2515 \* www.ppb1.com PA: PA001577 NJ: 13VH00797400 MD: 121132 DE: 2001105056 VA: 2705128610 WV: WV043315 Page 1 of 6

### **ROOF FRAMING**

- Trusses to be install 4' on center with 2/12 top chord roof pitch
- Total roof load to be 48 lbs.
- · 35 Lbs. live load on top cord of truss
- 8 Lbs. dead load on top cord of truss
- · 5 Lbs. dead load on bottom cord of truss
- This roof design allows you to frame, insulate and install steel ceiling panels in the future without
  effecting the integrity of the truss.
- 2" x 4" purlins to be installed flat 24" on center
- Trusses shall be attached with suitable fasteners to ensure required uplift and roll protection

### **OVERHANGS**

- 12" boxed-out gable overhang installed on both gables Color Black
- 18" boxed-out eave overhang with vented soffit to allow for air circulation one side Color Black
- All overhang metals to be attached with compatible fasteners
- Fascia and rake boards shall have factory bent painted metal cover

### **SIDING**

- 28 gauge <u>Clav</u> steel siding panels installed on all exterior walls complete with required trims and closures
- Siding complete with trims and closures
- Siding to be attached to wall girts by 1" painted steel cap screws with neoprene washers
- Siding to carry a 40 year manufacturer's warranty

#### ROOFING

- 26 gauge <u>Black</u> Commercial PBR high rib steel roofing panels installed over 2x4 roof purlins attached 2' on center.
- Steel to be attached to purlins by 1" painted steel cap screws with neoprene washers.
- · Roofing complete with all trims and closures.
- Roofing to carry a 50 year manufacturer's warranty.
- Continuous low profile vented ridge
- Install Double Bubble Vapor barrier under roof steel and over purlins

### **DOORS AND WINDOWS**

- Two (2) 3'0" x 6'8" fiberglass walk-in door with panic hardware both doors to open out with hinges on the right Primer
- One (1) 8' x 8' CHI 3285 R-10.29 (1 13/16" Polystyrene) Commercial Micro Rib 26 Gauge 2"
   Thick Steel Back Color Black
- One (1) 6' x 8' sliding door steel siding on front of door Color Clay
- No windows in this agreement

#### **PRINTS**

Complete set of professionally designed and stamped New York prints

716 South Rt 183 Schuylkill Haven, PA 17972 \* Phone (888) 448-2505 \* Fax (888) 448-2515 \* www.ppb1.com
PA: PA001577 NJ: 13VH00797400 MD: 121132 DE: 2001105056 VA: 2705128610 WV: WV043315
Page 2 of 6

### INTERIOR

Not part of this agreement

### CONCRETE

· Not part of this agreement

### **PLUMBING**

· Not part of this agreement

### **HVAC**

Not part of this agreement

### **ELECTRICAL**

Not part of this agreement

### SITE EXCAVATION / PAVING

Not part of this agreement

### **LANDSCAPING**

· Not part of this agreement

### **PAINTING**

· Not part of this agreement

Total Erected Price: \$49,905.00

### Terms

Down Payment-\$14,193.00 Paid
Total add to contract-\$2,594.00
AIA Monthly Payment Forms
Building will be built in two weeks, Pioneer will submit AIA form upon starting and will ask payment from bank upon completion, no retention will held back.

### **OPTIONS**

· No options included in this agreement

### **EXCLUSIONS**

- · Site improvements, excavation, paving, well drilling
- · Plumbing, electric, HAVC, communications, security

716 South Rt 183 Schuylkill Haven, PA 17972 \* Phone (888) 448-2505 \* Fax (888) 448-2515 \* www.ppb1.com PA: PA001577 NJ: 13VH00797400 MD: 121132 DE: 2001105056 VA: 2705128610 WV: WV043315

Page 3 of 6

- · Fees for building permits, variances or zoning fees
- Water management and site runoff
- Fees for abnormal digging, rock removal, jack hammering and dewatering holes, excavation and additional site preparation
- Stone base
- Interior finishes

### **CLARIFICATIONS**

- · Refunds, if applicable:
  - o Checks to be made to original issued check title.
  - Cash payment refunds to be made to contract title.
- Professional, supervised work
- · Daily site cleanup

**Pioneer Buildings** 

- Proper disposal of all debris
- · Insured workers and equipment
- · Manufacturer's warranties
- We are bidding based on plans provided; if there are national building code or local code requirements not shown on the plans that there may be an additional charge.

Buyer:	Date:	
(Print Name)	·	
Buyer:		
(Print Name)		
Pioneer Buildings Representative:	Date:	
(Print Name)	<u> </u>	

Overview/Introduction: This contract is for materials and labor to construct a building, the details of which are more thoroughly specified on previous pages of this document. Customer approves the Building specifications and requests that Pioneer construct the building. Customer agrees to pay the total contract price and abide by the other terms and conditions of this Contract. Pioneer agrees to abide by the terms and conditions of this contract and build the Building. The customer is considered the General Contractor for this contract.

Contractor Registration: Pioneer is registered as a contractor with the Pennsylvania Attorney General's Office. Confirmation of Pioneer's registration can be obtained by calling 1-888-520-6680. Registration does not imply endorsement.

**Building Permits/inspections/Drawings:** Customer shall pay for all building permits, inspections fees, and sealed drawings needed to construct the building. Failure to obtain proper permits, payment of fees, and the obtaining of drawings or other required documentation does not excuse Customer's performance of this Contract. Customer is responsible for ensuring that the Job Site as identified above on this Contract and the Building are in conformity with all applicable zoning ordinances, building codes, and all other regulations.

716 South Rt 183 Schuylkill Haven, PA 17972 \* Phone (888) 448-2505 \* Fax (888) 448-2515 \* www.ppb1.com
PA: PA001577 NJ: 13VH00797400 MD: 121132 DE: 2001105056 VA: 2705128610 WV: WV043315
Page 4 of 6

Construction Information: Customer is responsible for any and all preparation of the Job Site including but not limited to leveling, fill, grading and compacting of fill. Customer is also responsible for final grading after construction. Customer is responsible for determining the location of the Building and for the pre-construction placement of stakes/flags at the location of each corner of the building. The Customer or a representative thereof must be present at the start of construction and shall confirm door placement, finish floor height, and the placement of the building. The customer understands that the materials being furnished are for a level grade Building. Unless otherwise specified in this Contract, Pioneer shall endeavor to set the skirt board approximately 4" or + or – above the highest ground point. The Building width and length referenced in this Contract are outside dimensions. The Building height is bottom of skirt board to bottom of truss. Sliding door height and width may vary from above specifications depending on location.

**Start of Construction:** Pioneer has given Customer a document entitled Pioneer's Estimated Starting and Completion Dates for the construction of this Building, which is incorporated herein by reference as if set forth in full.

Access: Access must be provided to the Building site or delivery will be made to the closest site deemed acceptable by Pioneer. An equipment charge will be assessed if materials are not within 100' of Building site. Materials will not be unloaded at site if material payment is not available at the time of delivery. A minimum charge of \$250.00 will be due for re-delivery of the materials. A job sign will be put on the property for advertisement and to aid in locating the Job Site for deliveries. The customer is responsible for any towing charges incurred if the delivery truck becomes stuck. The Customer is responsible for the removal of any scrap material and debris on the Job Site after the Building is completed. Excess materials not utilized remain property of "Pioneer".

**Drilling:** Pioneer will notify utility companies of drilling location. Customer is responsible foe clearly marking the private utilities that are not marked by the utility companies. The Customer shall be responsible for the breaking, cutting, or damaging of any wires, cables, septic tanks, pipes, or any other materials that may occur during the course of Pioneer's drilling of holes. Customer shall be responsible for any inadequate soil bearings. Customer shall pay extra costs incurred by Pioneer should surface or underground obstructions such as asphalt, concrete, frost, rocks, or other substances cause Pioneer to incur extra costs in the course of drilling holes. Customer shall be responsible for any additional charge(s) incurred by Pioneer if the low point of grade exceeds twelve (12) inches.

**Insurance:** Customer agrees to insure the Building materials against fire, theft, and vandalism immediately upon delivery to protect Pioneer against loss or damage until the Building is complete and paid in full. Customer agrees not to occupy the Building until the Building is complete and paid in full. Pioneer is insured for an amount equal to or greater than \$50,000 for personal injuries and property damage and will maintain coverage in an amount equal to or greater that \$50,000 at all times during the performance of this Contract.

**Sub-Contracting of Labor:** Pioneer shall have the right to sub-contract labor at its discretion. At this time, no determination has been made as to whether or not Pioneer is going to utilize sub-contractors for the construction of this Building.

Photographs: Customer gives Pioneer permission to photograph the Building for advertising purposes.

**Binding Effect:** This contract is legally binding on both Pioneer and Customer, and each intends to be legally bound hereby. This contract is also legally binding on the respective heirs, successors, and assigns of Pioneer and Customer in accordance with the terms and conditions set forth herein.

Charges and Payment: Customer shall pay Pioneer for its services in accordance with the Schedule of Charges shown on Page 1 of this Contract. Minor work and adjustments which may need to be done shall not be reason for delay or withholding of any payment. Customer shall be liable for all taxes, fees, or other charges imposed by federal, state, local or other applicable laws and regulations regarding the transportation of Customer's materials or the services performed hereunder. In the event that any payment is not made when due, Pioneer, at its sole discretion, may suspend performance or terminate this Contract upon notice to Customer. Pioneer may impose and Customer agrees to pay a late fee for all past due payments not to exceed the maximum rate allowed by applicable law, and interest at a rate of one and one-half percent (1.5%) per month. The applicability and effectiveness of all warranties are contingent upon full payment being made by the Customer as specified in this Contract.

Unavoidable Delay: Once construction begins, if Pioneer is delayed in the performance of the completion of its work by any act or neglect of Customer, or by changes ordered in the work, or by labor strikes, lock-outs,

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fire, unavoidable casualties, acts of God, or other causes beyond the control of Pioneer, then the time of performance or completion of Pioneer's work shall be extended for such a period as Pioneer may decide, but no such extension for a period covering more than forty-five (45) days shall be valid unless the extension is in writing and signed by Customer.

Charges and Cost Increases: Because fuel, transportation, and other expenses are a significant part of Pioneer's costs, Pioneer may proportionately increase the Contract charges to reflect its increases in such costs. However, if an increase occurs, Pioneer will give Customer the option to either pay the increase or cancel this contract.

Responsibility for Equipment: Any equipment provided by Pioneer is only for Pioneer's use. It is not provided for use by customer. Customer shall have no rite, title, or interest in such equipment. Customer expressly agrees to defend, indemnify, and hold harmless Pioneer from and against any and all claims for loss or damage to property or injury to or death of a person or persons resulting from or arising in any matter out of a Customer's use, operation, or possession of any equipment provided by Pioneer.

Pavement, Driveway, and Lawn Damage: Pioneer shall not be responsible for damage to the Customer's property, curbing, concrete, or other surfaces or lawn, overhead power lines, cable, phone lines, landscaping, trees, shrubbery, lawn decorations resulting from its equipment, vehicles, and labor required to perform the Contract.

Authority to Execute Agreement: Pioneer and Customer represent and warrant that each is authorized and empowered to execute this Contract.

**Assignment:** Pioneer may freely assign its rights and obligations under the Contract. Customer may not assign its rights and obligations under this Contract without the written consent of Pioneer.

Entire Agreement: This contract contains contains the entire agreement between Pioneer and Customer. It is expressly agreed that no statement, arrangement, or understanding, oral or written, expressed or implied, be recognized, if it is not set forth in this Contract. If any conflicts exist in the contract between terms which are printed and terms which are typed or handwritten, the printed language shall govern. The representations warranties, and indemnifications contained herein shall survive the termination of this Contract.

**Modification / Change Orders:** If Customer and/or Pioneer desire any changes to be made to this Contract; all modifications must be in writing.

**Severability:** If any portion of this Contract shall be deemed by a Court to be unenforceable, the remaining portions of the Contract shall be enforced to the greatest extent possible.

Governing Law, Jurisdiction, and Venue: This Contract shall be governed by the laws of the Commonwealth of Pennsylvania without regard to any conflicts of law provisions. Exclusive original jurisdiction for the resolution of all disputes related to this Contract shall rest with the Court of Common Please of Pennsylvania. Exclusive venue for the initial filing of any action shall be in the Court of Common Please of Pennsylvania sitting in Schuylkill County, Pennsylvania, or otherwise, to the United States District Court for the Middle District of the Commonwealth of Pennsylvania. Furthermore, if this Building is being constructed outside of the Commonwealth of Pennsylvania, the parties agree that the provisions of 73 Pa. C.S.A §517.1, et seq. (the "PA Home Improvement Consumer Protection ACT") shall not apply.

Costs of Collections: In the event that Customer breaches this contract or fails to make the payments required by this Contract, the Customer agrees to pay all costs of collection incurred by Pioneer, including Pioneer's court costs, service fees, attorneys' fees and other expenses. (This section does not apply for contracts for "home improvement" projects performed within the Commonwealth of Pennsylvania as the term is defined by the PA Home improvement Consumer Protection Act.)

Cancellation of Collection: If Customer cancels this Contract at any time prior to 11:59 p.m. on the third business day after the Contract Date set forth above, Customer shall receive a refund of the "DEPOSIT AMOUNT DUE UPON EXECUTION OF THIS BUILDING CONTRACT".

State Contractor Licenses:

PA: PA001577

NJ: 13VH00797400

MD: 121132

tate Contractor Licenses: PA: PAUUT:

DE: 2001105056

VA: 2705128610

W: WV043315

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CB Structures, Inc.

PA HIC #PA005160 • MD HIC #134002 • NJ HIC#13VH00462800 • VA Cont. #2705071304 • NY Lic.#23-3035039 DE Lic, #139853132 • WV Cont. #WV035389 • CT HIC#0673058

Initials

R09.06.17

Contract# 00-00-00000

### Triple R Development Nicholas DelGrosso 2/4/2019

**Address** 

nickd@triplerd.com P:845-591-6152 F:845-985-2418 Referral: Internet

Building Site Address: 155 State School Road Warwick, NY

County: Orange

Township:

### **Building Details / Scope of Work:**

- Wood Post Frame Structure 30' x 52' x 14' Attach to existing structure
- 2/12 roof pitch with Trusses at 24" O.C.
- 2 x 4 @ 24" O.C. Roof Purlins and Side Girts
- Pre-Engineered Truss System

### Structural plans:

- Includes NY State sealed structural plans
- Excludes any Architectural, Mechanical, Electrical, Site Plans
- Permit Services excluded

### **Excavation & Footings:**

- Wet Pour Pier footings included to code by Conestoga Buildings
- Pad Prep and any other Excavation excluded

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Initials

R09.06.17

Contract# 00-00-00000

#### Structural:

- Wood frame construction designed to required ICC codes
- MSR and/or Glu-Lam headers as required
- Hurricane clips
- 3-ply 2x6 Glu-Lam posts mounted on Perma-Columns for support columns @ 8' on center

### **Roofing:**

- Metal roof 26 Gauge Everlast PBR Panel
- Complete Pre-formed trim system
- Roofing fastened with screws and EPDM gaskets
- 12" vented eaves with 6" fascia board
- Double bubble vapor barrier under roof panels for moisture protection

### Siding:

- Metal siding 28 Gauge Everlast
- Complete Pre-formed trim system
- Fastened with screws and EPDM gaskets
- Rex wrap house wrap

#### Insulation:

Excluded

### Windows:

Excluded

### **Exterior Entry man-doors:**

- (1) 3068 six panel steel door with steel frame
- (1) auto closure, panic bar, lever lock

### **Overhead Doors:**

- (1) Haas series 612 commercial overhead door
- (1) high lift track

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\_\_\_\_ Initials

R09.06.17

Contract# 00-00-00000

### Interior Framing/Finishes:

Excluded

### Electrical:

Excluded

### Mechanical:

Excluded

### Plumbing:

Excluded

#### Concrete:

Excluded

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#### Clarifications:

- Delivery and installation utilizing standard, non-prevailing wages.
- Site cleanup included. Customer will provide dumpster.
- Terms & Conditions: See Terms and Conditions Section

### **Exclusions:**

- Dumpsters / Trash Removal
- Temporary Toilet Facilities
- Temporary Fencing and/or fencing removal and replacement
- Job Site Trailer
- Demolition
- Any Garage Equipment or Furnishings
- Site work and Landscaping
- Storm water Management, E&S Controls
- Surveying / Geotechnical Reports / Land Development Planning
- Any concrete work not include in above scope of work
- Any Bollards
- Paving, Curbing
- Soft and Unsuitable Soil, Hazardous Material Removal, Rock Excavation or Blasting
- Misc. Steel Fabrications
- Any utilities, utility fees or connections
- Any electrical, low voltage, plumbing, or mechanicals of any kind unless specifically included above in scope of work
- Permit, inspection or other municipal fees

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initials	R09.06.17	Contract# 00-00-00000
Please No	ote: This quote is valid for 30 days.	<b>.</b>
Building Price		\$59,3
	PAYMENT SCHEDULE	
Due upon signing of contract:		\$12,0
Due upon delivery of material:		\$39,8:
Due upon completion of building shell:		\$6,0
Due upon installation of overhead door	· · · · · · · · · · · · · · · · · · ·	\$1,50
TOTAL		\$59,3
		400)01
30x72x14 with same specifications		\$68,352
40x60x14 with same specifications		\$74,447
Customer Signature:		Date:
Customer Printed Name:		
Sales Consultant Signature:		Date:
Sales Consultant Printed Name: Jim Dobosh		
Sales Consultant Contact Info:		
Email: jdobosh@cbstructuresinc.com		
Phone: 717-368-0847		
You, the buyer, may cancel this transaction at transaction. For a copy of your rights call: Bureau	any time prior to midnight of the of Protection's Toll Free # (888) 520	third business day after the date of this 0-6680.
*Estimated Start of Construction:	*Estimated Date	of Completion;
Conestoga Buildings maintains Personal injury and	d Property Damage Insurance in exc	cess of \$50,000 each.
Note: Start of Construction will commence 4-6 v	weeks after confirmation of all gov	refinment anniovals, receipt of all requires
permits; and completion of any and all custom	er responsibilities to the site pret	paration. Prior to beginning construction
Conestoga Buildings, must have received all re-	quired pre-construction scheduled	payments. Date of Completion may be
delaved due to unforeseen circumstances (Acts of	God) and/or weather conditions o	utside Conestoga Building's control.

Please remit all payments to Conestoga Buildings, 202 Orian Road, New Holland, PA 17557

202 Orian Road New Holland, PA 17557 1.800.544.9464 • Fax 717.355.9170

www.ConestogaBuildings.com

4199 E Winchester Road Marshall, VA 20115 540.364.8181 • Fax 540.364.8231

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# CONSTRUCTION TO STRUCTION STRUCTURE STR

CB Structures, Inc.

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Initials R09.06.17 Contract# 00-00-00000 Conestoga Buildings Color Selection Sheet Overheed Door Color\_ (Square or Dutch Corners) verheed Door Trim. Z-Trim (Optional) Valnescote (Optional) Rake Trim Window Shutters mhT L6 Color F&J Trim **Cupola Color Selection** Roof Sides Base/Flashing Weathervane Style Silder Color Selection Track Door/Trim Side Rails Overhang Diagram Track Door Panel \*For Informational Purposes Only\* **Gutter Color Selection Gutter Color** Authorized Signature Date **Downspout Color** 

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# CONSTRUCTION TO CONSTRUCTION

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Initials

R09.06.17

Contract# 00-00-00000

#### **TERMS AND CONDITIONS**

This contract can be changed only by a written Change Order signed by both parties, hereafter called the "Purchaser(s)" and "Contractor" which may also result in an adjustment of the contract price. The agreed price does not include the cost of any performance bonds, permit fees and surveys, and if required the Purchaser(s) shall pay such expenses. The Contract is Null and Vold if a required permit is not approved by the township or county. Purchaser agrees to take all reasonable steps to secure a permit including applying for variances if necessary. If Purchaser(s) is obtaining financing to pay for the building the agreement is contingent on successfully securing necessary funds. Total payments on credit cards are limited to a maximum of \$3,000 for each contract. Any additional credit card payments will be charged a 3.25% transaction fee.

The Contractor agrees to perform its part of the contract within a reasonable time after acceptance and all regulatory issues and other specified contingencies are satisfied, subject only to delay caused by unavoidable accidents, conditions beyond its control (including fires, war, acts of God and contractor's inability to obtain materials) or by the Purchaser(s). It is agreed that any delay in delivery in excess of sixty days from the date of Purchaser(s)'s signature herato, through no fault of Company, shall be grounds for modification of the price, at Contractor's option. Any change requested after the building has been scheduled for delivery will result in an additional fee in addition to the cost of the change. An unsigned change order may stop the process of drawings, scheduling, and/or construction. An additional charge will be incurred for engineered sealed plans if required by the state or township and not already included in the specification.

The Contractor warrants all work performed by it for a period of two (2) years from date of completion. The Contractor also conveys all manufacturer warranties in force at the time of this contract as part of this agreement. All warranties are contingent upon payment in full according to contract terms and are voided if building is altered after completion. Occupying or utilizing building prior to full completion and final payment is prohibited.

The Purchaser(s) warrants that he is the Owner of the site, signs with full spouse awareness and approval, if married, and that there are no deed restrictions, easements or other legal documents which would prohibit, restrict, or impair, in any way, the work to be performed under this contract. In the event such a problem arises, the Purchaser(s) will reimburse the Contractor for any liability, cost, expense, or fees reasonably incurred by the Contractor. The Purchaser(s) also agrees that if building construction cannot proceed because of the lack of site access, unworkable site condition(s) or improper and/or incomplete site preparation the cost of lost time will be added to the total price. If the Purchaser(s) requests to proceed without a permit, the Purchaser(s) warrants that a permit is not required and assumes all responsible for lost time and/or material changes should it be found that one was required.

Initial | The Contractor shall not be held itable or responsible for any replacement or repair of any damaged or broken asphalt, concrete, or grass related to driveways, sidewalks, or grass areas near or in the path that has been designed by the property owner as the main path or access for construction vehicles to enter the site or in the construction area.

Unless otherwise noted in the specifications, the Purchaser(s) shall prepare the site, grade the same and provide roadways suitable for trucks and all service equipment as per specifications. The Purchaser(s) agree to be responsible for determining the location of building with the use of a stake in each corner. The Purchaser(s) will be responsible for the breaking, cutting, or damaging of any wires, cables, septic tanks, pipes, etc. in the course of drilling holes if not disclosed by state provided utility service. The Contractor's policy if not specified differently will be to set skirt board at the high point of the building perimeter, plus or minus two inches or otherwise specified. Actual building size is based on outside dimension. The Purchaser(s) is liable for the price of materials specifically manufactured for the job and takes ownership, even if not delivered to the job site, if the contract is not completed due to Purchaser(s) breach. The Purchaser(s) will be responsible for removal of scrap material on building site after job completion unless otherwise stated in the specifications. The Purchaser(s) gives the Contractor permission to photograph the building for advertisement purposes in newspapers, magazines, etc.

CB Structures, Inc.

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Initials	R09.06.17	Contract# 00-00-00000
initial   The Contractor shall not not not not not not not not not not	ot be held responsible for any unforeseen costs incurred to sand, or any other unstable soil conditions, and any a written Change Order.	Lin drilling and/or pouring foundation due to additional cost incurred by the Contractor will
	TERMS AND CONDITIONS CONT'D	
Initial I_ <u>The Contractor accepts</u> used unless stated otherwise. If the town charge of \$48 per post will be added.	no liability for inadequate soil bearing, jocal setbacks or ship subsequently requires wet pour footings and it is no	r height restrictions. Dry-mix footers will be of included in the specifications an additional
Initial   The Contractor also acco	epts no liability for damage caused by construction equip	ment to the yard or driveway.
skirt board). If the contract specifications be provided as a base before pouring. T	n of a concrete base be arranged by the Purchaser(s) an ete or additional costs in connection with off grade issues relating to concrete include the base preparation, a mini he Contractor will make every attempt to provide a sati reparad base, cracking may occur. Excess materials may b property of Conestoga Buildings.	(including additional stone, concrete, and/or imum of 4 inches of 3/4 inch clean stone will infection automatical and a stone will infection automatical and a stone will be a stone automatical and a stone will be a stone automatical and a stone automatical automatical and a stone automatical automatical automatical and a stone automatical automatical automatical automatical automatical automatical automatical automatical automatical automatical automatical automatical automatical automatical automatical a
completion of building is specified, minor for delaying payment beyond agreed date agrees to pay all costs of collection, includ	o construct building, if pre completion payment(s) are no alternative payment terms may be required at the Con- work or adjustments to be done shall not be reason to o as. The Contractor warrants compliance with all regulato ling reasonable attorney fees of the Contractor in the eve e under this Agreement. The Purchaser(s) agrees that under	ntractor's option. If payment on substantial consider the building incomplete or grounds ry insurance requirements. The Purchaser(s) and the Contractor transport of the C
NO YES   Conestoga Bu	ulidings may place an end cap on the gable ends of my buil OGA" in black letters, lApplies only to metal sided buildin	liding. The end caps shall be metal with off-

This is the complete agreement of the parties. All prior communications, unless set forth herein, are superseded by this contract. The Purchaser(s) may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction, as can Conestoga Buildings. Purchaser agrees to litigate any dispute solely in the Commonwealth of Pennsylvania. The invalidity in whole or in part of any provision hereof shall not affect the validity of any other provision.





### **Building quote**

2 messages

pete@oaksidepolebarns.com <pete@oaksidepolebarns.com>
To: mike@pineislandbeer.com

Wed, Jun 5, 2019 at 9:14 AM

30'x66' custom built pole building including:

14' ceiling

5/12 roof pitch with painted galvanized roofing

2x6 wall framing

Metal siding

2-3'x6'8 metal entry doors

1-12'x12' overhead steel door

Built on your level prepared site \$80,000

Concrete slab approx \$7 per sq ft 5"

No electric or interior finish

Thank you, Pete Houskeeper Oakside const co ltd 845-471-1225 242 diddell rd,poughkeepsie ny 12603

Sent from my iPhone

Pine Island Brewery <mike@pineislandbeer.com>
To: pete@oaksidepoiebams.com

Wed, Jun 5, 2019 at 9:17 AM

Got it, thanks Pete. [Quoted text hidden]

### **PROPOSAL**

### **Dennis Lounsbury Builders, Inc.**

Pre-Fabricated Metal Building Sales, Erection and Post Frame Building Construction P.O. Box 220, 2824 Route 17K, Bullville, NY 10915

Phone: (845)-361-5524 Fax: (845)-361-5717

PROPOSAL SUBMITTED TO:	PHONE	DATE
Pine Island Brewery		06/19/2019
ADDRESS:	JOB NAME	
	LOB LOCATION	
Pine Island, NY		

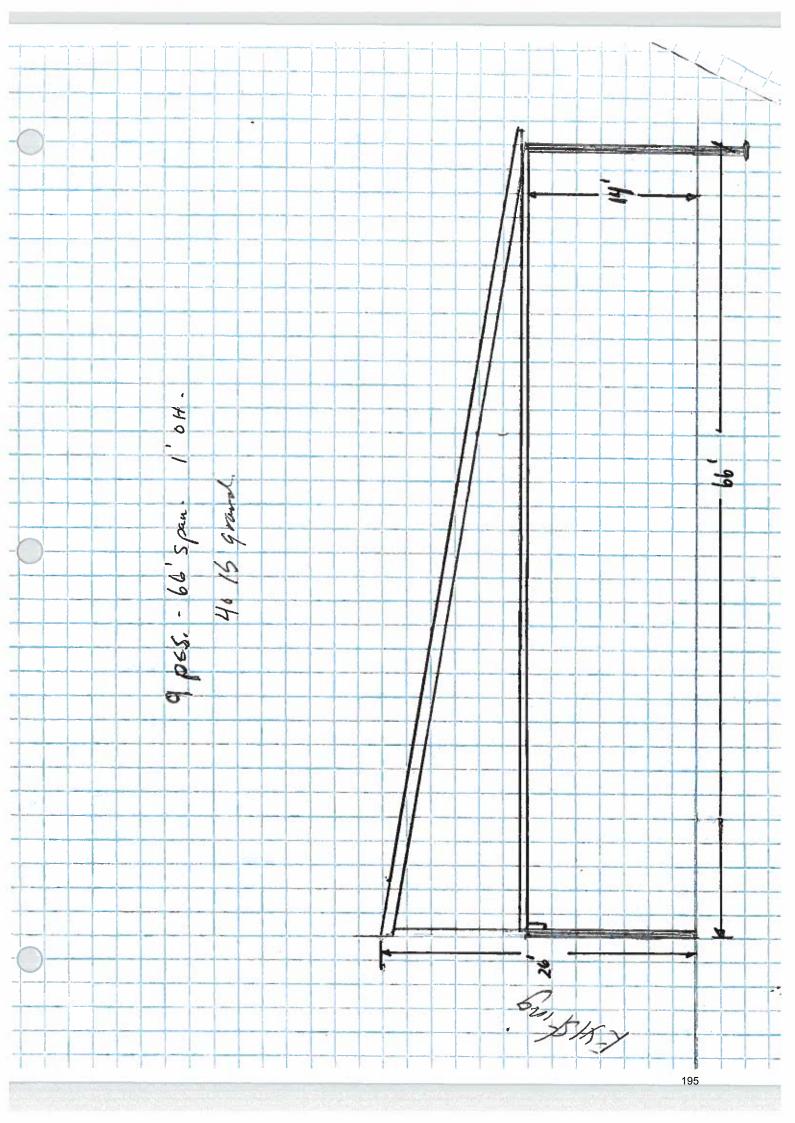
- 1. 12" Overhang for both sides of the building, with vented vinyl soffit.
- 2. 12" Overhang for gable ends of the building, with vented vinyl soffit.
- 3. Pressure treated post on 8'+10 centers for the sides of the building (40 year Warranty).
- 4. Pressure treated post on 8'centers for the gable ends of the building (40 year Warranty).
- 5. 2x10 pressure treated lumber around the bottom perimeter of the building.
- 6. Concrete footings for all the post.
- 7. 66' Trusses engineered for 3' centers, GSL 40 +TCDL 5 + BCDI 5lb loading and 2/12 pitch.
- 8. 2x4 purlins for the roof, 24" on center.
- 9. 2x4 girts for the sidewall, 24" on center.
- 10. 26 gauge painted galvalume steel for the roof, PBR.
- 11. 29 gauge painted galvalume steel for the sidewalls.
- 12. 29 gauge painted galvalume steel for the trim.
- 13. 29 gauge painted galvalume steel rodent guard for the bottom perimeter of the building.
- 14. 29 gauge painted steel solid ridge cap with cobra vent.
- 15. All metal siding and roofing will be screw fastened to the building.
- 16. 2x8 spf sub-fascia, covered with aluminum coil for the fascia.
- 17. 2x6 spf sub-rake, covered with aluminum coil for the rake.
- 18. (1) 7'x8' sliding doors for the sides of the building.
- 19. (2) 8'x8' insulated overhead door for the side of the building.
- 20. (2) 3'x6'8 passage door and lock set.
- 21. All labor calculated using non-prevailing wage rates.
- 22. Tax is included in this price.

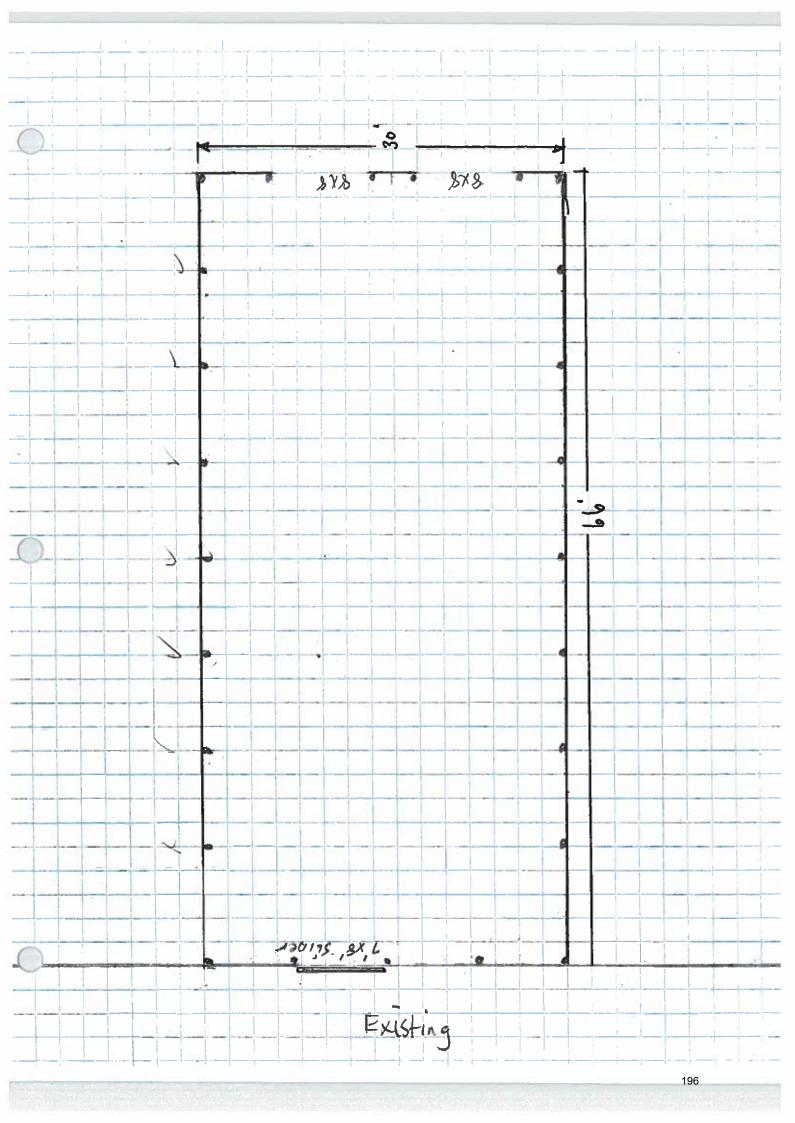
We Propose hereby to furnish material, labor and equipment to complete in accordance with above specification, for the sum of:

Seventy-Two Thousand Three Hundred Five Dollars (\$ 72,305.00)

Note: This proposal may be withdrawn by Dennis Lounsbury Builders, Inc if not accepted within 14 days.

Page 1 of 2 www.dennislounsburybuilders.com





### **Tom Golden**

To: Subject: Roland Kern Kraftify 353882

To whom this may concern,

Pioneer Buildings does not have New York based labor available for the Kraftify project.

Sincerely,

### **Thomas Golden**

Custom/Commercial Construction tgolden@pioneerpolebuildings.com

Office: 570-739-0078 x190 Mobile: (610) 392-9014

Jone / Holder 6/14/2019



## PIONEER BUILDINGS

888-448-2505 | PBCBUILDINGS.COM

716 South Route 183 Schuylkill Haven, PA 17972 www.pioneerpolebuildings.com



Kevin Loewke <kevin@loewkebrill.com>

### Pole barn specification

2 messages

Pine Island Brewery <mike@pineislandbeer.com>

To: Jim Loewke <jim@loewkebrill.com>, Kevin Loewke <kevin@loewkebrill.com>

Fri, Jun 14, 2019 at 11:23 AM

Thanks for the call. As requested here are the specifications I'm asking all contractors to bid;

30w x 66L x 14h - the roof pitch is 2/12 and must tie into existing building roof line.

Two 8x8 garage doors Two 7'0 x 3'0 man doors

Includes Paint.

Thank you, Mike

Jim Loewke <jim@loewkebrill.com>

To: Pine Island Brewery <mike@pineislandbeer.com>

Cc: Kevin Loewke <kevin@loewkebrill.com>

Thanks Mike, let me know if you get those other prices.

Thanks, Jim

Jim Loewke CEO Loewke Brill Consulting Group, Inc.

(585)-370-5130

[Quoted text hidden]

Fri, Jun 14, 2019 at 12:04 PM

198



DATE (MM/DD/YYYY) 5/8/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							require an endorsement	. A sta	atement on
	DUCER	~ inc	ociti	moste insidet III lien OI SI	CONTAC					
E. I	K. McConkey & Co.				NAME: PHONE	Ext): 717-505	5_3131	FAX (A/C, No):		
	55 Kingston Road, Suite 100									
TO	ҡ РА 17402				ADDRES		mcconkey.com		I	
					l		•	DING COVERAGE		NAIC#
INSU	DEA.	PIONE	-1				ublic Insuranc			24147
	neer Pole Buildings Inc		=				ital Insurance			35289
Alp	ine Building Post & Supply; RKG E	nterp	rise,	Inc				mens Mutual Insurance		14974
	S South Route 183 nuylkill Haven PA 17972				INSURE	RD: Selective	insurance C	ompany of America		12572
30	Tuyikiii Haven FA 17972				INSURE	RE:				
					INSURE	RF:				
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER: 471908296	VE OFF	U IOOUED TO		REVISION NUMBER:	IE BOY	IOV DEDICE
IN CI E)	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	EMEN AIN, CIES,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY 1	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	TO Y	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3	
Α	X COMMERCIAL GENERAL LIABILITY			MWZY312770		2/1/2019	2/1/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 400,0	
					l			, ,	\$ 10,00	
									\$ 1,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000	
	POLICY X PRO- X LOC								\$ 2,000	,000
The s	OTHER: AUTOMOBILE LIABILITY			1.01CD040374		0/4/0040	0/4/0000		\$ 1,000	000
	X ANY AUTO			MWTB312771		2/1/2019	2/1/2020	(ca accident)	\$ 1,000	,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	HIRED AUTOS NON-OWNED							PROPERTY PALACE		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ \$	
8	X UMBRELLA LIAB X OCCUP			COEO 405000		01470040	0440000		-	
•	- CCCOR			6050425922		2/1/2019	2/1/2020	EACH OCCURRENCE	\$5,000	,
		+						AGGREGATE	\$ 5,000	,000
A	DED X RETENTION \$ 0.			MWC312769		2/1/2019	2/1/2020	X PER OTH-	\$	
^	AND EMPLOYERS' LIABILITY			M44C312108		2/1/2019	21112020		- 4 000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 1,000	•
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DÉSCRIPTION OF OPERATIONS below			00400400		4/40/2040	2/1/2020	E.L. DISEASE - POLICY LIMIT Per Limits on File	\$ 1,000	,000
C	Contractor Equip Property			S2100163 37P2600319		1/19/2019 1/19/2019	2/1/2020	BLDGS-Specific Values CONTENTS-Blanket		imits on File ctible \$2,500
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (#	CORD	101, Additional Remarks Schedu	ile, may be	attached if mon	e space is requir	ed)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
	Kraftify 251 State School Road				SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
J	Warwick NY 10990					rized represe ou a l				

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ACORD 25 (2016/03)



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

1a, Legal Name & PIONEER POLE BU 716 S ROUTE 183 SCHUYLKILL HAVE		1b. Business Telephone Number of Insured (570) 739-0078
	nsured (Only required if coverage is specil ew York State, i.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 232-94-4586
	ess of Entity Requesting Proof of Cove	erage 3a. Name of Insurance Carrier
	ited as the Certificate Holder)	New York State Insurance Fund (NYSIF)
KAFTIFY 251 STATE SCHOO		3b. Policy Number of Entity Listed in Box "1a"
WARWICK, NY 1099	0	DBL 5655 22 - 1
		3c. Policy effective period
·		09/18/2007 to 09/18/2019
4. Policy provides	the following benefits:	
B. Disabi	isability and paid family leave benefits ity benefits only amily leave benefits only	
real contracts	he employer's employees eligible undo ne following class or classes of employ	er the NYS Disability and Paid Family Leave Benefits Law yer's employees:
insured has NYS (	Disability and/or Paid Family Leave Be	I representative or licensed agent of the insurance carrier referenced above and that the named enefits insurance coverage as described above.
nsured has NYS (	Disability and/or Paid Family Leave Bo 2019 By	enefits insurance coverage as described above.
nsured has NYS ( Date Signed <u>5/13</u>	Disability and/or Paid Family Leave Be 2019 By	enefits insurance coverage as described above.  Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
nsured has NYS ( Date Signed <u>5/13</u> Felephone Numbe	2019 By (866) 697-4332 Name If Box 4A and 5A are checked, a	enefits insurance coverage as described above.
nsured has NYS ( Date Signed <u>5/13</u> Telephone Numbe	2019 By (866) 697-4332 Name If Box 4A and 5A are checked, a Licensed Insurance Agent of tha If Box 4B, 4C or 5B is checked, Disability and Paid Family Leave	(Signature of insurance carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier) and Title Melissa Jensen, Director of Disability Insurance Unit and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  This certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS
nsured has NYS ( Date Signed <u>5/13</u> Telephone Numbe IMPORTANT:	Disability and/or Paid Family Leave Beneficial Page 12019  By (12019)  By (12019)  By (12019)  By (12019)  By (12019)  For (866) 697-4332  Name  If Box 4A and 5A are checked, a Licensed Insurance Agent of that If Box 4B, 4C or 5B is checked, Disability and Paid Family Leave DB Plans Acceptance Unit, PO I	(Signature of insurance coverage as described above.  (Signature of insurance carrier's authorized representative or NYS Ucensed insurance Agent of that insurance carrier) and Title Melissa Jensen, Director of Disability Insurance Unit and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  This certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS as Benefits Law. It must be mailed for completion to the Workers' Compensation Board,
nsured has NYS ( Date Signed <u>5/13</u> Felephone Numbe IMPORTANT:	Disability and/or Paid Family Leave Beneficial Page 12019  By (12019)  By (12019)  By (12019)  By (12019)  By (12019)  For (866) 697-4332  Name  If Box 4A and 5A are checked, a Licensed Insurance Agent of that If Box 4B, 4C or 5B is checked, Disability and Paid Family Leave DB Plans Acceptance Unit, PO I	(Signature of Insurance coverage as described above.  (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) and Title Melissa Jensen, Director of Disability Insurance Unit  and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS a Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Box 5200, Binghamton, NY 13902-5200  *Compensation Board (Only if Box 4C or 58 of Part 1 has been checked)
nsured has NYS ( Date Signed <u>5/13</u> Telephone Numbe IMPORTANT:	Disability and/or Paid Family Leave Beneficial Science By (1986) 697-4332 Name  If Box 4A and 5A are checked, a Licensed Insurance Agent of that If Box 4B, 4C or 5B is checked, Disability and Paid Family Leave DB Plans Acceptance Unit, PO Completed by the NYS Workers	(Signature of insurance coverage as described above.  (Signature of insurance carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier)  and Title Melissa Jensen, Director of Disability Insurance Unit  and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS as Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Box 5200, Binghamton, NY 13902-5200  *Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)  State of New York
nsured has NYS to Date Signed 5/13/15/15/15/15/15/15/15/15/15/15/15/15/15/	Disability and/or Paid Family Leave Beneficial Section 19 By (1974)  If (866) 697-4332 Name If Box 4A and 5A are checked, a Licensed Insurance Agent of that If Box 4B, 4C or 5B is checked, Disability and Paid Family Leave DB Plans Acceptance Unit, PO Isompleted by the NYS Workers Warmation maintained by the NYS V	(Signature of insurance coverage as described above.  (Signature of insurance carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier) and Title Melissa Jensen, Director of Disability Insurance Unit  and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS a Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Box 5200, Binghamton, NY 13902-5200  *Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)  State of New York  orkers' Compensation Board
nsured has NYS to Date Signed 5/13/ Telephone Number IMPORTANT:  PART 2. To be of According to information and Part 2.	Disability and/or Paid Family Leave Benefits Law with	(Signature of insurance coverage as described above.  (Signature of insurance carrier's authorized representative or NYS Ucensed Insurance Agent of that insurance carrier)  and Title Melissa Jensen, Director of Disability Insurance Unit  and this form is signed by the insurance carrier's authorized representative or NYS  at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS  a Benefits Law. It must be mailed for completion to the Workers' Compensation Board,  Box 5200, Binghamton, NY 13902-5200  Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)  State of New York  Orkers' Compensation Board  Vorkers' Compensation Board, the above-named employer has complied with the NYS  th respect to all of his/her employees.
nsured has NYS to Date Signed 5/13/15/15/15/15/15/15/15/15/15/15/15/15/15/	Disability and/or Paid Family Leave Beneficial Section 19 By (1974)  If (866) 697-4332 Name If Box 4A and 5A are checked, a Licensed Insurance Agent of that If Box 4B, 4C or 5B is checked, Disability and Paid Family Leave DB Plans Acceptance Unit, PO Isompleted by the NYS Workers Warmation maintained by the NYS V	(Signature of insurance coverage as described above.  (Signature of insurance carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier) and Title Melissa Jensen, Director of Disability Insurance Unit  and this form is signed by the insurance carrier's authorized representative or NYS at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS a Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Box 5200, Binghamton, NY 13902-5200  *Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)  State of New York  Orkers' Compensation Board  Vorkers' Compensation Board, the above-named employer has complied with the NYS in respect to all of his/her employees.
nsured has NYS to Date Signed 5/13/ Telephone Number IMPORTANT:  PART 2. To be of According to information processing and Part 2. To Date Signed	Disability and/or Paid Family Leave Benefits Law with same and sam	(Signature of insurance coverage as described above.  (Signature of insurance carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier)  and Title Melissa Jensen, Director of Disability Insurance Unit  and this form is signed by the insurance carrier's authorized representative or NYS  at carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS  a Benefits Law. It must be mailed for completion to the Workers' Compensation Board,  Box 5200, Binghamton, NY 13902-5200  *Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)  State of New York  Orkers' Compensation Board  Vorkers' Compensation Board, the above-named employer has complied with the NYS

DB-120.1 (10-17)

Certificate Number 548063



05/03/2019

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.

REPRESENTATIVE OR PRODUCER, AN									
IMPORTANT: If the certificate holder is if SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	o the	term:	s and conditions of the po	olicy, ce	rtain policies	DITIONAL IN may require	SURED provision an endorsement	ns or be . A state	endorsed. ement on
PRODUCER	010	CO: CII	icate noider in hea of Saci	CONTAI NAME:					<del></del>
George Thompson Agency				PHONE	(945) 7	64-3074		FAX	(845) 744-6054
2708 State Route 52				E-MAIL	Ext. (040) /	14-0014		FAX (A/C, No):	(445) /44-0034
P.O. Box 667				ADDRE	•				<del>  </del>
			NV 40500	<u> </u>	1 alfalla 4		DING COVERAGE		NAIC#
Pine Bush			NY 12566	INSURE	nn.	ssociates inc.			
INSURED	_			INSURE	RB: Ene insu	rance Compar	iy		524126
TruGreen Energy Inc., DBA: Fo	am B	oys		INSURE	RC:				
136 Dubois St				INSURE	RD:				
				INSURE	RE:	_			
Pine Bush			NY 12566	INSLIRE	RF:				
			NUMBER: CL195310237				REVISION NUMB		<u>-</u>
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT. EXCLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, T OLICIE	ENT, T HE IN S. LIN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH (ITS SHOWN MAY HAVE BEE!)	CONTRA	ACT OR OTHER IES DESCRIBE: CED BY PAID CI	R DOCUMENT \ D HEREIN IS SI .AIMS.	MTH RESPECT TO	WHICH T	HIS
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	8
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$ 1,000,000
CLAIMS-MADE X OCCUR		1				,	PREMISES (E4 occurr		\$ 100.000
		1					MED EXP (Any one pe		s 5,000
Α	Y	Y	2DB0603		02/13/2019	02/13/2020	PERSONAL & ADV IN.		s 1,000,000
GENLAGGREGATE LIMIT APPLIES PER:	1						GENERALAGGREGAT		\$ 2,000,000
POLICY PRO- Loc							PRODUCTS - COMP/O		\$ 2,000,000
<del>                                   </del>				345	1		PRODUCTS - COMPAC	JP AGG	\$
OTHER:	$\vdash$	$\vdash$					COMBINED SINGLE L (En accident)	IMIT	\$ 1,000,000
ANYAUTO							(Ea scoident) BODILY (NJURY (Per p		\$
B OWNED SCHEDULED	Y	<sub>Y</sub>	Q11-7930175		11/29/2018	11/29/2019	BODILY INJURY (Per a		5
AUTOS ONLY AUTOS NON-OWNED	Ι'	Ι'	Q11-7830173		11,23,2010	1172072015	PROPERTY DAMAGE		\$
AUTOS ONLY AUTOS ONLY							(Per accident) PIP-Basic	<del></del>	s 50,000
UMBRELLA LIAB OCCUP	+	$\vdash$							
- CCCOR		l					EACH OCCURRENCE	<u> </u>	\$
EXCESS LIAB CLAIMS MADE	4	1					AGGREGATE	<del></del>	\$
DED RETENTION \$	+	-			·		TOFO	1074	\$
AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1				E.L. EACH ACCIDENT	·	\$
(Mandatory in NH) If yes, describe under	'[	i i	1				E.L. DISEASE - EA EM	PLOYEE	\$
DESCRIPTION OF OPERATIONS below	↓	┞					E.L. DISEASE - POLIC	YLIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedule.	, may be a	ttached if more s	pace is required)			
Kraftify LLC and Kraftify Holdings LLC are listed							subrogation applies.		
1									
CERTIFICATE HOLDER				CANC	ELLATION	<u></u>			
Kraftify LLC and Kraftify Holding	gs LL(	С		THE	EXPIRATION D	DATE THEREO	SCRIBED POLICIES F, NOTICE WILL BE Y PROVISIONS.		
251 State School Road				AUTHO	RIZED REPRESE	NTATIVE.	V ).		
Warwick			NY 10890			KOLO	KN		
						5 4000 004F	ALOBO COBDOL	ATION	A 10 - 3 - 1-4

ACORD 25 (2016/03)



### **NYSTE** New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914
WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

### **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

^^^^^ A A A A A 824011523
GEORGE THOMPSON AGENCY
2708 STATE ROUTE 52
PO BOX 667

PINE BUSH NY 12566

SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

TRUGREEN ENERGY, INC. DBA FOAM BOYS 136 DUBOIS STREET PINE BUSH NY 12566 CERTIFICATE HOLDER

KRAFTIFY LLC AND KRAFTIFY HOLDINGS LLC 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER CE W2437 439-9

CERTIFICATE NUMBER 909865 POLICY PERIOD 02/14/2019 TO 02/14/2020

DATE 5/3/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2437 439-9, 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, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

PRESIDENT
NICHOLAS DEGROODT
TREASURER
JOHN DEGROODT
2-OF-2-TRUEGREEN ENERGY, INC
DBA FOAM BOYS

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.

THIS POLICY IS CANCELLED EFFECTIVE 05/15/2019.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 879299413



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier
1a. Legal Name & Address of Insured (use street address only) TRUGREEN ENERGY, INC. DBA: FOAM BOYS 136 DUBOIS STREET PINE BUSH, NY 12566	1b. Business Telephone Number of Insured  8453947935
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured     or Social Security Number
	82-4011523
Name and Address of Entity Requesting Proof of Coverage     (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier
Krafify LLC and Krafify Holdings LLC	Standard Security Life Insurance Company of New York
251 STATE SCHOOL HOUSE RD	3b. Policy Number of Entity Listed In Box "1a"
WARWICK , NY 10990	81018-00
	3c. Policy effective period 2/14/2018 to 5/14/2020
Date Signed 5/16/2019  By  Telephone Number (212) 355-4141  IMPORTANT: If Boxes 4A and 5A are checked, and this form is Licensed Insurance Agent of that carrier, this cert	licensed agent of the insurance carrier referenced above and that the named
Disability and Paid Family Leave Benefits Law. It Board, Plans Acceptance Unit, PO Box 5200, Bir	must be mailed for completion to the Workers' Compensation nghamton, NY 13902-5200.
PART 2. To be completed by the NYS Workers' Compensat	ion Board (Only if Box 4C or 5B of Part 1 has been checked)
Workers' Com According to information maintained by the NYS Workers' Compen NYS Disability and Paid Family Leave Benefits Law with respect to	o all of his/her employees.
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)
1	of maid family leave handfile insurance policies and NVS lineased insurance
I TORDATORIO ITURISMO	

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



DATE (MM/DD/YYYY) 05/03/2019

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in ileu of such endorsement(s). CONTACT NAME: PHONE IAIC, No. Exti: E-MAIL PRODUCER **Atlantic Specialty Lines** FAX (AIC, No): 9020 Stony Point Pkwy, Suite 450 ADORESS: Richmond, VA 23235 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: Peleus Insurance Company INSURED General Star Indemnity INSURER B : INSURER C Green mountain Services Inc INSURER D 9 Cortland Drive INSURER E NY 10990 Warwick INSURER F REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADOL SUBR TYPE OF INSURANCE POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 5,000 Deductible: \$10,000 BI/PD/PI MED EXP (Any one person) X 01/24/2019 01/24/2020 1,000,000 103GL0021924-01 & Al per occurrence PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POLICY X PROT PRODUCTS - COMP/OP AGG 2 OTHER COMBINED SINGLE LIMIT (Ea accident) ASTROMORIS ELIABILITY BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per socident) NON-OWNED AUTOS ONLY \$ 2,000,000 UMBRELLA LIAB **EACH OCCURRENCE** 2 X occur 2,000,000 01/24/2019 | 01/24/2020 EXCESS LIAB AR3462241-1 AGGREGATE 2 CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY PER STATUTE ANY PROPRIET OR PARTNER PER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E L DISEASE - POLICY LIMIT \$2,000,000 Limit **Excess Auto Liability** 01/24/2019 01/24/2020 IXG930149 В DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Coverages: Blanket Additional Insured // Blanket Waiver of Subrogation // Blanket Primary and Non-Contributory Designated Construction Project(s) General Aggregate

CERTIFICATE HOLDER	ICATE HOLDER	TH	<u>ER</u>	CI
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Kraftify LLC and Kraftify Holdings LLC 251 State School Road Warwick, NY 10990

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)



DATE (MM/DD/YYYY) 05/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Ann Marie Moore PHONE (A/C, No. Ext): E-MAIL FAX (A/C, No): Vogel and Moore Inc 845-986-9190 PO Box 438 ADDRESS: Warwick, NY 10990 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Nationwide Mutual Fire Insurance Co INSURED INSURER B Green Mountain Services Inc. INSURER C 9 Cortland Drive INSURER D Warwick, NY 10990 INSURER E INSURER F **CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG POLICY \$ . OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS Υ ACPBAF5445328436 01/24/2019 01/24/2020 **BODILY INJURY (Per accident)** PROPERTY DAMAGE \$ X HIRED AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ **OCCUR EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below s E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is hereby listed as a Designated Insured. RE Job: 251 State School Road Warwick NY 10990 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

AUTHORIZED REPRESENTATIVE

Own Mair Mosse

ACCORDANCE WITH THE POLICY PROVISIONS.

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACORD 25 (2014/01)

Kraftify LLC, Kraftify Holdings LLC

And Michael Kraai

Warwick, NY 10990

251 State School Road



DATE (MM/DD/YYYY) 05/03/2019

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(tes) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE: (A/C, No. Ext): E-MAIL PRODUCER FAX (A/C, No): NBS Insurance Agency, Inc. ADDRESS: PO Box 182500 NAIC# INSURER(S) AFFORDING COVERAGE Columbus, OH 43218 INSURER A: PROPERTY & CASUALTY INS CO HARTFORD INSURED INSURER B Green Mountain Service Inc INSURER C: INSURER D 9 Cortland Drive Warwick, NY 10990 INSURER E INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES 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. INSD WYD LIMITS TYPE OF INSURANCE POLICY NUMBER EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRODUCTS - COMPJOP AGG POLICY OTHER COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY BODILY INJURY (Per person)** ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) HIRED AUTOS s UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTIONS DED 04/14/2019 04/14/2020 33MECRO3560 X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$1,000,000 E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WAIVER OF SUBROGATION APPLIES IN FAVOR OF KRAFTIFY LLC, AFTIFY HOLDINGS LLC AND MICHAEL KRAAI

CERTIFICATE HOLDER	CANCELLATION
KRAFTIFY LLC, KRAFTIFY HOLDINGS LLC AND MICHAEL KRAAI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
251 STATE SCHOOL ROAD	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
WARWICK, NY 10990	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2014/01)

DS#30449615



DATE (MM/DD/YYYY) 01/09/2020

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this certificate does not confer rights	to the	cert	tificate holder in lieu of su			).			
PRODUCER				NAME:					
RT Specialty - Richmond				PHONE IAIC. N	n. Enti:		FAX (A/C, No):		
9020 Stony Point Pkwy, Suite 450				PHONE (A/C. N. E-MAÎL ADDRE	88:				
Richmond, VA 23235						SURER(S) AFFOR	RDING COVERAGE		NAIC#
				INSURE	Contract	on Insurance		•	
INSURED				INSURE	RB: Century	Surety Com	pany		
Green Mountain Services In	C.		[	INSURE	RC:				
9 Cortland Drive				INSURE	RD:		5		
Warwick, NY 10990			1	INSURE	RE:				
				INSURE	RF:				
COVERAGES CES	RTIF	CATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS,	Document with respect to therein is subject to	OT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		00,000
							MED EXP (Any one person)	\$ 5,0	00
Α .	Y		3AA375813		12/24/2019	12/24/2020	PERSONAL & ADV INJURY	s 1,00	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000
X POLICY PROF LOC							PRODUCTS - COMP/OP AGG	s 2,00	00,000
OTHER:	ĺ						Data Breach	s See	Below
AUTOMOBILE LIABILITY		П					COMBINED SINGLE LIMIT (Ea accident)	S	VA.
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	4
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONET							Tr or bicagoni)	\$	
UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 2,00	00,000
B X EXCESS LIAB CLAIMS-MADE	Υ		CCP877119		12/24/2019	12/24/2020	AGGREGATE	\$ 2,00	00,000
DED RETENTIONS	1							\$	
WORKERS COMPENSATION							PER OTH-		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s	
OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	
	T T								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requin	ed)		
Bianket Waiver of Subrogation // Blanket A	\ddltlc	nal In	nsured // Blanket Primary ai	nd Non	-Contributory				
Data Breach - Claims Made: Each Claim (	A,B,C	): \$25	5,000, Aggr. : \$25,000, Retr	ro Date	: Inception.				
CERTIFICATE HOLDER				CANO	ELLATION		· · · · · · · · · · · · · · · · · · ·		

Kraftify LLC, Kraftify Holdings LLC, Michael Kraai 251 State School Road Warwick, NY 10990

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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ACORD 25 (2016/03)



DATE(MM/DD/YYY) 1/9/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. PORTANT: if the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No. Ext); (845) 986-9190 E-MAI. ADDRESS: PRODUCER VOGEL & MOORE AGENCY INC FAX (A/C, No): (845) 986-6770 13 Wheeler Ave Warwick, NY 10990 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Nationwide Mutual Insurance Co. INSURER B Hartford Casualty Ins.Co. INSURED Green Mountain Services Inc. 9 Cortland Drive INSURER C: Warwick, NY 10990 INSURER D : INSURER E : INSURER F: **COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF | POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRO-Loc PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ 1,000,000 (Ea accident) ANY AUTO **BODILY INJURY (Per person)** ACPBAF5405328436 |1/24/2019 |1/24/2020 OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$ Х AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) X X AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DEO RETENTION\$ WORKERS COMPENSATION STATUTE | AND EMPLOYERS' LIABILITY 04/14/2019 04/19/2020 33WECR03580 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ 1,000,000 E.L. EACH ACCIDENT MIA 1,000,000 (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compenstion policy includes Waiver of Subrogation This certificate of insurance is issued subject to all policy terms, conditions, limitations, exclusions and language. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Kraftify LLC Holdings LLC

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an Marie Mose

ACORD 25 (2016/03)

Michael Kraai

251 State School Road

Warwick, NY 10990

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AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF INSURANCE COVERAGE under the NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

	nefits Carrier or Licensed Insurance Agent of that Carrier
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured
GREEN MOUNTAIN SERVICES INC	•
9 CORTLAND DRIVE	201-650-9707
WARWICK NY 10990	1c. Federal Employer Identification Number of Insured or Social Security Number
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	134140212
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
KRAFTIFY LLC, KRAFTIFY HOLDINGS LLC	
MICHAEL KRAAI	3b Policy Number of Entity Listed in Box "1a"
251 STATE SCHOOL ROAD WARWICK, NY 10990	LNY-783908
	De Palicy offertive period
	3c Policy effective period 01/01/2019 to 12/31/2019
4. Policy provides the following benefits:	
☑ A. Both disability and paid family leave benefits.	
☐ B. Disability benefits only.	
☐ C. Paid family leave benefits only.	
5. Policy covers:	
A. All of the employer's employees eligible under the NYS Disa	
☐ B. Only the following class or classes of employer's employees	3;
named insured has NYS Disability and/or Paid Family Leave Benefits insu	
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed 05/13/2019	rance coverage as described above.
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed 05/13/2019 ELUZO (Signature of Insurance	beth Tello
named insured has NYS Disability and/or Paid Family Leave Benefits insurance  Date Signed  05/13/2019  ELiza  (Signature of Insurance  Telephone Number (212) 553-8074  Name and Title: El  IMPORTANT: If Boxes 4A and 5A are checked, and this form is	Irance coverage as described above.  **Deth Tello- **carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)
named insured has NYS Disability and/or Paid Family Leave Benefits insurance  Date Signed  05/13/2019  (Signature of Insurance (Signature of Insurance)  Telephone Number (212) 553-8074  Name and Title: El  IMPORTANT: If Boxes 4A and 5A are checked, and this form is Licensed insurance Agent of that carrier, this ce  If Box 4B, 4C or 5B is checked, this certificate is	carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)  zabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed  05/13/2019  (Signature of Insurance Agent of that carrier, this cells and SA are checked, and this form is Licensed insurance Agent of that carrier, this cells ability and Paid Family Leave Benefits Law.	trance coverage as described above.  Libeth Tello  carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)  izabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed  05/13/2019  Elizab  (Signature of Insurance Agent of Insurance Agent of that carrier, this cell of Box 4B, 4C or 5B is checked, this certificate is Disability and Paid Family Leave Benefits Law. Board, Plans Acceptance Unit, PO Box 5200, Bill PART 2. To be completed by the NYS Workers' Compens	carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)  izabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.  ation Board (Only if Box 4C or 5B of Part 1 has been checked)
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed    Date Signed	carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier)  izabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.  ation Board (Only if Box 4C or 5B of Part 1 has been checked)
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed  05/13/2019  Elizabete (Signature of Insurance Agent of Insurance Agent of that carrier, this cell of Box 48, 4C or 5B is checked, this certificate is Disability and Paid Family Leave Benefits Law. Board, Plans Acceptance Unit, PO Box 5200, Bit PART 2. To be completed by the NYS Workers' Compens	carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)  izabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.  ation Board (Only if Box 4C or 5B of Part 1 has been checked)  of New York pensation Board employer has complied with
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed    Date Signed	carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)  izabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.  ation Board (Only if Box 4C or 5B of Part 1 has been checked)  of New York pensation Board employer has complied with
named insured has NYS Disability and/or Paid Family Leave Benefits insured Date Signed    Date Signed	carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)  izabeth Tello – Assistant Director, Statutory Services  signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.  NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation inghamton, NY 13902-5200.  ation Board (Only if Box 4C or 5B of Part 1 has been checked)  of New York pensation Board employer has complied with

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (9-17)





## **CERTIFICATE OF INSURANCE COVERAGE**

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

	enefits Carrier or Licensed Insurance Agent of that Carrier
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured
GREEN MOUNTAIN SERVICES INC 9 CORTLAND DRIVE WARWICK, NY 10990	201-650-9707
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number  134140212
Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a Name of Insurance Carrier
KRAFTIFY LLC, KRAFTIFY HOLDINGS LLC MICHAEL KRAAI	HARTFORD LIFE AND ACCIDENT  3b Policy Number of Entity Listed in Box "1a"
251 STATE SCHOOL ROAD WARWICK, NY 10990	LNY783908
	3c Policy effective period 01-01-2020 to 12-31-2020
C. Paid family leave benefits only.  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disa  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 incurance carries referenced the second state of the incurance carries referenced to the second state of
Insured has NYS Disability and/or Paid Family Leave Benefits Insurance coverage as described above.  Date Signed 01-17-2020   Elizabeth Tello	
(Signature of insurance carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier's	
Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello Assistant Director, Statutory Services	
Licensed insurance Agent of that carrier, this cer	signed by the insurance carrier's authorized representative or NYS tificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.	
PART 2. To be completed by the NYS Workers' Compensa	tion Board (Only if Box 4C or 5B of Part 1 has been checked)
	F New York Densation Board Ensation Board, the above-named employer has compiled with
	act to all of his/her employees.
Date Signed By	oct to all of his/her employees.
Date Signed By	Signature of Authorized NYS Workers' Compensation Board Employee)

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





DATE (MM/DD/YYYY) 05/07/2019

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). CONTACT Dee Jaye Kurta (845) 255-7806 (845) 255-8101 Devine Agency, Inc. FAX (A/C, No): (A/C, No. Ext); E-MAIL ADDRESS: 58 N Chestnut St deejaye@devineinsurance.com PO Box 879 INSURER(8) AFFORDING COVERAGE NAIC # NY 12561 **New Paltz** Erie Insurance Company 26263 INSURER A: INSURED INSURER B : S DEVRIES CONCRETE INC INSURER C SHANE DEVRIES INSURER D 43 KONEFAL AVE INSURER E PINE BUSH NY 12566-6206 INSURER F : CL195721847 **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR LTR TYPE OF INSURANCE **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) Contractual as per policy terms and 5 000 MED EXP (Any one person 025-5520065 1.000.000 conditions. 01/05/2019 01/05/2020 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-2.000,000 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ 500,000 ANY AUTO BODILY INJURY (Per person) s SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY Q01-5530138 Υ 01/05/2019 01/05/2020 **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ RETENTION \$ DED WORKERS COMPENSATION PER Statute AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Kraftify LLC and Kraftify Holdings LLC are listed as additional insured on a primary and non-contributory basis in regards to general liability and commercial auto policies as required by written contract. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Kraftify LLC and Kraftify Holdings LLC 251 State School Road **AUTHORIZED REPRESENTATIVE** Warwick NY 10990

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ACORD 25 (2016/03)



DATE (MM/DD/YYYY) 04/24/2020

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Dee Jaye Kurta PHONE (A/C, No, Ext): E-MAIL Devine Agency, Inc. (845) 255-7806 (845) 255-8101 FAX (A/C, No): 58 N Chestnut St deejaye@devineinsurance.com ADDRESS: PO Box 879 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Erie Insurance Company **New Paltz** NY 12561 26263 INSURED INSURER B S DEVRIES CONCRETE INC INSURER C : 43 KONEFAL AVE INSURER D : 43 KONEFALAVE INSURER E : PINE BUSH NY 12566-6206 INSURER F CL2042423975 **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR TYPE OF INSURANCE **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY 1,000.000 EACH OCCURRENCE DAMAGE TO RENTED s 1.000.000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence 5,000 MED EXP (Any one person) 025-5520065 01/05/2020 01/05/2021 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'LAGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ex accident) **AUTOMOBILE LIABILITY** \$ 500,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY Q01-5530138 01/05/2020 01/05/2021 BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY \$ s UMBRELLA LIAB OCCUR **EACH OCCURRENCE EXCESS LIAB** CLAIMS-MADE **AGGREGATE** RETENTION \$ DED WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. DROWNED LANDS BREWERY 251 SATE SCHOOL ROAD AUTHORIZED REPRESENTATIVE WARWICK NY 10990

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ACORD 25 (2016/03)



DATE (MM/DD/YYYY) 05/16/2019

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(MM/DD/YYYY) {MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED CLAIMS-MADE \$ OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 5 POLICY Loc PRODUCTS - COMP/OP AGG \$ OTHER: OMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** S (Ea accident) ANY AUTO BODILY INJURY (Per person) S OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) ŝ AUTOS ONLY s UMBRELLA LIAB **EACH OCCURRENCE** s OCCUR EXCESS LIAB CLAIMS-MADE **AGGREGATE** RETENTION \$ DED WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY s 100,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N SDWC050457 05/26/2019 05/26/2020 100,000 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ \$ 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Kraftify LLC & Kraftify Holdings LLC 251 State School Road AUTHORIZED REPRESENTATIVE Warwick NY 10990

ACORD 25 (2016/03)

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WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

| nysif.com

### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 465554715
DEVINE INSURANCE
58 N CHESTNUT ST
PO BOX 879
NEW PALTZ NY 12561



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

S DEVRIES CONCRETE INC 3084 STATE ROUTE 52 PINE BUSH NY 12566 CERTIFICATE HOLDER

DROWNED LANDS BREWERY 251 STAE SCHOOL ROAD WARWICK NY 10990

	T-		
POLICY NUMBER	CERTIFICATE NUMBER	חסטופע מבסוסה	DATE
I PULIUT NUMBER	F CERTIFICATE NUMBER	POLICY PERIOD	DATE
l		· · · =	· · · -
l W2499 686-0	168009	01/31/2020 TO 05/26/2020	412412020
	100009	0 1/3 1/2020 1 0 03/20/2020	4/24/2020
1	L .		

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2499 686-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

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

PRESIDENT
SHANE DEVRIES
S DEVRIES CONCRETE INC (1 OF 1)

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 871450950



WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411 | nysif.com

# CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^^ 465554715
DEVINE INSURANCE
58 N CHESTNUT ST
PO BOX 879
NEW PALTZ NY 12561



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

S DEVRIES CONCRETE INC 3084 STATE ROUTE 52 PINE BUSH NY 12566 CERTIFICATE HOLDER

DROWNED LANDS BREWERY 251 STAE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER W2499 686-0 CERTIFICATE NUMBER 168010 POLICY PERIOD 05/26/2020 TO 05/26/2021 DATE 4/24/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2499 686-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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PRESIDENT
SHANE DEVRIES
S DEVRIES CONCRETE INC (1 OF 1)

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**NEW YORK STATE INSURANCE FUND** 

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 282500421



# **CERTIFICATE OF INSURANCE COVERAGE**

## **DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier								
1a. Legal Name & Address of Insured (use street address only)								
Ta. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured							
S DEVRIES CONCRETE INC  43 KONEFAL AVE  BINE BLISH AV 12565	845-283-4289							
PINE BUSH, NY 12566	1c. Federal Employer Identification Number of Insured or Social Security Number							
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	465554715							
Name and Address of Entity Requesting Proof of     Coverage (Entity Being Listed as the Certificate Holder)	3a Name of Insurance Carrier							
KRAFTIFY LLC & KRAFTIFY HOLDINGS LLC	HARTFORD LIFE AND ACCIDENT							
251 State School Road, Warwick, NY, 10990	3b Policy Number of Entity Listed in Box "1a"							
	LNY432477							
	3c Policy effective period							
	04-01-2019 to 03-31-2020							
✓ A. All of the employer's employees eligible under the NYS Disa  B. Only the following class or classes of employer's employees  Under penalty of perjury, I certify that I am an authorized representative of insured has NYS Disability and/or Paid Family Leave Benefits insurance	r licensed agent of the insurance carrier referenced above and that the named							
_	beth Tello							
	carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier)							
Telephone Number (212) 553-8074 Name and Title: El	zabeth Tello - Assistant Director, Statutory Services							
Licensed Insurance Agent of that carrier, this ce  If Box 4B, 4C or 5B is checked, this certificate is  Disability and Paid Family Leave Benefits Law.	signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mall it directly to the certificate holder.  S NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS it must be mailed for completion to the Workers' Compensation							
Board, Plans Acceptance Unit, PO Box 5200, Bi								
PART 2. To be completed by the NYS Workers' Compens	<u></u>							
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has compiled with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.								
Date Signed By								
	(Signature of Authorized NYS Workers' Compensation Board Employee)							
Telephone Number Name and Title								
Please Note: Only Insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



IH



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be	completed by Disability and P	Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier
	Address of Insured (use street add	
S DEVRIES CON		845-283-4289
3084 STATE RO	OLITE E2	110 200 (200
PINE BUSH, NY		
		1c. Federal Employer Identification Number of Insured
	Insured (Only required if coverage is spe	or Social Security Number
certain locations in N	lew York State, i.e., Wrap-Up Policy)	465554175
	ress of Entity Requesting Proof of C	Coverage 3a. Name of Insurance Carrier
	sted as the Certificate Holder)	ShelterPoint Life Insurance Company
	ANDS BREWERY	3b. Policy Number of Entity Listed in Box "1a"
251 State Scho	ool Road	DBL614533
Warwick, NY 1	0990	DBL014000
		3c. Policy effective period
		04/29/2020 to 04/28/2021
	the following benefits: sability and paid family leave benefi	ika
	sability and paid family leave benefit ity benefits only.	rts.
	mily leave benefits only.	
5. Policy covers:	,	
	ne employer's employees eligible un	nder the NYS Disability and Paid Family Leave Benefits Law.
	e following class or classes of emplo	
Under penalty of p	erjury, I certify that I am an authoriz	zed representative or licensed agent of the insurance carrier referenced above and that the named
insured has NYS [	Disability and/or Paid Family Leave	Benefits insurance coverage as described above.
		Or I an U.S.
Date Signed	4/29/2020 By	Janhadi U, VIIIV
		(Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Numbe	<u>516-829-8100</u>	Name and Title Richard White, Chief Executive Officer
IMPORTANT:	If Boxes 4A and 5A are checke	ed, and this form is signed by the insurance carrier's authorized representative or NYS
1	Licensed Insurance Agent of the	hat carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
	If Box 4B, 4C or 5B is checked	d, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS
		ive Benefits Law. It must be mailed for completion to the Workers' Compensation
		, PO Box 5200, Binghamton, NY 13902-5200.
PART 2. To be	completed by the NYS Work	kers' Compensation Board (Only If Box 4C or 5B of Part 1 has been checked)
		State of New York
	W	Vorkers' Compensation Board
According to info	ormation maintained by the NYS	S Workers' Compensation Board, the above-named employer has complied with the
NYS Disability a	nd Paid Family Leave Benefits I	Law with respect to all of his/her employees.
Date Signed	Ву	
		(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Numbe	er –	Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



COLLEG MANNA



DATE (MM/DD/YYYY) 5/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	the the	a tem	ns and conditions of the	policy.	certain noile	dee mov ron	uire an endorsement. A si	latement on
PRODUCER				SOUT.		-		
Hudson Valley Agents					PHONE (AC, No. Batt: (845) 778-2141 (AC, No.:			
99 West Main St					ss: kathy@h			<del></del>
				noona			RONG COVERAGE	4410.7
Walden			NY 12586	MO1100	RA: MERCH			NAIC#
INSURED			111 12300	_	RB: FIRST F			
Copper Works Mechanical LLC	•			DISLIRE		GUVDILLYI		
15 Shinhollow Rd								
				INSURE				
Port Jervis			NY 12771	INSURE				
	TIEIC	ATE	NUMBER:	INSURE	RF:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	INSI JIREN TAIN, OLICI	JRAN MENT, THE	CE LISTED BELOW HAVE BE TERM OR CONDITION OF A INSURANCE AFFORDED BY	NY COP	NTRACT OR O' DLICIES DESCI DUCED BY PAI	NSURED NAM THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH DECREAT TO MAKE	LI TURO
LTR TYPE OF INSURANCE	DEM	WYD	POLICY NUMBER		[MANDOYYYY)	(MACCONTAIN)	LIMITS	-
X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	100,000,1
CLAIMS-MADE X OCCUR							PREMISES (En occurrence) \$	500,000
							MED EXP (Any one person) \$	15,000
A	Y	Y	BOP1093987		02/17/2018	02/17/2019	PERSONAL & ADV INJURY S	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE S	2,000,000
POLICY BEET LOC	Ī						PRODUCTS - COMPIOP AGG \$	2,000,000
OTHER:					l .		8	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AUTOMOBILE LIABILITY							COMISSINED STRIGLE CHITT \$	
ANY AUTO	ŀ						BODILY INJURY (Per person) 3	
OWNED SCHEDULED AUTOS ONLY							90DiLY INJURY (Per accident) \$	
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY		ŀ					PROPERTY DAMAGE (Per accident) 8	
- Autosonei							(Per accident)	
UMBRELLA LIAB OCCUR	┝	-						<del></del>
EXCESS LIAB CLAMS-MADE							EACH OCCURRENCE \$	<del></del>
DED RETENTIONS							AGGREGATE \$	<del> </del>
MORKERS COMPENSATION			<u> </u>				STATUTE X EXT	
AND EMPLOYERS' LLABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE T/ N								<b>700 000</b>
ANY PROPRIETOR/PARTNER/EXECUTIVE Y  [Mandatory In NH)	N/A	,	WCA9100544		02/17/2018	02/17/2019	E.L. EACH ACCIDENT \$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - EA EMPLOYEE \$	500,000
DESCRIPTION OF OPERATIONS BROW			<u> </u>				E.L. DISEASE - POLICY LIMIT   3	500,000
B NEW YORK STATE DISABILITY			D511263		0818/18	08/18/2019		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC KRAFTIFY LLC AND KRAFTIFY HOLDINGS LLC ARE IN BY THE NAMED INSURED ON THEIR BEHALF. A WAIVI COMP	CILLEDS:	ED AS	ADDITIONAL DISERPING ON A PR	TMARY A	MICHAEL COMPRE	DITTIDY DARK S	SE ENDODOMENT A C DECORPTO TO	O WORK PERFORMED D UNDER WORK HRS
CERTIFICATE HOLDER					ELLATION ULD ANY OF T	HE ABOVE DI	ESCRIBED POLICIES BE CANO	CELLED BEFORE
KRAFTIFY LLC							F, NOTICE WILL BE DELIVER Y PROVISIONS.	ED IN
251 SCHOOL ROAD				AUTHOR	UZEO REPREBE	SYTATIVE		<del></del>
WARWICK, NY 10990				David J. Bonno				

ACORD 25 (2016/03)

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DATE (MIM/DD/YYYY) 5/30/2019

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П	RPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject I ils certificate does not confer rights to	io thu	e terr	ns and conditions of the	noiley.	certain nolid	dee mov ron	L INSURED provisions uire an endorsement. A	or be e	ndorsed. sent on
PRO	DUCER		-	THOUSE HOUSE OF SE	NAME KATHY					
Hu	dson Valley Agents									
99	West Main St				1997	ee kathw@h	vagents.com	[put, Ro);		
					ROUTE			RDING COVERAGE		
Wa	lden			NY 12586	INGILDE	RA: MERCH				NAIC#
INSU	RED					RB: FIRST				
ł	Copper Works Mechanical LLC	:			INSURE		CHABITAT	ION		
ı	15 Shinhollow Rd				DISTURE		·			
ı					-			· · · · · · · · · · · · · · · · · · ·		
1	Port Jervis			NY 12771	CNSURE		<del></del>			
CO		nerc	ATE	NUMBER:	INSURE	<u> </u>				
Ti	IIS IS TO CERTIFY THAT THE POLICIES OF	INS	JRAN	CE LISTED BELOW HAVE RE	FN ISS	LIED TO THE I	USTIDED NAME	REVISION NUMBER:	V DEDIC	¥5.
C	DICATED. NO INTESTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER (CLUSIONS AND CONDITIONS OF SUCH PA	JIREI TAIN, OLICI	MENT, THE IES. L	TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BE	NY COL	NTRACT OR O' DLICIES DESCI DUCED BY PAI	THER DOCUM RIBED HEREIN D CLAIMS.	ENT WITH DECORAT TA MA	HOW TH	19
LTR	TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY	INSP	WVD	POLICY NUMBER		(MATERIAL PROPERTY)	THE PARTY OF THE P	LIMIT	8	
								EACH OCCURRENCE	\$	1,000,000
ı	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
١.	H		ı					MED EXP (Any one person)	\$	15,000
^	<u> </u>	Y	Y	BOP1093987		02/17/2019	02/17/2020	PERSONAL & ADV INJURY	\$	1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:		l					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO: LOC		l			]		PRODUCTS - COMPIOP AGG	\$	2,000,000
	OTHER:								\$	
1	AUTOMOBILE LIABILITY						· · · · · · · · · · · · · · · · · · ·	COMBINED SINGLE LIMIT (Ea accident)	\$	
/	ANY AUTO		l					BODILY INJURY (Per person)	\$	
1	OVACED SCHEDULED AUTOS ONLY HIRED NON-OWACED		l					BODILY INJURY (Per eccident)	\$	
ı	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per eccident)	\$	
			l					(	\$	
	UMBRELLA LIAS OCCUR							EACH OCCURRENCE	•	
1	EXCESS LIAB CLAIMS-MADE		1					AGGREGATE	•	
	DED RETENTION\$		li			<b>i</b> 1				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE X CIT-	<u> </u>	
١.	ANY PROPRIETOPINADTHEDIESEC ITME			••••				E.L. EACH ACCIDENT	ė.	500,000
^	Eldandatory in NH)	H/A		WCA9100544		02/17/2019	02/17/2020	E.L. DISEASE - EA EMPLOYEE	•	500,000
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	•	500,000
								C.C. DIOCHE TOLOT LIMIT		300,000
В	NEW YORK STATE DISABILITY			D511263		0818/18	08/18/2019			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LE8 (	ACORI	D 101, Additional Remarks School	itie, may	be attached if m	ore space is requ	alred)		
BY	NFTIFY LLC AND KRAFTIFY HOLDINGS LLC ARE D THE NAMED NSURED ON THEIR BEHALF. A WAIVE	CLUE	ED AS	ADDITIONAL INSUREDS ON A PR	MARY A	NUMBER OF THE PROPERTY OF THE	BUTIRY BASIS 1	VIE ENDORSEMENT AS RESPECT	S TO WO	EK PERFORMED
col	MP .			ANTONIA TO LOCATION OF LANGE	01 1000	THE COUNTY IN	MUTHE INCOM	ON THE COAS	MED OND	ER WORKERS
L.										
CEF	TIFICATE HOLDER				CANC	ELLATION				
							EBCRIBED POLICIES BE CA			
	KRAFTIFY LLC							P, NOTICE WILL BE DELIVE Y PROVISIONS.	RED IN	
	251 SCHOOL ROAD				AUTHO	IZED REPRESE	VIATIVE			
)	WARWICK, NY 10990									
1	,				(2/	and T	(OK anna	•		i

ACORD 25 (2016/03)

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FS-20 (4-72) NEW YORK STATE INSURANCE IDENTIFICATION CARD

Name & Address of Insurer

State Farm Mutual Automobile Insurance Company Company

Code PO Box 8000

Ballston Spa, NY 12020-8000 328

An authorized NEW YORK insurer has issued an Owner's Policy of Liability insurence complying with Article 6 (Motor Vehicle Financial Security Act) of

the NEW YORK Vehicle and Traffic law to:

POLICY NUMBER

234 6460-C08-52 COPPERWORKSMECHANICALLLC 15 SHIN HOLLOW RD

PORT JERVIS NY 12771-3821

EFFECTIVE DATE

SEP 08 2018 12:01 a.m.

EXPIRATION DATE SEP 08 2019 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date)

Applicable with respect to the following Motor Vehicle

Yoar Make FORD

Vehicle Identification Number 1FD8/3HT3FEA78133

AGENT PHONE # (845)856-7512

NAIC 25178



SEE IMPORTANT MESSAGE ON REVERSE

45486 3 P Non PI

VOL

New

any prize at



State Farm Mutual Automobile Insurance Company

Jde PO Box 8000

Ballston Spa, NY 12020-8000

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic law to:

ICY NUMBER

6460-C08-52 PERWORKS; MECHANICAL; LLC IN HOLLOW RD

JERVIS NY 12771-3821

EFFECTIVE DATE

SEP 08 2019 12:01 a.m.

**EXPIRATION DATE** SEP 08 2020 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date) Applicable with respect to the following Motor Vehicle

2015 FORD

Vehicle Identification Number 1FD8X3HT3FEA78133

AGENT PHONE # (845)856-7512

9529-B49

NAIC

25178



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

BART 1 To bo	annioted by Disability	and De	id Camilly Lagres D	anafita Carriar an Lia		· · · · · · · · · · · · · · · · · · ·	a Accest of the Country		
	completed by Disability a								
1a. Legal Name & COPPERWORK	Address of Insured (use street (S MECHANICAL LLC	et addre	ss only)	1b. Business Telephone Number of Insured 845–499-8662					
15 SHINHOLLO									
PORT JERVIS, N	IY 12771			1c. Federal Employer Ide	ntificatio	n Number	of Insured		
Marie I continue of I				or Social Security Nur			V 11102100		
	nsured (Only required if coverage lew York State, i.e., Wrap-Up Police		тсвну итнесто	473547766					
	ess of Entity Requesting Prod		verage :	3a. Name of Insurance Ca	агтіег				
KRAFTY LLC	sted as the Certificate Holder)			ShelterPoint Life	Insura	nce Comp	pany		
	D04D			3b. Policy Number of Enti	tv Listed	l in Box "1	a"		
251 SCHOOL				DBL563957	,		-		
WARWICK, N	Y 10990								
			;	3c. Policy effective period					
				09/13/201	9	to	09/12/2020		
B. Only the	ne employer's employees eligile following class or classes of clas	employ	yer's employees: ed representative or lic lenefits insurance cove	sensed agent of the insura erage as described above	nce car	rier referei	nced above and that the named		
Telephone Numbe	r _516-829-8100		Name and Title Ric	chard White, Chief	Exec	cutive C	Officer		
IMPORTANT:		hecke	d, and this form is si	igned by the insurance	carrier	's author	zed representative or NYS		
	If Box 4B, 4C or 5B is che Disability and Paid Family Board, Plans Acceptance	/ Leav	e Benefits Law. It m	nust be mailed for comp	etion		n 220, Subd. 8 of the NYS orkers' Compensation		
PART 2. To be	completed by the NYS	Work	ers' Compensatio	n Board (Only if Box 46	C or 5B	of Part 1 i	nas been checked)		
According to info	ormation maintained by the	We NYS	State of Norkers' Compension	ensation Board	-name	d employe	er has complied with the		
	nd Paid Family Leave Ben					•	•		
Date Signed		Ву							
Date diffued		- <sup>Dy</sup> -	(Sig	gnature of Authorized NYS Work	ers' Comr	ensation Bo	ard Employee)		
Telephone Numbe	er								
- Copiloto Hallino			, tanto una titto						

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





DATE (MM/DD/YYYY) 5/30/2019

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).

	SUBRUGATION IS WAIVED, Subject is certificate does not confer rights							equire an endorsement	. A Sti	atement on
	DUCER				CONTACT NAME:					
	ely & Durland, Inc.				PHONE (A/C, No. Ext): 845-986-1177 (A/C, No.): 845-986-0094					
	Oakland Ave Irwick NY 10990				E-MAIL ADDRESS: amcpherson@seely-durland.com					
					ROUNTE					NAIC #
					INSURF			Assurance Company		29939
INSL	RED	AMPM	ASO-0	1			surance Comp	, , , , , , , , , , , , , , , , , , , ,		14788
	P Masonry Inc.				INSURE		<u> </u>			147.00
	Edsall Lane e Island NY 10969				INSURE					
	e island ivi 10000				INSURE					
					INSURE					
CO	VERAGES CEF	TIFK	CATE	NUMBER: 1862138927	INSURE	KF.		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO			IE POL	ICY PERIOD
- IN	DICATED. NOTWITHSTANDING ANY R	EQUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO V	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH							HEREIN IS SUBJECT TO	) ALL T	THE TERMS,
INSR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	•	
A	X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER MPU7595Q		2/20/2019	2/20/2020	EACH OCCURRENCE	\$ 1,000.	000
	CLAIMS-MADE X OCCUR	'				DEGLOTO	DEWEGEG	DAMAGE TO RENTED		
	CD4MS-MADE X OCCUR	l						PREMISES (Ea occurrence)	\$ 500,0	
			ļ					MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 1,000	
	POLICY X PRO-							GENERAL AGGREGATE	\$3,000,	
							,	PRODUCTS - COMP/OP AGG	\$3,000 \$	,000
ng.	AUTOMOBILE LIABILITY	Y	Y	B1U7595Q		2/20/2019	2/20/2020	COMBINED SINGLE LIMIT	\$ 1,000.	000
6)	X ANY AUTO	'		610733302		2/20/2015	2/20/2020	(Ea accident)  BODILY INJURY (Per person)	\$ 1,000,	,000
	OWNED SCHEDULED							BODILY INJURY (Per accident)		
	X HIRED X NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY	}						(Per accident)	\$	
8	X UMBRELLA LIAB X OCCUR	Y	Y	CUU7595Q		2/20/2019	2/20/2020			200
•	- CCCCR		'	C007393Q		2/20/2019	2/20/2020	EACH OCCURRENCE	\$5,000	·
	CD-timo-mo-DD	1	}					AGGREGATE	\$5,000	,000
	DED X RETENTION \$ 10,000	<del>                                     </del>						PER OTH-	\$	
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE	1								
	OFFICER/MEMBEREXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	2	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	I ES //	COPI	101 Additional Persons Schadu	la mou h	attached if mon	a angra la raquin	<u></u>		
-	THE TOTAL OF ENGINEERING PERSONS			To I, rusting the total of the total	ed, theny we	and the state of t	o speco is requir	, oj		
										j
<u> </u>	STIFICATE HOLDER				04116	ELL ATION				
<u>LE</u>	RTIFICATE HOLDER				CANC	ELLATION				
					SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE
					THE	EXPIRATION	DATE THE	REOF, NOTICE WILL E		
	Kraftify LLC				ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
	251 State Road				AUTHO	RIZED REPRESE	NTATIVE			
2	Warwick NY 10990					•	•	11 1		
			Hart w Unline							

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ACORD 25 (2016/03)

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# **VYSTE** New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914 WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 202230614 **SEELY & DURLAND INC** 13 OAKLAND AVE **PO BOX 330** WARWICK NY 10990



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

AMP MASONARY INC 11 EDSALL LN PINE ISLAND NY 10969 CERTIFICATE HOLDER

**KRAFTIFY LLC** 251 STATE ROAD WARWICK NY 10990

POLICY NUMBER W2007 814-3

**CERTIFICATE NUMBER** 986706

**POLICY PERIOD** 12/12/2018 TO 12/12/2019

DATE 5/30/2019

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

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

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

ALDEN PREIS, PRESIDENT AMP MASONARY INC 1 OF 1

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 160302749



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave	Renefits Carrier or Licensed Insurance Agent of that Carrier								
Legal Name & Address of Insured (use street address only)     AMP MASONARY INC	1b. Business Telephone Number of Insured 845-258-6028								
11 EDSALL LANE									
PINE ISLAND, NY 10969	1c. Federal Employer Identification Number of Insured								
	or Social Security Number								
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	202230614								
2. Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier								
(Entity Being Listed as the Certificate Holder)	ShelterPoint Life Insurance Company								
Kraftify LLC	3b. Policy Number of Entity Listed in Box "1a"								
054 04-4- Barat	DBL300785								
251 State Road	DBE300703								
	3c. Policy effective period								
Warwick NY 10990	07/22/2018 to07/21/2020								
B. Disability benefits only.  C. Paid family leave benefits only.  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.  Date Signed  5/30/2019  By  (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)									
	signed by the insurance carrier's authorized representative or NYS ificate is COMPLETE. Mail it directly to the certificate holder.								
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.									
PART 2. To be completed by the NYS Workers' Compensat	on Board (Only if Box 4C or 5B of Part 1 has been checked)								
State of New York									
Workers' Compensation Board According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.									
Date Signed By	Signature of Authorized NYS Workers' Compensation Board Employee)								
§									
Telephone Number Name and Title									

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





DATE (MM/DD/YYYY) 05/28/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).								
PRODUCER	CONTAC NAME:							
VERO AGENCY INC	PHONE	E.A. 845-46	9-4344	FAX	845-4	69-9057		
145 MAIN STREET	(A/C. No. E-MAIL ADDRES	in an and	rontiemet.net	(A/C, No):				
P O BOX 520	AUURES	3		IDING COVERAGE				
CHESTER, NEW YORK 10918		0-10		Company of the Southeast		NAIC#		
INSURED	INSURER		C Misuration (	sompany of the Southeast				
TELGEN KNAPP CONSTRUCTION CO INC	INSURER							
DBA RAYNOR OVERHEAD DOOR SALES	INSURER							
	INSURER	RD:						
P O BOX 91	INSURER	RE:				<u>.</u>		
SUGAR LOAF, NEW YORK 10981	INSURER	RF:						
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE INSR!	I OF ANY DED BY T E BEEN RI	CONTRACT HE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCCUMENT WITH RESPEC	T TO I	MHICH THIS		
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER		POLICY EFF [MM/DO/YYYY]	POLICY EXP (MM/DD/YYYY)	LIMIT	9			
CLAIMS-MADE X OCCUR				EACH OCCURRENCE DAMAGE TO RENTEO PREMISES (Ea occurrence)	s 1,00	00,000.		
				MED EXP (Any one person)		0,000.		
A X S1825873		08/01/2018	08/01/2019	PERSONAL & ADV INJURY	s 1,00	·		
GEN'L AGGREGATE LIMIT APPLIES PER:					\$ 3,00			
POLICY PRO: LOC			i		\$ 3,00			
OTHER:				PRODUCTS - COMPIOP AGG	\$ 3,00	0,000.		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000.		
ANY AUTO				BODILY INJURY (Per person)	S			
A OWNED X SCHEDULED X S1825873	10	08/01/2018	08/01/2019	BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY	1			PROPERTY DAMAGE	s			
AUTOS ONLY AUTOS ONLY	1			(Per accident)	s			
X UMBRELLA LIAB X OCCUR				EAGU OCO IDOTIVO	s 1,00	0.000		
A EXCESS LIAB CLAIMS MADE X S1825873	l,	08/01/2018	08/01/2019	EACH OCCURRENCE	\$ 1,00			
DED X RETENTIONS 10,000.	Ι.	000112010	00/01/2010	AGGREGATE		0,000.		
WORKERS COMPENSATION				PER OTH-	\$			
AND EMPLOYERS' LIABILITY Y/N								
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A NYSIF CERT ATTACHE	D			E.L. EACH ACCIDENT	\$			
(Mandatory In NH)  If yes, describe under				E.L. DISEASE - EA EMPLOYEE	\$			
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedute, may be attached if more space is required) SALE AND INSTALLATION OF RESIDENTIAL & COMMERICAL OVERHEAD DOORS.								
CERTIFICATE HOLDER	CANC	ELLATION						
KRAFTIFY LLC & KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD WARWICK, NEW YORK 10990	ACCO	EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.				
	AUTHOR	IZED REPRESE	Johl	. Vero				
		© 19	<b>99</b> 42015 AC	ORD CORPORATION.	All righ	ts reserved.		

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DATE (MM/DD/YYYY) 07/10/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT JOHN S. VERO	CONTACT JOHN S. VERO					
VERO AGENCY INC	The state of the s	69-9057					
145 MAIN STREET	ADDRESS: jsvero@frontiemet.net	72.72					
P O BOX 520	INSURER(S) AFFORDING COVERAGE	NAIC#					
CHESTER, NEW YORK 10918	INSURER A: Selective Insurance Company of the Southeast						
INSURED	INSURER B:						
TELGEN KNAPP CONSTRUCTION CO	O INC INSURER C:						
DBA RAYNOR OVERHEAD DOOR SA	ALES INSURER D:						
P O BOX 91	INSURER E :						
SUGAR LOAF, NEW YORK 10981	INSURER F:						
COVED LOCAL CENTIFICATE							

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 SUB INSD WVI	POLICY NUMBER	POLICY EFF (MWDD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY	9000		) T		EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000.
- 1	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	s 100,000.
Α		х	S1825873	08/01/2019	08/01/2020	PERSONAL & ADV INJURY	<b>\$ 1,000,000</b> .
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000.
	POLICY PRO-	=1				PRODUCTS - COMP/OP AGG	\$ 3,000,000.
-	OTHER:						\$
1	AUTOMOBILE LIABILITY	-			10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.
)	ANY AUTO					BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS	X	S1825873	08/01/2019	08/01/2020	BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY				II.	PROPERTY DAMAGE (Per accident)	\$
						T 06	\$
	X UMBRELLA LIAB X OCCUR		11	1/1		EACH OCCURRENCE	s 1,000,000.
Α	EXCESS LIAB CLAIMS-MADE	×	S1825873	08/01/2019	08/01/2020	AGGREGATE	s 1,000,000.
	DED X RETENTION \$ 10,000.					1, 0.	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	NYSIF Certificate attached			E.L. EACH ACCIDENT	\$
	(Mandatory in NH)		TVOII OCITINATE ATTACK			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	A I			11		- 1 T	
	6	П					
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL						

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

SALE AND INSTALLATION OF RESIDENTIAL & COMMERCIAL OVERHEAD DOORS.

CER'	TIFIC	ATE	HOL	DER

CANCELLATION

KRAFTIFY LLC & KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD WARWICK, NEW YORK 10990 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 VILLE

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ACORD 25 (2016/03)

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# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be o	completed by Disability and	Paid Family Leave	Benefits Carrier or Licensed	Insurance Agent	of that Carrier	
1a. Legal Name & TELGEN KNAPP CON	Address of Insured (use street address of Insured (use street address of Inc T/A RAYNOR OVER	dress only) RHEAD DOOR SALES	1b. Business Telephone Number 845-469-4664	of Insured		
PO BOX 91 SUGAR LOAF, N	D BOX 91 GAR LOAF, NY 10981  1c. Federal Employer Identification Number of Insured					
	nsured (Only required if coverage is splew York State, i.e., Wrap-Up Policy)	pecifically limited to	or Social Security Number  141483087			
	ress of Entity Requesting Proof of (sted as the Certificate Holder)	3a. Name of Insurance Carrier				
Kraftify LLC & Kraftify Holdings			ShelterPoint Life Insura	nce Company		
		3b. Policy Number of Entity Listed	d in Box "1a"			
	/arwick, New York 10990 DBL53561					
, rounding trot	3c. Policy effective period					
			01/01/2019	to 12/3	34/2040	
			01/01/2019	12/3	31/2019	
Under penalty of pinsured has NYS [	e following class or classes of emp	ized representative or leading to be Benefits insurance co	icensed agent of the insurance car werage as described above.  Carrier's authorized representative or NYS Lichard White, Chief Exec	rier referenced above		
IMPORTANT:	If Boxes 4A and 5A are check	ed, and this form is	signed by the insurance carrier	's authorized repre	esentative or NYS ate holder.	
	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.					
PART 2. To be	completed by the NYS Wor	kers' Compensati	on Board (Only if Box 4C or 5B	of Part 1 has been c	hecked}	
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.						
Date Signed	Ву		Signature of Authorized NYS Workers' Comp	pensation Board Employee	<u>,                                      </u>	
Tolonhona Numba	•				-	
	r incurrence comican licensed to write					

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





Workers' Compensation & Disability Benefits Specialists Since 1914
WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

# CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^ ^ ^ ^ ^ 141483087 VERO AGENCY INC 145 MAIN ST PO BOX 520 CHESTER NY 10918



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

TELGEN KNAPP CONSTRUCTION CO INC T/A RAYNOR OVERHEAD DOOR SALES BOX 91 SUGARLOAF NY 10981 CERTIFICATE HOLDER

KRAFTIFY LLC & KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER W 389 323-7

CERTIFICATE NUMBER 977681 POLICY PERIOD 07/06/2018 TO 07/06/2019

DATE 5/28/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 389 323-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://www.nysif.com/cert/certval.asp. The New York State insurance fund is not liable in the event of failure to give such notifications.

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 452960854

U-26.3



# WSIE New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914
WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411

# **CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)**

^ ^ ^ ^ ^ 141483087 VERO AGENCY INC 145 MAIN ST PO BOX 520 CHESTER NY 10918



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

TELGEN KNAPP CONSTRUCTION CO INC T/A RAYNOR OVERHEAD DOOR SALES BOX 91 SUGARLOAF NY 10981 CERTIFICATE HOLDER

KRAFTIFY LLC & KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER W 389 323-7 CERTIFICATE NUMBER 102364

POLICY PERIOD 07/06/2019 TO 07/06/2020 DATE 7/12/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 389 323-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 603160451

U-26.3

Weekl	21	of Area Total	Weekly Out of Area Total	53	Weekly Total
					Exempt Total
2	4	S)	5	51	Out of Area Total
	14	9	9	9	Daily Total
950					
12	14	ဖ	ဖ	9	Servidone
Friday	Thursday	Wednesday	Tuesday	Monday	Subcontractor + Total # of Workers
7/19/20	7/18/2019	7/17/2019	7/16/2019	7/15/2019	DATE
Veek End	Subcontractors for Week End	Subcont		W YORK"	"LEGOLAND NEW YORK"
₹ D ORA	NEW YOR	>	SERVIDONE	SE	HEAD COUNT
	LEGO	1			
		(			(



June 26th, 2019

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: Kraftify, LLC – Requests for Verified Exemptions Specialty Services: Steel and structural welding

Van Grouw Welding was hired to perform heavy steel and structural work at the brewery being built at 251 State School Road in Warick NY. **Background:** 

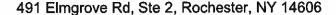
Van Grouw was originally submitted as a specialty contractor and denied. This is a new submission under the 10% price differential exemption. Van Grouw will design, fabricate, and install steel for the project using a variety of heavy equipment. The waiver is being submitted as a significant price point differential compared to two other bids from local contractors. Additional attempts to receive bids were made and a log of phone calls was provided, however a supporting documentation trail was not kept by Kraftify of the process.

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

Sincerely,

Kevin E Loewke





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





# **Orange County Industrial Development Agency**

# Local Labor Verified Exemption Request

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

APPLICANT NAME: KRUPSTE LLC

CONT	ACT: Mike Kreek
PHON	E (B) PHONE (CELL) <u>973-786-72\7</u>
FAX_	EMAIL MUTE @ priesslus boor con
REAS	ON FOR REQUEST
1)	Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. – <b>EXPLAIN</b>
2)	Specialized construction in which a local contractor is not available EXPLAIN
3)	Significant cost differentials in bids; whereby use of local labor significantly increases the cost of the project. A cost differential of 10% is deemed significant. Where there is a significant cost differential, if the local contractor agrees to reduce the bid to the average of the two bids, no waiver will be granted. However, if the average is still 10% or more, a waiver will be granted — EXPLAIN (PROVIDE COPIES OF ALL BIDS)
4)	No local labor available for the project – EXPLAIN
	nt Signature:
Numbe	er of Workers Needing Verified Exemption(s):
	ompleted Form and Attachments to our auditors:  Loewke Brill Consulting Group  491 Elmgrove Road — Suite 2  Rochester, NY 14606  Kevin@loewkebrill.com
	4 CROTTY LANE . SUITE 100 . NEW WINDSOR INFW YORK 12553

4 CROTTY LANE . SUITE 100 . NEW WINDSOR . NEW YORK 12553 PHONE . 845-234-4192 . www.ocnyida.com



May 19, 2019

Orange County IDA

Hector V. Muñoz-Baras

28 Front St. Port Jervis, NY 12771

vox (845) 856-2020

hector@vbaras.com www.vbaras.com

New York 027002 New Jersey ai-14816 Pennsylvania ra-402782 Fiorida ar-92884 Georgia ra-011520





RE: 251 State School Rd., Warwick, NY

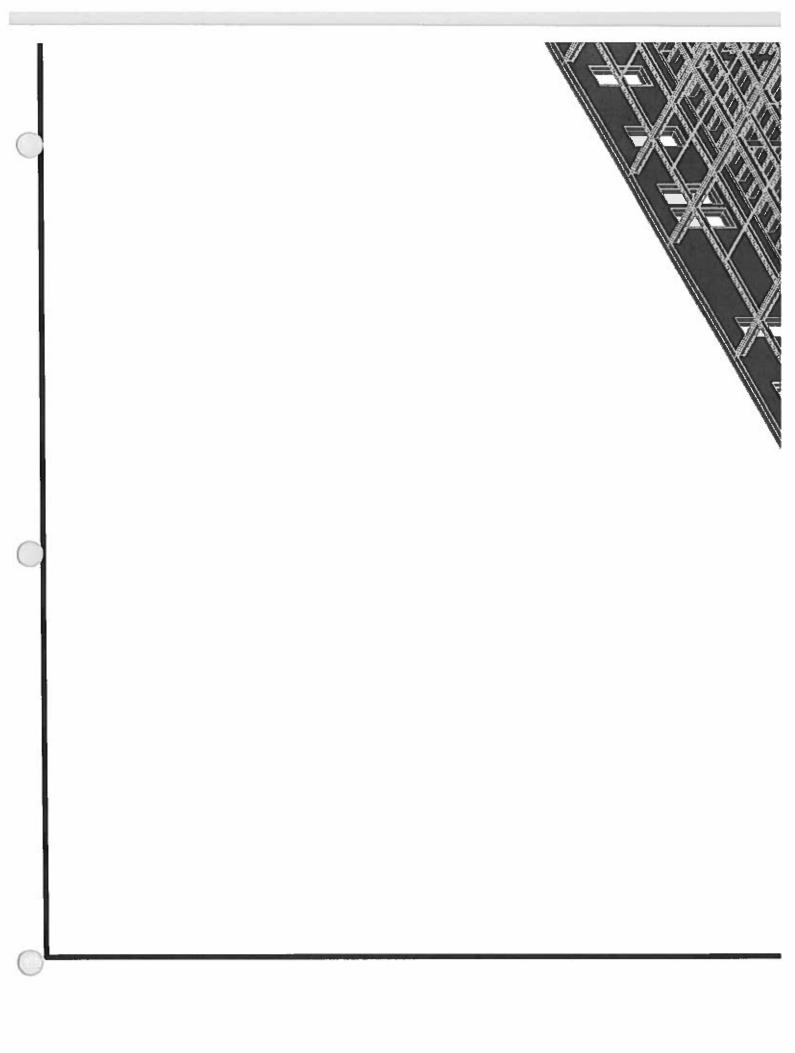
Dear Sir, or Madam,

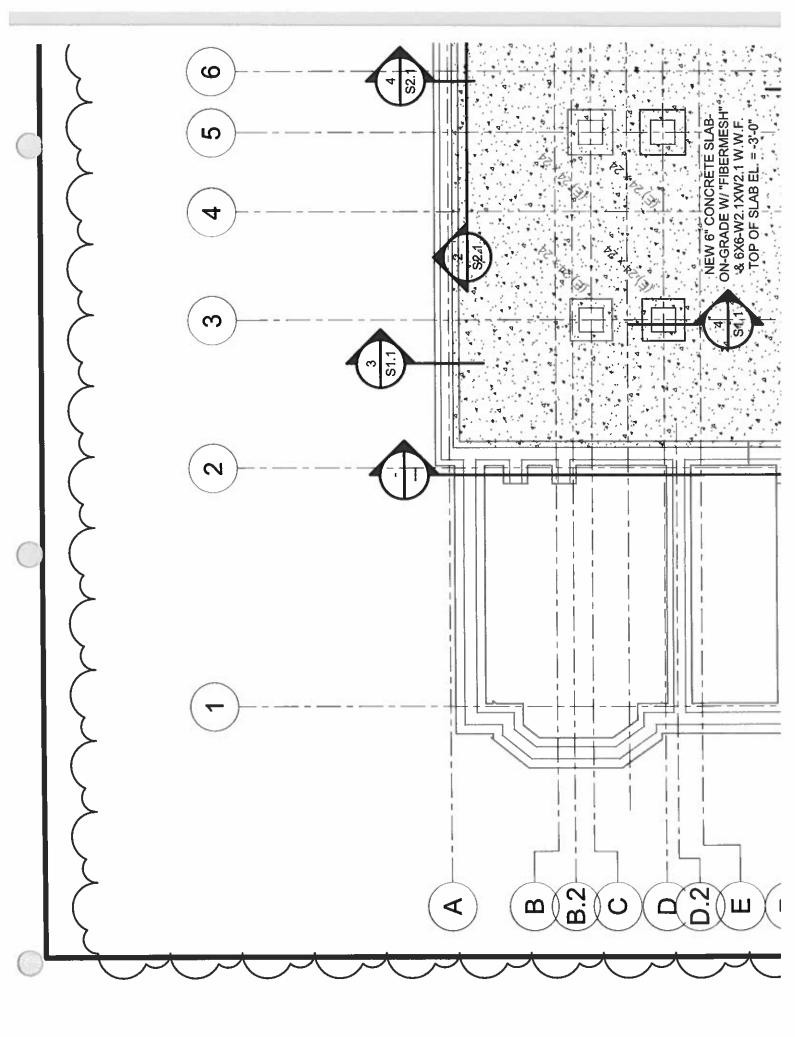
The work to be performed by VanGrouw Welding, at the above referenced location, is specialized heavy steel and structural work. This type of work requires an extensive amount of machinery and tools, as well as expertise relating to structural engineering and steel construction. The contractor must also be capable of shoring, and working closely with the structural engineer to ensure that the beams and columns are erected within code and to be structurally sound. This type of work cannot be performed by a general builder as they do not have the skills, experience, or equipment necessary to provide such structural steel work.

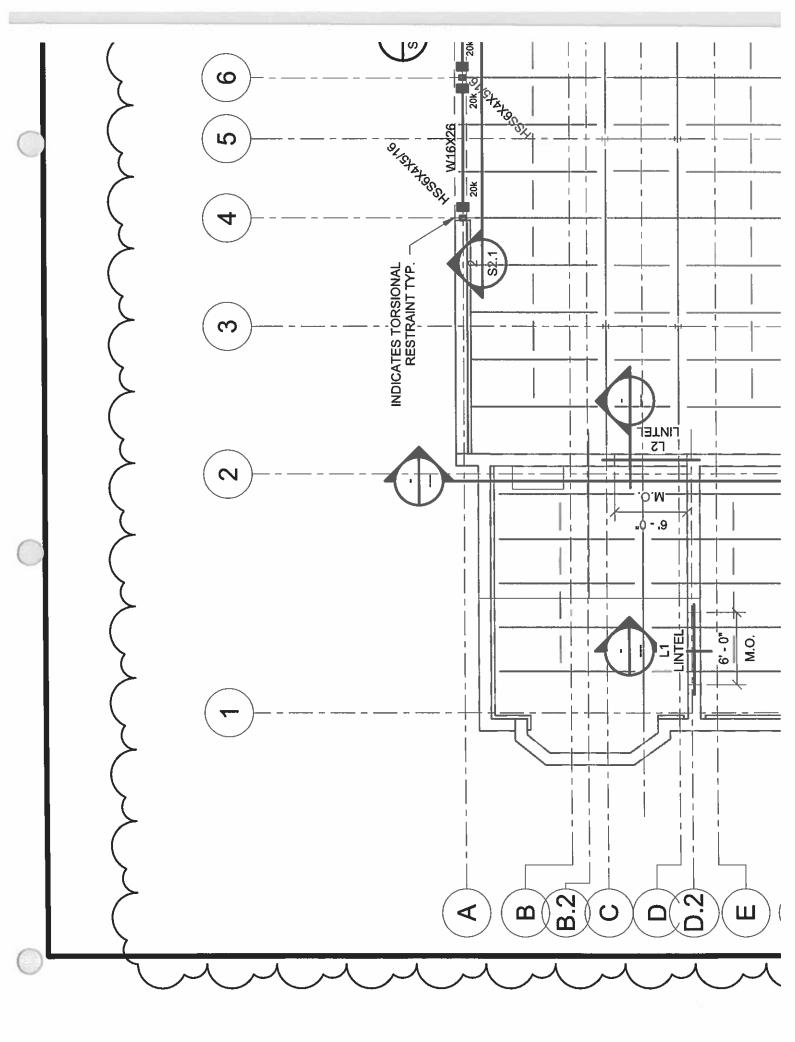
With regards,

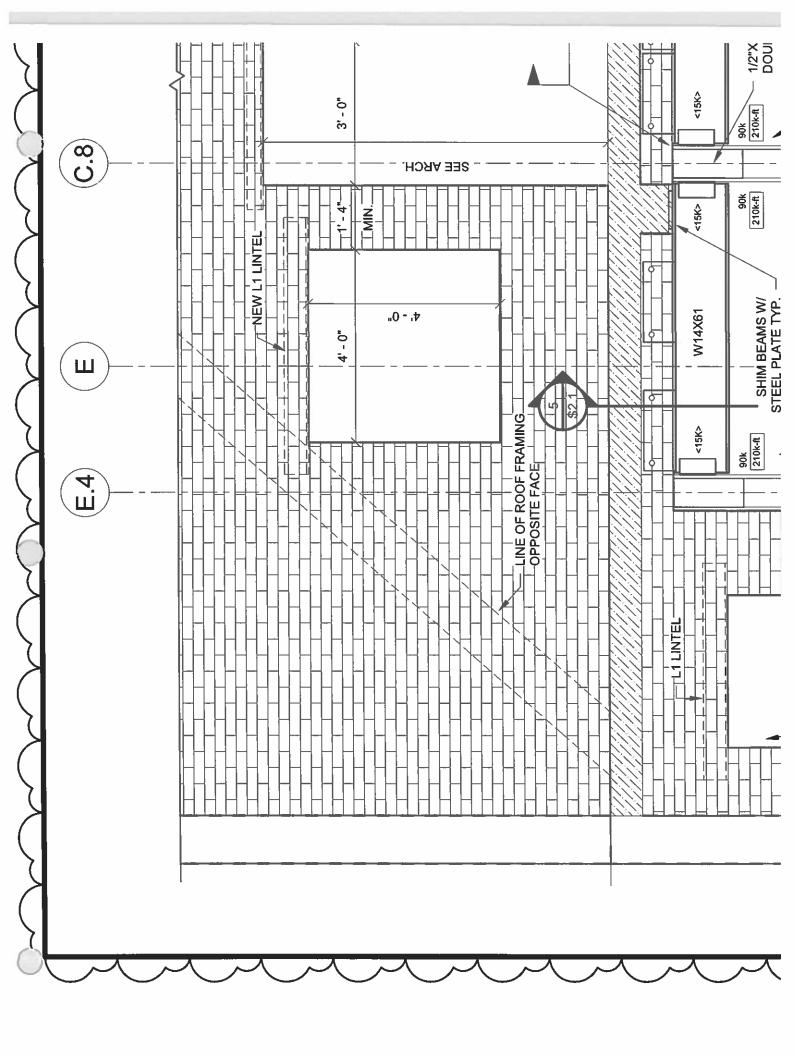
date 05/19/19

Hector O. Muños-Baras, AIA, LEEDap









# CODES AND STANDARDS

- 1. BUILDING HAS BEEN DESIGNED TO, AND SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE FOLLOWING BUILDING CODES AND STANDARDS:
  - 1.1. NEW YORK STATE INTERNATIONAL BUILDING CODE
    - 1.2.2015 IBC NEW YORK STATE EDITION
- 2. UNLESS EXPLICITLY MODIFIED IN THE CONTRACT DRAWINGS AND SPECIFICATIONS, THE CONTRACTOR SHALL COMPLY WITH THE FOLLOWING STANDARDS:
  - 2.1. ASCE/SEI 7-10, MINIMUM DESIGN LOADS FOR BUILDINGS AND OTHER
    - STRUCTURES.
- 2.2. ACI 301-10, SPECIFICATIONS FOR STRUCTURAL CONCRETE. 2.3. ACI 318-10, BUILDING CODE REQUIREMENTS FOR STRUCTURAL CONCRETE.
  - 2.4. ACI 530-11 / ASCE 5-11 / TMS 402-11, BUILDING CODE REQUIREMENTS FOR
    - MASONRY STRUCTURES.
- 2.5. ANSI/AISC 341-10, SEISMIC PROVISIONS FOR STRUCTURAL STEEL BUILDINGS.
  - 2.6. ANSI/AISC 360-10, SPECIFICATION FOR STRUCTURAL STEEL BUILDINGS.
    - 2.7. AWS D1.1-2010, STRUCTURAL WELDING CODE STEEL.
- 2.8. SJI 42ND EDITION CATALOG OF STANDARD SPECIFICATIONS AND LOAD TABLES FOR STEEL JOISTS AND JOIST GIRDER.
  - 2.9. SDI NO. MOC2, SDI MANUAL OF CONSTRUCTION WITH STEEL DECK, 2006.
    - 2.10. AISI/NASPEC 2007, NORTH AMERICAN SPECIFICATION FOR DESIGN OF COLD-FORMED STEEL STRUCTURE MEMBERS.

# DESIGN STRESSES

F'C=3,500PSI CONCRETE (STRENGTH DESIGN) MINIMUM COMPRESSIVE STRENGTH IN 28 DAYS:

FOOTINGS

INTERIOR SLABS ON GRADE, GRADE BEAMS, WALLS, INTERIOR STRUCTURAL FRAME, AND CONCRETE ON METAL DECK

LEAN CONCRETE, FOR USE WITH OVER-EXCAVATIONS CONCRETE SUBJECT TO FREEZING AND THAWING

REINFORCING BARS (ASTM A615 OR ASTM A706, GRADE 60) WELDED WIRE REINFORCEMENT (ASTM A185) STRUCTURAL STEEL W AND S SHAPES

ANCHOR RODS (F1554, GRADE 36) UNLESS OTHÉRWISE NOTED HOLLOW STRUCTURAL SECTIONS (ASTM A500, GRADE B) STRUCTURAL STEEL OTHER SHAPES (ASTM A36) (ASTM A992 OR ASTM A572/50)-

RECTANGULAR ROUND

MASONRY

SOIL BEARING PRESSURE FOR FOUNDATIONS BRICK (ASTM C216 GRADE SW) GROUT (ASTM C476) MORTAR

LOAD-BEARING CMU (ASTM C55 OR C90)

# CONCRETE CONSTRUCTION

- CONTRACTOR'S ENGINEE! 1. ALL CONCRETE CONSTR REQUIREMENTS FOR REIN CONSTRUCTION AND REM
- 2. REINFORCING STEEL SH THE CONCRETE SERVICE
  - 2.1. CONCRETE PC 2.2. FORMED CONC
    - 2.3. EXTERIOR FAC
- 2.4. ALL OTHER WA 2.5. BEAMS AND CO
- 3. WELDED WIRE REINFOR POSITIVELY SUPPORTED / AND MAXIMUM TOP COVE
- 4. FURNISH BAR SUPPORT
- 5. PROVIDE PLASTIC-COAT EXPOSED TO VIEW IN CON
- 6. PROVIDE PIPE SLEEVES ARCHITECTURAL AND ME(
- 7.1. SLAB ON GROI 7.2. WALLS: #4 @ 1 7. UNLESS NOTED OTHER! WIRE REIN WELDED
- 8. CONSTRUCTION JOINTS RATIO OF LENGTH TO WID ALL CONSTRUCTION JOIN' REQUIREMENTS. FRAMED LAYOUT FOR ENGINEER'S

FY=60,000PSI

F'C=4,000PSI F'C=4,000PSI F'C=1,500PSI FS=30,000PSI

FY=50,000PSI FY=36,000PSI FY=36,000PSI

- 9. WELDING REBARS SHAL AWS D1.4. WELDING SHAL
- FOOTINGS; MINIMUM 1 1/2' OTHERWISE SHOWN OR N 10. PROVIDE HORIZONTAL

FY=46,000PSI FY=42,000PSI F'M=1,500PS!

11. ALL EXPOSED CORNEF TO BE CHAMFERED 45°. M

TYPE M OR S

2,000 PSF 3,000 PSI

12. UNLESS NOTED OTHER



Kevin Loewke <kevin@loewkebrill.com>

# **Exemption Form**

Pine Island Brewery <mike@pineislandbeer.com>
To: Kevin Loewke <kevin@loewkebrill.com>

Fri, May 24, 2019 at 5:49 AM

Cc: Jim Loewke <jim@loewkebrill.com>

Kevin,

Regarding your previous email, an email stating the work looks standard is nowhere near the equivalent of asking a trade to actually bid and perform the work. As I previously stated, we asked multiple local trades to bid and perform the work.

In addition to the letter from my architect which clearly states this is specialized construction here is additional documentation regarding why we made a good faith effort to use local labor.

Staring in October of 2018, we reached out to several local subcontractors in attempt to use local labor; and none were willing or able to perform the work. The one trade who did submit a proposal was over 60% higher than VanGrow Welding which is well above the 10% required price difference for exemption.

Below is a detailed account of when and how we reached out to local labor for this work.

All trades were reached out to by Nick Del Grosso of Triple R development who we hired to help seek proposals starting in October of 2018. A record was maintained by Nick and approved by the president of Tripler R - Ramon Gonzales.

CMP Construction Corp - Monroe NY; Carmelia Patalano

10/25/18 - Called, Left Voicemail

10/29/18 - Called, Left Voicemail

10/31/18 - Called, Not interested

Champion Construction - Poughkeepsie NY; Stenneth Blackburn

10/25/18 - Called, Spoke to Stenneth, will call back

10/30/18 - Called again no answer, left voicemail

10/31/18 - Called again, presumed not interested

Neversink Steel Corp DBA Liberty Iron Works – Liberty, NY Barbara Siegel 10/25/18 – Called, interested

10/29/18 - Plans and Proposal sent to Joe, provided work schedule

11/7/18 - sent follow up asking for proposal

11/8/18 - Sent updated arhictectural drawings for dimension drawings per request

https://mail.google.com/mail/u/1?ik=dff7a71ec6&view=pt&search=all&permmsgid=msg-f%3A1634406400050719333&simpl=msg-f%3A163440640005...

11/13/18 - sent follow up email

11/21/18 - sent 3<sup>rd</sup> follow up email, Joe requested site visit

11/27/18 - conducted site walk through with Joe

12/3/18 - Sent additional detail to Joe from engineer

12/4/18 - follow up email requesting proposal

12/4/18 - Joe sent estimate of \$85K

As clearly documented and detailed herein, we certainly attempted to use local labor and as clearly documented by the architect as requested, this is specialized work, there is not many trades to choose from. Furthermore, when we finally did receive an estimate from a local trade it was 60.3% higher than the proposal received from VanGrow which is very significantly higher than the 10% threshold required per the IDA. Finally, on top of all of this; when I personally reached out to Liberty Iron works asking when they could start, they were 8 weeks behind and wouldn't even be able to start for at least 2-3 months per the president Joseph Siegel. The reason stated by Joe was they did not have enough labor for their existing workload, further demonstrating how difficult it is to find available local labor in this trade.

We have clearly satisfied the exemption as per the IDA requirements both in specialized labor and price variance, we have maintained adequate records and provided you with the requested documentation to support both exemptions. Please do not waste any more time on this matter.

Thank you and have a nice weekend.

Michael Kraai, CPA

President | Kraftify LLC

From: Kevin Loewke <kevin@loewkebrill.com>

Sent: Tuesday, May 21, 2019 1:57 PM

To: Pine Island Brewery <mike@pineislandbeer.com>

Cc: Jim Loewke <jim@loewkebrill.com>

Subject: Re: Exemption Form

Good afternoon Mike,

Attached you'll find responses from both a civil engineer, the business manager of the Ironworkers local 417, and the senior vice president of Orange County Ironworks. Again, based on the information you have provided, we do not at this time have enough information to approve the exemption.

6/17/2019

Loewke Brill Consulting Group, Inc. Mail - Exemption Form

Jim Loewke from our office who originally looked at the steel drawings would be happy to meet you tomorrow between 8-9AM on the job site if you can clarify more details.

Let me know if that's an option for you and he will be happy to meet and discuss further

Thanks,

Kevin Loewke



Virus-free. www.avast.com

[Quoted text hidden]



**1** 815K Liberty Iron Works Proposal.pdf

249



### Nick Del Grosso <nickd@triplerd.com>

# **Pine Island Brewery Proposal**

Joe Siegel <joe@libertyironworks.com>
Reply-To: Joe Siegel <joe@libertyironworks.com>
To: Nick Del Grosso <nickd@triplerd.com>

Tue, Dec 4, 2018 at 2:40 PM

In the neighborhood of 85K

Joseph Siegel
Liberty Iron Works
12 Asthalter Rd
Liberty, NY 12754
Ph# 845-292-4611
www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Tuesday, December 4, 2018 2:35 PM
Subject: Re: Pine Island Brewery Proposal

Ok, that would work for budget purposes right now. Thanks Joe

On Tue, Dec 4, 2018 at 2:33 PM Joe Siegel <joe@libertyironworks.com> wrote:

I Have a rough estimate,

Cant give hard number because I don't know how much Demo and access you are giving us.

Joseph Siegel
Liberty Iron Works
12 Asthalter Rd
Liberty, NY 12754
Ph# 845-292-4611
www.LibertylronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Tuesday, December 4, 2018 2:30 PM
Subject: Re: Pine Island Brewery Proposal

Hi Joe,

When could we expect your number for the Brewery? Thanks

On Mon, Dec 3, 2018 at 10:05 AM Nick Del Grosso <nickd@triplerd.com> wrote: Here you go Joe,

Kraftify LLC Kraftify Holdings LLC 251 State School Road Warwick NY 10990

On Mon, Dec 3, 2018 at 10:01 AM Joe Siegel <joe@libertyironworks.com> wrote: No Attachment.

Joseph Siegel Liberty Iron Works 12 Asthalter Rd Liberty, NY 12754 Ph# 845-292-4611 www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Monday, December 3, 2018 9:58 AM
Subject: Re: Pine Island Brewery Proposal

Below is the certificate we need. Could you please provide us with general liability and workers comp. and please include certificate holder and additionally insured signed and sent back. Thank Joe

### Cert #1:

Kraftify LLC Kraftify Holdings LLC 251 State School Road Warwick NY 10990

On Mon, Dec 3, 2018 at 9:55 AM Joe Siegel <joe@libertyironworks.com> wrote: what kind of certificate ???

Joseph Siegel
Liberty Iron Works
12 Asthalter Rd
Liberty, NY 12754
Ph# 845-292-4611
www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Monday, December 3, 2018 9:52 AM
Subject: Re: Pine Island Brewery Proposal

Hi Joe,

Job is tax exempt. Thanks

On Mon, Dec 3, 2018 at 9:49 AM Joe Siegel <joe@libertyironworks.com> wrote: Hi Nick,

what is the Tax situation in this Job????

Joseph Siegel Liberty Iron Works 12 Asthalter Rd Liberty, NY 12754 Ph# 845-292-4611 www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Wednesday, November 21, 2018 10:52 AM

Subject: Re: Pine Island Brewery Proposal

Joe,

Thats fine, let me know a day that works for you. Thanks

On Wed, Nov 21, 2018 at 10:50 AM Joe Siegel <joe@libertyironworks.com> wrote: 
Hi Nick.

I would like to field visit next week.

Joseph Siegel
Liberty Iron Works
12 Asthalter Rd
Liberty, NY 12754
Ph# 845-292-4611
www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Wednesday, November 21, 2018 10:21 AM

Subject: Re: Pine Island Brewery Proposal

Hi Joe,

Just following up to see if you had any questions with the Terroir Brewery Proposal. Please let me know of any concerns. Thank you

On Tue, Nov 13, 2018 at 1:35 PM Nick Del Grosso <nickd@triplerd.com> wrote: Hi Joe,

Checking in to see if you had any questions and or would like to visit the site. Please let me know, Thanks

On Thu, Nov 8, 2018 at 3:48 PM Nick Del Grosso <nickd@triplerd.com> wrote: Hi Joe,

Yes, we do have the job. I have attached updated Architectural drawings, which I think should have all the dimensions you would need. Let me know when you would like to visit the site. Thank you

On Thu, Nov 8, 2018 at 6:36 AM Joe Siegel <joe@libertyironworks.com> wrote: Hi Nick,

Do you have this Job?

Please have arch snap more dimensions on the plans, a lot are missing. I will probably have to make field visit before pricing.

Joseph Siegel Liberty Iron Works 12 Asthalter Rd Liberty, NY 12754 Ph# 845-292-4611 www.LibertylronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Wednesday, November 7, 2018 1:45 PM
Subject: Re: Pine Island Brewery Proposal

Great, thanks Joe. I'll keep an eye out for your proposal.

On Wed, Nov 7, 2018 at 1:43 PM Joe Siegel <joe@libertyironworks.com> wrote:

ok, That seems doable.

Joseph Siegel
Liberty Iron Works
12 Asthalter Rd
Liberty, NY 12754
Ph# 845-292-4611
www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Wednesday, November 7, 2018 1:41 PM
Subject: Re: Pine Island Brewery Proposal

Joe,

Based on our schedule now with all the Demo, looking at mid to end of January.

On Wed, Nov 7, 2018 at 1:35 PM Joe Siegel <joe@libertyironworks.com> wrote:

need a schedule for this work.

253

Joseph Siegel
Liberty Iron Works
12 Asthalter Rd
Liberty, NY 12754
Ph# 845-292-4611
www.LibertyIronWorks.com

From: Nick Del Grosso <nickd@triplerd.com>
To: Joseph2061 <joe@libertyironworks.com>
Sent: Wednesday, November 7, 2018 1:33 PM
Subject: Re: Pine Island Brewery Proposal

Hi Joe,

Touching base, checking to see if you were able to review our proposal. Please let me know if you have any questions. Thanks

On Mon, Oct 29, 2018 at 8:51 AM Nick Del Grosso <nickd@triplerd.com> wrote:

Hi Joe,

I spoke with Barbara last Friday, about a renovation project we have in the Warwick, NY area. We would like your proposal to supply, fabricate and erect structural steel items. I have provided a set of plans and proposal, Please let me know if you have any questions. Thank You

### Best, Nicholas DelGrosso



E: nickd@triplerd.com P: (845) 591-6152 F: (845) 985-2418

Best,
Nicholas DelGrosso

TRIPLE

E: nickd@triplerd.com P: (845) 591-6152

F: (845) 985-2418

### Best, Nicholas DelGrosso



E: nickd@triplerd.com P: (845) 591-6152 F: (845) 985-2418

### Best, Nicholas DelGrosso



E: nickd@triplerd.com P: (845) 591-6152 F: (845) 985-2418

Best,

### **Nicholas DelGrosso**



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Best,

### **Nicholas DelGrosso**



E: nickd@triplerd.com

P: (845) 591-6152 F: (845) 985-2418

258



Phone: 845.769.3000 Fax: 845.457.1079 www.ocilic.com

(Three Pages)

Date: November 15, 2018

Quote No.: 8087

To: Triple R Development

Re: Pine Island Brewery

Attn: Nicholas DelGrosso

Arch:

### Gentlemen:

We are pleased to quote you the firm, net lump-sum price of One Hundred Forty Seven Thousand Dollars (\$147,000.00) for the above project. Our scope of work includes the following sections:

05120 - Structural Steel 05310 - Steel Deck

### **Piease Note:**

- OCI assumes all connections to be of the bolted type
- Temp Shoring to be by others

Our price is based on and in accordance with the Architect's Design Drawings, S0.0, S1.1, S1.2, S2.1, S3.0, all dated 10/11/2018, project specifications, addendum # thru # and the hereinafter listed "Statement of Qualifications and Exclusions."

Very truly yours,

Orange County Ironworks, LLC

Daniel Teutul

President/CEO

www.ocillc.com



Phone: 845.769.3000 Fax: 845.457.1079 www.ocilic.com

November 15, 2018

### <u>Pine Island Brewery</u> <u>Statement of Qualifications and Exclusions</u>

### Qualifications

- 1. (a) Erection is based on a regular forty hour (40) hour work week, exclusive of Saturdays, Sundays, holidays, inclement weather days, and down time
  - (b) We will require access to, within, and around the jobsite during the progress of erection.
  - (c) The removal of all barricades, equipment, etc., which interferes with the operation or movement of our erection rig is to be by others.
  - (d) The furnishing and/or maintenance of new or existing sidewalks, roads, and ramps to, within or around the jobsite are to be by others.
  - (e) We will not be responsible for any damage to or cleaning of streets, public or private.
  - (f) Erection is based on job conditions favorable to <u>continuous erection</u>, including but not limited to: readiness of foundations to receive steel, accessibility to work area, solid and level work area and availability of power.
  - (g) Sanitary facilities to be provided by Owner.
  - (h) Electrical service (220 amp) to be provided by Owner for erectors use only.
  - (i) Temporary safety cables furnished by our erector are for the use of his forces only. We assume no responsibility for other trades.
- 2. Our schedule is based on a two (2) week turn-around of all shop drawings submitted for approval.
- 3. Our price is based on award and receipt of design drawings marked "for construction" along with all other working information at pre-award meeting.
- 4. Schedule for fabrication of structural steel will be discussed at pre-award meeting.
- 5. Owner to provide suitable rocked or matted area adjacent to the erection site to be used as a marshalling area for unloading of structural steel.
- 6. This proposal in its entirety and unaltered, except by mutual consent and initialed thereon, is to be made a part of any resultant purchase order/contract.
- 7. Joists and roof deck guoted with standard gray primer.
- 8. Above quotation good for (30) thirty days only, prices subject to increase.
- 9. All field labor done in accordance with project requirements.
- Hung lintels to be set by others for final connection by OCIW.

www.ocillc.com

36 Maybrook Road Montgomery, NY 12549

Phone: 845.769.3000 Fax: 845.457.1079 www.ocillc.com November 15, 2018

### Pine Island Brewery

### **Exclusions**

- 1. Liquidated damages or penalties of any kind
- 2. Re-bar/wire mesh
- 3. Bolts and clips (masonry) for other trades
- 4. Independent testing lab shop & field inspection
- 5. Un-sized Members
- 6. Light Gage Framing and gage material, deck on light gage
- 7. Grout/grouting
- 8. Special Paint, Touchup paint/painting
- 9. Aluminum work of any kind
- 10. Stainless Steel of any kind
- 11. Shoring, cutting, patching
- 12. Demolition
- 13. Masonry Wall Bracing
- 14. Masonry Wall Supports
- 15. Steel allowance
- 16. Doubler Plates
- 17. Any items not shown
- 18. Direct tension indicator washers
- 19. All miscellaneous metals not specifically noted in our scope

www.ocillc.com

ACORD

### **CERTIFICATE OF LIABILITY INSURANCE**

VANGR-1

OP ID: SK

DATE (MM/DD/YYYY) 05/07/2019

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 SELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED LEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in ileu of such endorsement(s).

PRODUCER **G&S Financial Services LLC** PHONE (AC. No. Ext): 973-423-1900 (AC, No): 973-423-1918 290 Lafayette Avenue Hawthorne, NJ 07508 David Smolenski INSURER(8) AFFORDING COVERAGE NAIC # HSURER A : Harieysville Ins. Co. 42900 INSURED MK Enterprises Inc. t/a INSURER B: Van Grouw Welding INSURER C : 430 West Main Street INSURER D : Wyckoff, NJ 07481 INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN TOOLOGY EXP  INSR  TYPE OF INSURANCE  INSR   WYD   POLICY NUMBER   POLICY EXP									
INSR LTR	TR TYPE OF INSURANCE		WWD	POLICY NUMBER	(MM/DD/YYYYY)	(MM/DD/YYYY).	LIMIT	8	
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	CLAIMS-MADE X OCCUR	1					MED EXP (Any one person)	\$	50,000
	X Owner/Cont Prot	1					PERSONAL & ADV INJURY	\$	1,000,000
-							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
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	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
The following are hereby included as additional insured on a primary and
non-contributory basis with regards to General Liability as required by
contract, provided the contract is executed prior to loss: Kraftify LLC;
Kraftify Holdings LLC. Waiver of Subrogation in favor of the additional
insured is included. The General Liability policy includes \*\*\*\*see note

CERTIFICATE HOLDER		CANCELLATION
Kraftify LLC Kraftify Holdings LLC 251 State School Road Warwick, NY 10990	KRAFT01	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 David Smolenski

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ACORD 25 (2010/05)

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NOTEPAD:

HOLDER CODE KRAFT01

INSUREO'S NAME MK Enterprises Inc. t/a

VANGR-1 OP ID: SK

PAGE 2
Date 05/07/2019

contractual liability and there is no exclusion for injury to employees otherwise known as New York Labor Law.



### **NEW JERSEY MANUFACTURERS INSURANCE COMPANY**

301 Sullivan Way, West Trenton, NJ 08628 609-883-1300 / www.NJM.com

### CERTIFICATE OF WORKERS COMPENSATION INSURANCE

INSURED

Van Grouw Welding 430 W Main St

Wyckoff NJ 07481-1420

**PROJECT** 

Operations in the State of New Jersey

**POLICY NO. W24243-8-18** 

**EFFECTIVE 10/22/2018** 

**EXPIRING 10/22/2019** 

Kolif Muning

This policy insures the obligations imposed upon the Insured by the provisions of the Workers Compensation Law of New Jersey. The limits of liability for Part Two - Employers Liability - under this policy are as follows: Bodily Injury by Accident \$500,000 each accident, and for Bodily Injury by Disease \$500,000 policy limit, \$500,000 each employee.

NOTE: Waiver of subrogation and/or inclusion of interests not owned in the majority by the insured are not permitted under this policy by New Jersey Workers Compensation Statute.

The issuance of this Certificate imposes no liability on the Company beyond that provided by the terms, conditions and exclusions of such policy as are described above by policy number, effective and expiration dates.

CERTIFICATE HOLDER
Kraftify LLC Kraftify Holding LLC
251 State School Road

Warwick NY 10990

**ISSUE DATE** 12/10/2018

### **NEW JERSEY MANUFACTURERS INSURANCE COMPANY**

301 Sullivan Way West Trenton, New Jersey 08628-3496 (609) 883-1300

### CERTIFICATE OF COMMERCIAL AUTOMOBILE INSURANCE

We certify that we have issued an automobile insurance policy, as described below:

Insured: VAN GROUW WELDING 430 W MAIN ST

WYCKOFF NJ 07481

DING

Expiring 12/19/2019

Policy No. C 875919-3

05/20/2019

TYPE OF COVERAGE	LIMIT
Covered Autos Liability	\$1,000,000 Combined Single Limit (CSL) Each Accident
Comprehensive	
Specified Causes of Loss	
Fire & Theft	
Collision	

This certificate is issued for the information of:

Project:

KRAFTIFY LLC &
KRAFTIFY HOLDINGS LLC
251 STATE SCHOOL RD
WARWICK NY 10990

Fleet of Autos including hired and non-owned autos.

05/21/2019

• If we cancel the policy for nonpayment of premium or existence of a moral hazard (as defined in the policy), at least 10 days notice will be provided to the policyholder, and to KRAFTIFY LLC & KRAFTIFY HOLDINGS LLC at the above address. If we cancel the policy for any other reason, at least 30 days notice will be provided to the policyholder, and to KRAFTIFY LLC & KRAFTIFY HOLDINGS LLC at the above address.

### **CONTINUED ON NEXT PAGE**

Page 1 of 2

Agent

A-59 (04/13) C0044A

Dated at West Trenton, N.J.

C027 1254

265

### CERTIFICATE OF COMMERCIAL AUTOMOBILE INSURANCE

- Any person or organization required to be named under a written contract or written agreement is an Additional Insured for Liability coverage under the terms of the referenced policy, but inclusion of such interest does not increase the limits of our liability.
- This certificate imposes no liability on us beyond that stated in the provisions of the policy described above.

Certholder:

**KRAFTIFY LLC & KRAFTIFY HOLDINGS LLC** 

Policy Number:

C 875919-3

Certificate Effective: 05/20/2019 Certificate Expiration: 12/19/2019

Page 2 of 2

A-59 (04/13) C0044B

05/21/2019

C027

1254



### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier										
1a. Legal Name & Address of Insured (use street address only) MK Enterprises, Inc. 430 W. Main St. Wyckoff, NJ 07481	1b. Business Telephone Number of Insured 973-396-7217									
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number     20-0203818									
Name and Address of Entity Requesting Proof of Coverage     (Entity Being Listed as the Certificate Holder)     Kraftify LLC; Kraftify Holdings LLC     Missonellie Court     Hawthorne, NJ 07506	3a. Name of Insurance Carrier  AmGUARD Insurance Company  3b. Policy Number of Entity Listed in Box "1a"  DB04069065.1  3c. Policy effective period  06/07/2019 to 06/07/2020									
	<ul> <li>□ B. Disability benefits only.</li> <li>□ C. Paid family leave benefits only.</li> <li>5. Policy covers:</li> <li>☑ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</li> <li>□ B. Only the following class or classes of employer's employees:</li> <li>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</li> </ul>									
Date Signed 06/12/2019 By	(Vand XI. Doma									
	arrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier) ice President of Sales									
Licensed Insurance Agent of that carrier, this certi	signed by the insurance carrier's authorized representative or NYS ficate is COMPLETE. Mail it directly to the certificate holder.									
Disability and Paid Family Leave Benefits Law. It i Board, Plans Acceptance Unit, PO Box 5200, Bing										
PART 2. To be completed by the NYS Workers' Compensation	on Board (Only if Box 4C or 5B of Part 1 has been checked)									
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.										
Date Signed By(s	Ignature of Authorized NYS Workers' Compensation Board Employee)									
Telephone Number Name and Title										

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





### **Orange County Industrial Development Agency**

### Local Labor Verified Exemption Request

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

APPLI	CANT NAME: KYCUSTIFY LLC
CONT	ACT: MIRE Kruin
PHON	PHONE (CELL) 973-786-7217
FAX_	
REAS	ON FOR REQUEST
1)	Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. – <b>EXPLAIN</b>
2)	Specialized construction in which a local contractor is not available – EXPLAIN
3)	Significant cost differentials in bids; whereby use of local labor significantly increases the cost of the project. A cost differential of 10% is deemed significant. Where there is a significant cost differential, if the local contractor agrees to reduce the bid to the average of the two bids, no waiver will be granted. However, if the average is still 10% or more, a waiver will be granted — EXPLAIN (PROVIDE COPIES OF ALL BIDS)
4)	No local labor available for the project – EXPLAIN
Amoun Numbe	Date:
	491 Elmgrove Road Suite 2 Rochester, NY 14606  Kevin@loewkebrill.com  4 CROTTY LANE . SUITE 100 . NEW WINDSOR . NEW YORK 12553 PHONE . 845-234-4192 . www.ocnyida.com

PHONE . 845-234-4192 . www.ocnyida.com



May 19, 2019

Orange County IDA

Hector V. Muñoz-Baras

28 Front St. Port Jervis, NY 12771

vox (845) 856-2020

hector@vbaras.com www.vbaras.com

New York 027002 New Jersey ai-14616 Pennsylvania ra-402782 Florida ar-92884 Georgia ra-011520





RE: 251 State School Rd., Warwick, NY

Dear Sir, or Madam,

The work to be performed by VanGrouw Welding, at the above referenced location, is specialized heavy steel and structural work. This type of work requires an extensive amount of machinery and tools, as well as expertise relating to structural engineering and steel construction. The contractor must also be capable of shoring, and working closely with the structural engineer to ensure that the beams and columns are erected within code and to be structurally sound. This type of work cannot be performed by a general builder as they do not have the skills, experience, or equipment necessary to provide such structural steel work.

With regards,

date\_05/19/19

Hector V. Muños-Baras, AIA, LEEDap



Kevin Loewke <kevin@loewkebrill.com>

### **Fwd: Drawing Review**

Jim Loewke <jim@loewkebrill.com>
To: Kevin Loewke <kevin@loewkebrill.com>

Tue, May 21, 2019 at 11:33 AM

FYI

Thanks,

Jim Loewke CEO Loewke Brill Consulting Group, Inc.

(585)-370-5130

Forwarded message

From: Gary Nanni <gnanni@alliedbuilders.com>

Date: Tue, May 21, 2019 at 11:17 AM

Subject: Drawing Review

To: Jim Loewke <jim@loewkebrill.com>

Jim

I spent the morning reviewing the following drawings by ED Pons Associates for the Pine Island Brewery -- Warwick Brew Pub - Demolition and General Notes:

S0.0, S1.1, S1.2, S2.1 and S3.0. dated 10/11/2018

The proposed work appears to be standard structural steel construction with close attention being required for all shoring / means and methods. Scheduling and phasing will be important as work proceeds but nothing in the design appears to be special or out of the ordinary regarding the structural steel construction.

Please call if you have any questions.

Gary

Gary L. Nanni, P.E.

Vice President



Kevin Loewke <kevin@loewkebrill.com>

### Structural Steel Exemption Request - Kraftify

Michael Gaydos <gator417@verizon.net> To: Kevin Loewke <kevin@loewkebrill.com> Tue, May 21, 2019 at 10:04 AM

Kevin, this is not anything out of the ordinary in steel construction. Thanks Mike

### Michael Gaydos

Business Manager/Financial Secretary/Treasurer

**Ironworkers Local 417** 

583 Route 32

Wallkill, NY 12589

845-566-8417

914-443-4991 Cell

From: Matthew Messing <mattm@ocillc.com> Sent: Tuesday, May 21, 2019 9:27 AM To: Michael Gaydos <gator417@verizon.net>

Subject: RE: Structural Steel Exemption Request - Kraftify

Mike,

I do not see anything in these drawing that would lead me to believe this is not general steel construction. All welds called out are standard AWS designated welds.



Visit our website at www.ocillc.com

Follow us on Instagram: orangecountyironworkslic

From: Michael Gaydos <gator417@verizon.net>

Sent: Tuesday, May 21, 2019 9:20 AM

To: mattm@ocillc.com

Subject: FW: Structural Steel Exemption Request - Kraftify

### Michael Gaydos

Business Manager/Financial Secretary/Treasurer

**Ironworkers Local 417** 

583 Route 32

Wallkill, NY 12589

845-566-8417

914-443-4991 Cell

From: Kevin Loewke <kevin@loewkebrill.com>

Sent: Tuesday, May 21, 2019 8:31 AM To: Michael Gaydos <gator417@verizon.net>

Subject: Structural Steel Exemption Request - Kraftify

Please see attached

WARWVAL-01

BLAUDATO



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/25/2019

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).

this certificate does not confer rights to the certificate holder in lieu of superconcer						CONTACT NAME:						
Durkin Agency, Inc. 106 Grand Avenue					PHONE (A/C, No	, Ext): (201) 5	67-3700	FA (A/	X /C, No): (2	01) 567-7472		
Suit	te 360 Ilewood, NJ 07631				ADDRE	58:				<del></del>		
Eng	newood, NJ 07651				RDING COVERAGE		NAIC#					
					e Company		22292					
INSL	JRED		INSURE	Rв:Hartford	<u>l Insurance</u>	e Group		22357				
	Warwick Valley Iron and Woo	d LI	LC		INSURE							
	15 Southern Lane Warwick, NY 10990		INSURER D:									
	tyarwick, 147 10000				INSURER E :							
					INSURE	RF:						
				E NUMBER:				REVISION NUMBI				
II C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY IN	QUI PER	REME TAIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A	NY CONTRAC 'THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WITH I	RESPEC	T TO WHICH THIS		
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	POLICY PRO-							PRODUCTS - COMP/OF				
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				13WECAD5KZR		6/25/2019	6/25/2020	E.L. EACH ACCIDENT	S	1,000,00		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMP		1 000 00		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY		1,000,00		
	DESCRIPTION OF OPERATIONS DEIGN							E.E. DISEASE - POLICY	CIMIT 4	,		
									ŀ			
DES Loc	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI ation - 116 State School Road, Warwick, i	ES (# NY	ACORE	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE HOLDER				CANO	ELLATION						
Kraftify LLC 251 State School Rd Warwick, NY 10990						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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WARWVAL-01



### **CERTIFICATE OF LIABILITY INSURANCE**

BLAUDATO

9/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Durkin Agency, Inc. 106 Grand Avenue PHONE (A/C, No, Ext): (201) 567-3700 FAX (A/C, No): (201) 567-7472 ADDRESS: Suite 360 Englewood, NJ 07631 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Hanover Insurance Company 22292 INSURED INSURER B : Hartford Accident and Indemnity Company 22357 Warwick Valley Iron and Wood LLC INSURER C: 15 Southern Lane **INSURER D:** Warwick, NY 10990 INSURER E : INSURER F: CERTIFICATE NUMBER: COVERAGES REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre CLAIMS-MADE X OCCUR 300,000 OHYA735638 9/18/2019 9/18/2020 5,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 4,000,000 PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED **UMBRELLA LIAB** OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 13WECAD5KZR 6/25/2019 8/25/2020 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. EACH ACCIDENT N 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Kraftify LLC 251 State School Rd Warwick, NY 10990 AUTHORIZED REPRESENTATIVE

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# FS-20 NEW YORK STATE INSURANCE IDENTIFICATION CARD

ICC: 148 GOVERNMENT EMPLOYEES INSURANCE COMPANY

Name & address of Issuer:

GOVERNMENT EMPLOYEES INSURANCE COMPANY

ONE GEICO PLAZA

Policy Number Eff

4111384337

1-800-841-3000

Effective Date 04/16/2019 12:01 a.m.

Expiration Date 10/16/2019 12:01 a.m.

with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to: An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying

Insured

**EWALD, ALEXANDER, E** 

View All Operators

15 SOUTHERN LN WARWICK NY 10990-1907

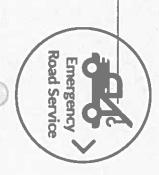
Applicable with respect to the following Motor Vehicle:

Vehicle Identification Number 1FTNX21FX2EB49117

TAP TO SCAN

Year 2002

Make



### Important Information

Here are your Policy Identification Cards. Two cards have been provided for each vehicle insured. One ID card must be sically located in the proper insured licle. The duplicate card is for use when applying for new tags. Please destroy your old cards when the new cards become effective.

Only the Registered Owner(s) are listed on the Identification Cards. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page, which is included with your insurance packet.

Notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

If you would like additional ID cards, you can log into your policy online at geico.com or call us at 1-800-841-3000.

Phone Number: 1-800-841-3000 NEW YORK STATE INSURANCE IDENTIFICATION CARD

2002 FORD

Make

Year

**Expiration Date** 

(Not acceptable to obtain registration after 45 days from effective date.)

1FTNX21FX2EB49117

(12:01 A.M.)

Model

F250 SPDTY

Company Code: 148

04-16-2020

Applicable with respect to the following Motor Vehicle

gaico.com **Policy Number** 4111-38-43-37

**Effective Date** 10-16-2019 (12:01 A.M.)

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**EWALD, ALEXANDER, E** 

15 SOUTHERN LN

WARWICK NY 10990

Name & Address of issu Vehicle Identification Number

One GEICO Plaza Washington DC 20076-0001

GOVERNMENT EMPLOYEES INSURANCE COMPANY



**ALEXANDER EWALD** 15 SOUTHERN LN WARWICK NY 10990-1907

### **FAX INSTRUCTIONS**

(If the ID Card Page needs to be faxed)

- The entire page must be faxed.
- 1. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained.
- 3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
- DMV will not accept a faxed ID card without a scannable barcode.

FAX: Scannable Bar Code



### **ATTENTION:**

Please Compare the Vehicle Identification Number (VIN) on your vehicle to your proof of insurance (ID) cards and registration. All three must match.

Contact us if corrections to your cards are necessary.

Contact the Department of Motor Vehicles (DMV) for corrections to your registration.

Phone Number: 1-800-841-3000 NEW YORK STATE INSURANCE IDENTIFICATION CARD

98:00-09M Policy Number 4111-38-43-37

Name & Address of Issuer

**EWALD, ALEXANDER, E** 

15 SOUTHERN LN

WARWICK NY 10990

Effective Date 10-16-2019

(12:01 A.M.)

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Fina Security Act) of the NEW YORK Vehicle and Traffic Law to:

**Expiration Date** 04-16-2020 (12:01 A.M.)

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle

**2002 FORD** 

F250 SPDTY Model

Year Make 1FTNX21FX2EB49117

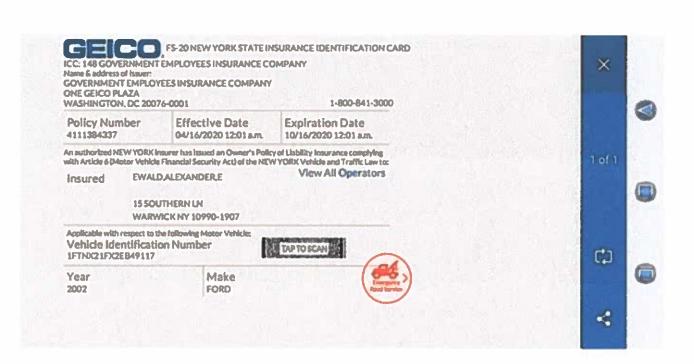
Vehicle Identification Number

**GOVERNMENT EMPLOYEES INSURANCE COMPANY** One GEICO Plaza Washington DC 20076-0001

Company Code: 148









### CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier									
	Address of Insured (use street LEY IRON AND WOOD LLC		1b. Business Telephone Number of Insured 843-467-7245						
WARWICK, NY 1			1c. Federal Employer Identification Number of Insured						
	Insured (Only required if coverage New York State, i.e., Wrap-Up Policy		or Social Security Number 814952576						
	ress of Entity Requesting Proof sted as the Certificate Holder)	of Coverage	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company						
Kraftify LLC	,		Sheller onk Life insurance company						
251 State Sc	hool Rd Warwick, NY 1	0990	3b. Policy Number of Entity Listed in Box "1a"						
Warwick,NY	10990		DBL558983						
			3c. Policy effective period						
ļ			06/26/2019 to 06/25/2020						
4. Dallar	Ab - 8-112 b								
A. Both di B. Disabili C. Paid fa 5. Policy covers: A. All of th	B. Disability benefits only. C. Paid family leave benefits only.  5. Policy covers:								
B. Only th	ne following class or classes of e	employers employees;							
l									
insured has NYS	penjury, i certiry that i am an aut Disability and/or Paid Family Le	norized representative or ave Benefits insurance co	licensed agent of the insurance carrier referenced above and that the named overage as described above.						
			Or 1 and 4						
Date Signed	6/26/2019	Ву	( Gentadol ( ) ( ITAL)						
		·	carrier's authorized representative or NYS Licensed insurance Agent of that insurance carrier)						
Telephone Numbe	er <u>516-829-8100</u>	Name and Title R	tichard White, Chief Executive Officer						
IMPORTANT:			signed by the insurance carrier's authorized representative or NYS ificate is COMPLETE. Mail it directly to the certificate holder.						
	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.								
PART 2. To be	completed by the NYS W	/orkers' Compensati	on Board (Only if Box 4C or 5B of Part 1 has been checked)						
	<del></del>	State of	New York						
Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.									
Date Signed		Ву							
		(	Signature of Authorized NYS Workers' Compensation Board Employee)						
Telephone Numbe	er	Name and Title							
Disease Nation Cal		7 1000 5 177 1	aid family leave henefits insurance policies and NVS licensed insurance						

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



CRAIWES-01

BLAUDATO



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/25/2019

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). CONTACT NAME: PRODUCER Durkin Agency, Inc. 106 Grand Avenue PHONE (A/C, No, Ext): (201) 567-3700 FAX (A/C, No): (201) 567-7472 Suite 360 Englewood, NJ 07631 **INSURER(8) AFFORDING COVERAGE** NAIC # INSURER A: Hanover Insurance Company 22292 INSURED INSURER B INSURER C : **Craig West Designs** 127 South St Extension INSURER D Warwick, NY 10990 INSURER E INSURER F : **REVISION NUMBER:** COVERAGES **CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBFINSD WVD POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS 1.000,000 Α X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 300,000 DAMAGE TO RENTED PREMISES (E8 occurrence) CLAIMS-MADE X OCCUR 1/25/2019 1/25/2020 OHYA832289 \$ 5,000 MED EXP (Any one person) 5 1,000,000 PERSONAL & ADV INJURY S 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE S 2,000,000 X POLICY TECT LOC PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) ŝ HIRED AUTOS ONLY NON-SWNED s UMBRELLALIAS OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ PER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required) Location: 118 State School Road, Warwick, NY 10990 CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. sample for info purposes AUTHORIZED REPRESENTATIVE

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### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

l If	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to	et to	the	terms and conditions of	the po	licy, certain lorsement(s)	policies may					
PRODUCER Durkin Agency, Inc. 106 Grand Avenue Suite 360						CONTACT  PHONE (A/C, No, Ext): (201) 567-3700  FAX, No): (201) 567-7472  E-MARCH SECTION (A/C, No): (201) 567-7472						
Eng	lewood, NJ 07631						SURER(S) AFFOR	RDING COVERAGE			NAIC#	
		INSURER A : Hanover Insurance Company						22292				
INSU	RED				INSURER B:							
	Craig West Designs				INSURER C:							
	127 South St Extension				INSURE	RD:	W_27	12 10		-57.5		
	Warwick, NY 10990				INSURE	RE.						
					INSURER F :							
CO	VERAGES CER	TIFIC	CATE	NUMBER:		W 34-2-13M		REVISION NUME	BER:			
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETRIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WITH	RESPECT TO	O ALL	WHICH THIS	
INSR LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	<del>-</del>	1,000,000	
^	CLAIMS-MADE X OCCUR			013/400000		410510000	4/07/0004	EACH OCCURRENCE		\$	300,000	
	CLAIMS-MADE A OCCOR			OHYA832289		1/25/2020	1/25/2021	DAMAGE TO RENTED PREMISES (Ea occume		\$	5,000	
								MED EXP (Any one per		\$	1,000,000	
ĺ								PERSONAL & ADV INJ		\$	2,000,000	
	POLICY PRO- LOC							GENERAL AGGREGAT		\$ \$	2,000,000	
	OTHER:		┢					COMBINED SINGLE L	IMIT	\$		
1	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	i	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per p	$\overline{}$	\$		
1								PROPERTY DAMAGE (Per accident)		\$		
	AUTOS ONLY MONOSYNED							(Per accident)		\$ \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		* \$		
ĺ	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT		\$ .		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	'''^						E.L. DISEASE - EA EM	PLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below		ļ					E.L. DISEASE - POLIC	Y LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (i	ACORI	D 101, Additional Remarks Schedu			e space is requir	ed)				
CE	RTIFICATE HOLDER				CANC	ELLATION						
Pine Island Beer Warwick, NY					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							

ACORD 25 (2016/03)

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### **FS-20 NEW YORK STATE INSURANCE IDENTIFICATION CARD**

4/8 Allstate Property and Casualty Insurance Company Name & Address of Issuer:

Allstate Property & Casualty Ins. Co

**Policy Number** 

000000933639526

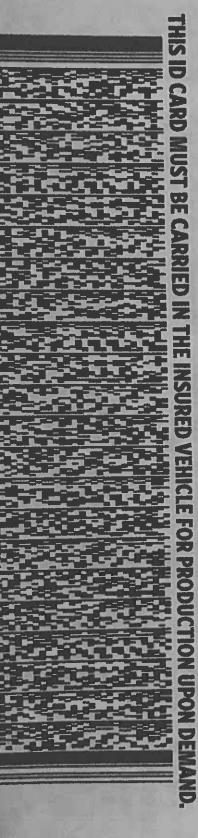
An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK

1125 RXR Plaza, Suite 1100E Uniondale, NY 11556 (800) 255-7828 Applicable with respect to the following Motor Vehicle: Vehicle Identification Number 2FMDK4KC4CBA09440

Year/Make 2012 FORD

WETSTEM, CRANG, M

(Not acceptable to obtain registration after 45 days from effective date) Effective Date (12:01 a.m.): 03/04/2019 Expiration Date (12:01 a.m.): 09/04/2019



Allstate.

You're in good hands.





Not acceptable to obtain registration after 45 days from effective date)

Effective Date (12:01 a.m.): 09/04/2019

Expiration Date (1201 a.m.): 03/04/2020



### Allstate Property and Casualty Insurance Company

listate Property & Casualty Ins. Co

1125 RXR Plaza, Suite 1100E Jniondale, NY 11556 1800) 255-7828

Year/Make 2012 FO/TR upplicable with respect to the following Motor Vehicle:

Vehicle Identification No 2FMDK4KC4CBA09440

Insurance compi







Ilstate

You're in good hands

## FS-20 NEW YORK STATE INSURANCE IDENTIFICATION CARD

478 Allstate Property and Casualty Insurance Company Name & Address of Issuer:

Allstate Property & Casualty Ins. Co

1125 RXR Plaza, Suite 1100E Uniondale, NY 11556 (800) 255-7828

Applicable with respect to the following Motor Vehicle:

Vehicle Identification Number 1FTEW1E87AFA90478

Effective Date (12:01 a.m.): 03/04/2020

(Not acceptable to obtain registration after 45 days from effective date) Expiration Date (12:01 a.m.): 09/04/2020

Policy Number **000000933639526** 

W) Allstate.

fou're in good hands

Vehicle and Traffic Law to: Policy of Liability Insurance complying with Article 6
(Motor Vehicle Financial Security Act) of the NEW YORK An authorized NEW YORK insurer has issued an Owner's

WETTSTEIN,KELLY,A





Kevin Loewke <kevin@loewkebrill.com>

### **Craig West Insurance**

Kevin Loewke <kevin@loewkebrill.com> To: Pine Island Brewery <mike@pineislandbeer.com> Thu, Jul 11, 2019 at 2:58 PM

### Thanks Mike

[Quoted text hidden]

[Quoted text hidden]

----- Forwarded message ---

From: Craig West <craigwest.designs@gmail.com>

To: <mike@pineislandbeer.com>

Cc:

Bcc:

Date: Thu, 11 Jul 2019 14:31:14 -0400

Subject: Sole proprietor

Hello Mike,

I am the sole proprietor to my business and therefore do not carry workman's comp.

Kind regards, Craig Wettstein Craig West Designs 845.234.7871



August 20, 2019



#### **BOARD OF DIRECTORS**

Mary Ellen Rogulski

- CHAIRMAN

Mr. Mike Kraai John Steinberg, Jr. Kraftify, LLC

5 Missonellie Ct.

Stephen Brescia - SECRETARY

- VICE CHAIRMAN

Hawthorne, NJ 07506

**Edward A. Diana** 

Dear Mr. Kraai:

- ASSISTANT SECRETARY Robert J. Schreibeis, Sr.

Please be advised our independent auditor, Loewke Brill Consulting Group, has reviewed the Local Labor Verified Exemption Request you submitted related to the Kraftify, LLC application for Glycol system install and maintenance by G & D Chillers at the 251 State School Road in Warwick NY project site.

James DiSalvo Michael Gaydos

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

#### **OPERATIONS STAFF**

Laurie Villasuso - CHIEF EXECUTIVE OFFICER (ACTING) A copy of this letter approving the exemption from the local labor requirement must be kept on site for the inspector to see when making site visits to monitor for compliance with the local labor requirements.

Joel Kleiman

- CHIEF FINANCIAL **OFFICER** 

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

Kevin T. Dowd - ATTORNEY

Sincerely,

Laurie Villasuso

Chief Operating Officer & **Executive Vice President** 

di Jelasus

July 31st, 2019

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: Kraftify, LLC – Requests for Verified Exemptions
Specialty Services: Glycol system install and maintenance

MSP Industrial was hired to install a glycol system which they will continually be maintaining for the brewery.

#### **Background:**

MSP is a factory authorized representative of G&D Chillers to install and service the equipment at Kraftify. They have been working in the brewing industry designing the layout and installing specialized glycol piping route to maximize efficiency for well over a decade. MSP guarantees that all tanks will get the proper glycol flow thru the pump supplied by G&D Chillers on this closed loop system. MSP designs and warranties the system as well as services the system in the event of any mechanical issues. This is considered a warranty and speciality exemption request.

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

Sincerely,

Kevin E Loewke



### **Orange County Industrial Development Agency**

### **Local Labor Verified Exemption Request**

The request to secure a verified exemption for use of non-local labor must be received in writing from the applicant, and must allow 60 days for processing and required due diligence.

APPLIC/	ANT NAME: Kouftify LLC	
CONTAC	ct: Mithe Viradi	
	4.55 011 TO 17	HONE (CELL)
FAX	(B)EMAIL	ce provisionaleur cur
	ON FOR REQUEST	·
-	Warranty issues related to installation of specialized requires installation by only approved installers,	zed equipment whereby the manufacturer - EXPLAIN
√ <sub>2)</sub>	Specialized construction in which a local contract	or is not available – EXPLAIN
3)	Significant cost differentials in bids; whereby use the project. A cost differential of 10% is deemed differential, if the local contractor agrees to redu waiver will be granted. However, if the average EXPLAIN (PROVIDE COPIES OF ALL BIDS)	uce the bid to the average of the two bids, no is still 10% or more, a waiver will be granted —
4)	No local labor available for the project – EXPL	AIN
Appli	unt of Contract Needing Verified Exemption:	Date: 7/23/14
Amo	unt of Contract Needing Vermed Exemption	3-4
Num	ber of Workers Needing Verified Exemption(s):	s: Kevin E. Loewke
Send	d Completed Form and Attachments to our auditor	Loewke Brill Consulting Group
		491 Elmgrove Road – Suite 2
		Rochester, NY 14606
		Kevin@loewkebrill.com
	4 CROTTY LANE . SUITE 100 . I	NEW WINDSOR. NEW YORK 12553

PHONE . 845-234-4192 . www.ocnyida.com



Kevin Loewke <kevin@loewkebrill.com>

### Exemption Request MSP

Pine Island Brewery <mike@pineislandbeer.com>
To: Kevin Loewke <kevin@loewkebrill.com>, jim@loewkebrill.com>

Tue, Jul 23, 2019 at 4:38 PM

Kevin, Jim,

Please see attached exemption request for MSP Industrial. These guys specialize in installation of glycol systems specifically for breweries and cideries. Nearly every brewery in the tri-state area uses them because they do work the right way. They have setup literally hundreds of breweries, most local plumbers are fully capable of running coper lines but have never worked on a brewery and there's a big difference between just plumbing copper lines, and setting up a glycol system the right way. We are requesting an exemption based on the fact that we need someone experienced in brewing systems.

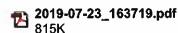
We sent MSP our brewery layout and they made several recommendations that I wasn't even aware of and I have 5+ years experience in brewing. For example, they recommended using actuators instead solenoid valves as they are much less likely to allow debree/dirt to enter the loop, this is based on their experience having to repair and replace solenoid valves. Also, they recommended 1 inch lines being reduced to 3/4 inch at the tanks for ideal flow. The tanks themselves have 3/4 " ports and if I didn't consult with them, I would have made the mistake of running ¾ inch lines. Theirs also significant calculations in making sure the glycol loop maintains adequate pressure (and ultimately temperature) for each tank. Finally, they warranty their work which most plumbers do not do. Frankly, are brewhouse is the driver of revenue and most important part of our business so we can't afford any down time, and if we have any issues, we need someone who can quickly service the problem and get us back up and running. Feel free to give me a call and I can explain further. So the exemption is basically a combination of specialized experience/warranty. Not sure which is easier to get approved.

FYI - I'd like to have them start work in 2-3 weeks depending on when the last few pieces of equipment are delivered.

Thanks,

Mike

2 attachments



Quote 1111R Drowned Lands Brewery install.doc 35K

## MSP INDUSTRIAL REFRIGERATION SERVICE LLC

July 31, 2019

Michael Kraai Drowned Lands Brewing Warwick NY

Mike,

MSP is a factory authorized representative of G&D Chillers to install and service their equipment. We have been working in the brewing industry designing the layout and installing the specialized glycol piping route to maximize efficiency for well over a decade. We guarantee that all tanks will get the proper glycol flow thru the pump supplied by G&D Chillers on this closed loop system. We design and warranty the system as well as service the system in the event of any mechanical issues.

Sincerely, Mark Pallito Owner MSP

### MSP Industrial Refrigeration Service LLC

### **QUOTATION**

29 Hillcrest Drive Wayne, New Jersey 07470-5732 USA Phone 973-872-9578 Email mspal1@att.net

Date: July 4, 2019 Quotation # 1111R

Quoted To: Mike Kraai Drowned Lands Brewing Warwick, NY Quotation valid until: July 30, 2019 Prepared by: Mark Pallito

Description		AMOUNT
Installation of glycol chiller piping to 10 tanks and walk in box Labor and parts including all copper pipe, fittings & ¾ pipe insulation to interconnect the tanks to the glycol chiller. Copper pipe will be type L having a main header feeding all tanks size of 2" with all tank drops	\$	14,500.00
being uninsulated low temperature hose, 1" with one actuator installed and 2 ball valves to isolate each tank.  Startup service 1 days which includes filling glycol, startup of chiller and setting up full operation of each tank  MSP will assist in final placement of each tank as they should not be	\$	1,000.00
secured into place until we have our piping done. Propylene Glycol 55 gallon drums 45% (2 required) @ \$ 700.00 per drum 9 Belimo Actuators \$300.00 per Additional ports for the Pilot System will be installed	\$ \$ \$	1,400.00 2,700.00 300.00
Customer is responsible for all electrical connections and placement of chiller.		
Contract includes 1 year warranty on all installation, service, and maintenance of brewery glycol system.		
50 % down with order and 50% due within 30 days of completion of job		
TOTAL before taxes	\$	19,900.00

If you have any questions concerning this quotation contact Mark Pallito 973-872-9578

Cell # 973-393-7933

### THANK YOU FOR YOUR BUSINESS



O7/08/2019

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DATE (MM/DD/YYYY) 07/08/2019

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PRODUCER		NAME: Pam Nardel				
Aliwood Forienza Insurance		PHONE (A/C, No, Ext): (973) 256 E-MAIL	-5500	(A/C, No):	(973) 8	82-5601
PO Box 11029		E-MAIL ADDRESS:				
		INSU	RER(S) AFFOR	DING COVERAGE		NAIC #
Fairfield	NJ 07004	INSURER A: Hartford In	surance CO			30104
INSURED		INSURER B : Palisades	Insurance			10791
MSP Industrial Refrigeration Se	ervice, LLC	INSURER C:				
29 Hillcrest Drive		INSURER D :				
		INSURER E :				
Wayne	NJ 07470	INSURER F :				
COVERAGES CER	RTIFICATE NUMBER: 18-19			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	INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (I	POLICY EXP WM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY					\$ 2,00	
CLAIMS-MADE X OCCUR				PREMISES (Ea occurrence)	\$ 300,	
[ .  -	-			MED EXP (Any one person)	\$ 10,0	
[ ^  J	- 13SBATZ8087	09/02/2018	09/02/2019	PERSONAL & ADV INJURY	*	0,000
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POLICY PRO-					*	0,000
OTHER: AUTOMOBILE LIABILITY				COMBINED CINOLE LINES	\$ 4.00	0.000
ANYAUTO				(Ea accident)	\$ 1,00	0,000
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H CYCCOS LIAB H CCCOR					\$	
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A OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A 13WBCiB3063	08/12/2019	08/12/2020		s 1,00	
If yes, describe under DESCRIPTION OF OPERATIONS below			- 1		\$ 1,00	
DESCRIPTION OF OPERATIONS DOWN				E.L. DISCASE - FOLICY LIMIT	4	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (ACORD 101, Additional Remarks Schedule	, may be attached if more space	e is required)			
CERTIFICATE HOLDER		CANCELLATION				
Kraftify LLC 251 State School Road	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 REPRESENTA		00 0		
Warwick	NY 10990		1000 2045 4	SORD CORDONATION	An →=	his manage
		6	1900-2015	ACORD CORPORATION.	All ng	nus reserved.

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### Workers' Compensation Board CERTIFICATE OF INSURANCE COVERAGE under the NYS DISABILITY AND PAID FAMILY LEAVE B under the NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be	completed by Disability and Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier					
1a. Legal Name 8	Address of Insured (use street address only)	1b. Business Telephone Number of Insured					
29 HILLCRES	FRIAL REFRIGERATION SERVICE LLC ST DR W JERSEY 07470	973-672-7933					
Work Location of certain locations in N	insured (Only required if coverage is specifically limited to lew York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number					
		20-1334709					
2. Name and Add	ress of Entity Requesting Proof of Coverage sted as the Certificate Holder)	3a. Name of insurance Carrier					
I	IED LANDS BREWERY	Guardian Life Insurance Co of America					
251 STATE S	SCHOOL RD	3b. Policy Number of Entity Listed In Box "1a"					
WARWICK,	NY 10990	938875-0000					
		3c. Policy effective period 07/31/2019 to 07/30/2020					
Under penalty of p	07/31/2019  By	Representation of the Insurance corries referenced shows and that the					
Telephone Numbe	r (212) 964-2150 Name and Title	Dan Saltzman - President					
IMPORTANT:	If Boxes 4A and 5A are checked, and this form is Licensed insurance Agent of that carrier, this cert	signed by the insurance carrier's authorized representative or NYS ifficate is COMPLETE. Mail it directly to the certificate holder.					
	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.						
PART 2. To be	completed by the NYS Workers' Compensat	ion Board (Only if Box 4C or 5B of Part 1 has been checked)					
According to info	State of Workers' Com	New York Densation Board Issation Board the above-named employer has complied with the					
Date Signed	Rv						
	.,	Signature of Authorized NYS Workers' Compensation Board Employee)					
Telephone Numbe	r Name and Title						
Please Note: Only	Insurance carriers licensed to write NYS disability and	paid family leave 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.

DB-120.1 (9-17)





DATE (MM/DD/YYY) 8/20/2019

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this certificate does not confer rights to the certificate holder in Neu of Such endorsement(s).							
PRODUCER	CONTACT NAME:						
IGI INSURANCE AGENCY INC	PHONE 718-222-0800 FAX 718-222-0660 (A/C, No. Ext): (A/C, No.):						
199 LEE AVENUE, SUITE 475	E-MAIL ADDRESS: issac@igiinsurance.com						
BROOKLYN NY 11211	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A : Admiral Insurance Co.	24856					
INSURED	INSURER 8: United Wisconsin Insurance Company	29157					
Midpost Concrete Cutting & Coring	INSURER C : Shelterpoint Ins Company						
51 Forest Road, Suite 316-353	INSURER D:						
Monroe, NY 10950	INSURER E:						
	INSURER F ;						
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS							

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR IN\$R POLICY EFF POLICY EXP

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						'		MED EXP (Any one person)	\$ 5,00
								PERSONAL & ADV INJURY	\$ 1,000,00
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		POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,00
		OTHER:						Deductible	\$ 5,00
	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BOOILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
						<u> </u>			\$
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P	(Ma	ndatory in NH)						E.L. DISEASE - EA EMPLOYER	\$ 1,000,00
	DE	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,00
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Subject policy terms conditions and excusion					
CERTIFICATE HOLDER	CANCELLATION				
Kraftify LLC 251 State School Rd Warwick NY 10990	SHOULD ANY OF THE ABOVE DESCRIBED P THE EXPIRATION DATE THEREOF, NO ACCORDANCE WITH THE POLICY PROVISION	TICE WILL BE DELIVERED IN			
	AUTHORIZED REPRESENTATIVE				
9	I Gelbstein	IGI			

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DATE (MM/DD/YYYY)

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PRODUCER				CONTA NAME:	Chan	y Rapaport			
GM Insurance Brokerage,	GM Insurance Brokerage, Inc				PHONE (A/C, No, Ext): (718)257-1400 FAX (A/C, No): (347)435-2598				5-2598
199 Lee Avenue #228	199 Lee Avenue #228				E-MAIL ADDRESS: cr@gmib.net				
Brooklyn, NY 11211				INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
· ·				INSURER A : New South Insurance Company					
INSURED				INSURER B:					
Midpost Concrete Cutting	& C	orina	ı. Inc	INSURE					
51 Forest Rd #316-353	<b></b>	v8	j,o	INSURE					
Monroe, NY 10950				INSURE					
MICHIOS, INT. 10930				INSURE					
COVERAGES CEF	COVERAGES CERTIFICATE NUMBER: 0000000						DEVICION NUME	DED: 4	
THIS IS TO CERTIFY THAT THE POLICIES					SSUED TO TH		REVISION NUME		ERIOD
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INSR TYPE OF INSURANCE	INSO	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		
CLAIMS-MADE OCCUR							PREMISES (Ea occum	ence) \$	
							MED EXP (Any one pe	rson) \$	
							PERSONAL & ADV IN.	JURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE \$	
POLICY PRO- LOC							PRODUCTS - COMPAC	OP AGG \$	
OTHER:								\$	
A AUTOMOBILE LIABILITY			2006675689 - 01		07/02/2019	07/02/2020	COMBINED SINGLE LI (Ea accident)	IMIT 5	
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OWNED X SCHEDULED							BODILY INJURY (Per a	accident) \$	500,000
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AUTOS ONLY AUTOS ONLY							(Per accident)	s	100,000
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H H *****************************							EACH OCCURRENCE		
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DED RETENTION \$ WORKERS COMPENSATION		┝	1				PER	I OTHE	
AND EMPLOYERS' LIABILITY YAN							STATUTE	ÖTH- ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				j l		E.L. EACH ACCIDENT	\$	
(Mandatory In NH)							E.L. DISEASE - EA EM	APLOYEE \$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT S	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	de, may b	e attached if mor	e space la requir	ed)		
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Kraftify LLC							ESCRIBED POLICIE )F, NOTICE WILL BE		
251 State School Rd							Y PROVISIONS.	— aprament the Minde III	
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Warwick, NY 10990				AUTHO	RIZED REPRESE	NTATIVE			
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Printed by CMR on August 21, 2019 at 03:25PM



DATE (MM/DD/YYYY) 08/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Lorraine DiBella PRODUCER Joy Insurance Agency, Inc 639 E Main St PHONE (845) 342-4888 FAX (A/C, No): (845) 342-9117 Middletown, NY 10940 ADDRESS: lorrained@joyinsurance.com INSURER(8) AFFORDING COVERAGE INSURER A: BERKSHIRE HATHAWAY LIFE INS CO NE 62345 Dwayne's Glass Works Llc And Clark Pockets Llc INSURFO **ERIE INSURANCE COMPANY** MBURER B : 26263 8 Bridge St UNITED STATES LIABILITY INS CO Florida, NY 10921 DISURER C : 25895 INSURER D : NSURER E : MSURER 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. NSD WYD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER

- 1		// COMMENCE AND ADDRESS AS A COMMENT								
ı	A	COMMERCIAL GENERAL LIABILITY		1	DWBP002275	03/29/2019	03/29/2020	EACH OCCURRENCE	\$	1,000,00
ı		CLAIMS-MADE OCCUR		1			1	DAMAGE TO RENTED PREMISES (Ea occurrence)	3	1,000,00
ı		_				i		MED EXP (Any one person)	\$	10,00
1				1				PERSONAL & ADV INJURY	\$	Include
1		GEN'L AGGREGATE UNIT APPLIES PER:	1			1		GENERAL AGGREGATE	\$	2,000,00
ı	- 1	POLICY PRO- LOC	1					PRODUCTS - COMP/OP AGG	\$	2,000,000
Į	В	OTHER:	<del> </del>	<u> </u>			<u> </u>		\$	
Į	P	AUTOMOBILE LIABILITY	1	l	Q01-7630204	01/26/2019	01/26/2020	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	)	OWNED SCHEDULED	l					BODILY INJURY (Per person)	\$	
ı	- }	OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED	l	İ				BODILY INJURY (Per accident)	\$	
ı	- 1	AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
ŀ	c		<u> </u>						\$	
ł	٠,	UMBRELLA LIAB OCCUR	l		CUP1560801	03/21/2019	03/21/2020	EACH OCCURRENCE	\$	1,000,000
۱		EXCESS LIAB CLAIMS-MADE	1	ĺ				AGGREGATE	\$	1,000,000
ŀ	- 1	DED RETENTION \$ 10,000						= -	\$	
l		AND EMPLOYERS' LIABILITY  Y/N						PER OTH-		
	- fi	OFFICER/MEMBER EXCLUDED?	N/A	l				E.L. EACH ACCIDENT	\$	
ŀ	- 10	(Mandatory in NH)	İ					E.L. DISEASE - EA EMPLOYEE	\$	
ŀ	- 1	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Ì			1							
ŀ				<u></u>						
ı	DESCR	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedul	e, may be attached if more spi	ace is required)	·		

CERTIFICATE HOLDER	CANCELLATION
Kraftify LLC 251 State School Road Warwick, NY 10990	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
The state of the s	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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WESTCHESTER ONE, 44 SOUTH BROADWAY, 10TH FLOOR, WHITE PLAINS, NY 10601-4411 | nysif.com

### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 202806876

DWAYNES GLASS WORKS LLC
8 BRIDGE STREET - SUITE A
FLORIDA NY 10921



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

DWAYNES GLASS WORKS LLC 8 BRIDGE STREET - SUITE A FLORIDA NY 10921 CERTIFICATE HOLDER

KRAFTIFY LLC 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER W1439 766-5 CERTIFICATE NUMBER 205528

POLICY PERIOD 12/22/2018 TO 12/22/2019

DATE 8/23/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1439 766-5, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://www.nysif.com/cert/certval.asp. The New York State insurance fund is not liable in the event of failure to give such notifications.

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

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

NEW YORK STATE INSURANCE FUND

**DIRECTOR, INSURANCE FUND UNDERWRITING** 

**VALIDATION NUMBER: 176974613** 

U-26.3



PART 1. To be completed by Disability and Paid Family Leave E	lenefits Carrier or Licensed Insurance Agent of that Carrier						
1a. Legal Name & Address of Insured (use street address only) DWAYNE'S GLASS WORKS LLC 8 BRIDGE ST STE A FLORIDA, NY 10921	1b. Business Telephone Number of Insured (845) 651-1800						
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 202806876						
Name and Address of Entity Requesting Proof of Coverage     (Entity Being Listed as the Certificate Holder)     KRAFTIFYLLC     251 STATE SCHOOL ROAD     WARWICK, NY 10921	3a. Name of Insurance Carrier  New York State Insurance Fund (NYSIF)  3b. Policy Number of Entity Listed in Box "1a"  DBL 5567 71 - 5  3c. Policy effective period						
	10/01/2018 to 10/01/2019						
A. Both disability and paid family leave benefits  B. Disability benefits only  C. Paid family leave benefits only  5. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.							
Date Signed 8/26/2019  By  (Signature of Insurance of	arrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)						
Telephone Number (866) 697-4332 Name and Title Melissa J	ensen, Director of Disability Insurance Unit						
IMPORTANT: If Box 4A and 5A are checked, and this form is significant.	ned by the insurance carrier's authorized representative or NYS icate is COMPLETE. Mail it directly to the certificate holder.						
Disability and Paid Family Leave Benefits Law. It	If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200						
PART 2. To be completed by the NYS Workers' Compensation	Board (Only if Box 4C or 5B of Part 1 has been checked)						
State of New York							
. Workers' Com	pensation Board						
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.							
Date Signed By	(Signature of Authorized NYS Workers' Compensation Board Employee)						
Telephone Number Name and Title							

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)

Certificate Number 563444



PART 1. To be completed by Disability and Paid Family Leave B	enefits Carrier or Licensed Insurance Agent of that Carrier					
1a. Legal Name & Address of Insured (use street address only) DWAYNE'S GLASS WORKS LLC 8 BRIDGE ST STE A FLORIDA, NY 10921	1b. Business Telephone Number of Insured (845) 651-1800					
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 202806876					
2. Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier					
(Entity Being Listed as the Certificate Holder) KRAFTIFYLLC	New York State Insurance Fund (NYSIF)					
251 STATE SCHOOL ROAD WARWICK, NY 10990	3b. Policy Number of Entity Listed in Box "1a" DBL 5567 71 - 5					
	3c. Policy effective period					
	10/01/2019 to 10/01/2020					
Policy provides the following benefits:						
A. Both disability and paid family leave benefits  B. Disability benefits only  C. Paid family leave benefits only  S. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.  Date Signed 10/14/2019  By  Gignature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)  Telephone Number (866) 697-4332  Name and Title Melissa Jensen, Director of Disability Insurance Unit  IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.						
Disability and Paid Family Leave Benefits Law. It m  OB Plans Acceptance Unit, PO Box 5200, Bingham	OT COMPLETE for purposes of Section 220, Subd. 8 of the NYS nust be mailed for completion to the Workers' Compensation Board, aton, NY 13902-5200					
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)						
State of New York						
	ensation Board					
According to information maintained by the NYS Workers' Compense Disability and Paid Family Leave Benefits Law with respect to all of h	inon board, the above-named employer has complied with the NYS is/her employees.					
Date Signed By	Ignature of Authorized NYS Workers' Compensation Board Employee)					
Telephone Number Name and Title	ignature of Authorized NYS Workers' Compensation Board Employee)					
Plane Nata Oct.						

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form D8-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (10-17)

**Certificate Number 569449** 



DATE (MM/DD/YYYY) 09/24/2019

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 DEPORTURE OR PRODUCER AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the t	terms and conditions of t	he policy, certain :	olicies may	require an endorsement.	A statement on	
PRODUCER			CONTACT Scott Die		<del></del> , ,		
Safetynet Insurance Agency, Inc.			BUCARE	827-6900	FAX (A/C, No): (84	15) 827-6903	
200 ROUTE 32 STE 214				tins@optonlii			
20011001202012214					RDING COVERAGE	NAIC#	
CENTRAL VALLEY		NY 10917-3663	INSURER A: OHIO		TUNG COVERAGE	24074	
INSURED		141 10811-0000	INSURER B: WEST		0	44393	
A . Prokosch & Sons Sheet I	Actal Inc			WILL IIIO		44000	
772 South St	AGIGI ILIC		INSURER C :			· · · · · · · · · · · · · · · · · · ·	
772 30dil 3t			NSURER D :			_	
B. Inn calmy counts		NV 42550	INSURER E:				
Newburgh COVERAGES CER	TICICAT	NY 12550 TE NUMBER:	INSURER F:	<del></del>	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSI QUIREM PERTAIN POLICIES	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO A	TO WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL SUB INSD WV	D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
COMMERCIAL GENERAL LIABILITY			300 TOP II			,000,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1	00,000	
					MED EXP (Any one person) \$ 1	5,000	
A	X	BKO53791669	04/01/2019	04/01/2020	PERSONAL & ADV INJURY \$ 1	,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2	2,000,000	
POLICY PRO-					PRODUCTS - COMP/OP AGG \$ 2	2,000,000	
OTHER:					\$		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	,000,000	
X ANY AUTO					BODILY INJURY (Per person) \$		
A OWNED SCHEDULED AUTOS		BAO53791669	04/01/2019	04/01/2020	BODILY INJURY (Per accident) \$		
A AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY		(1)			PROPERTY DAMAGE (Per accident)		
					\$		
X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE \$ 5	,000,000	
A EXCESS LIAB CLAIMS-MADE		USO53791669	04/01/2019	04/01/2020	AGGREGATE \$ 5	5,000,000	
DED X RETENTIONS 10000					s		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	,,,,	VI 444/20704-000	04/04/0040	0410410000	E.L. EACH ACCIDENT \$ 1	,000,000	
B OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A	XWW53791669	04/01/2019	9 04/01/2020	E.L. DISEASE - EA EMPLOYEE \$ 1	,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1	,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	-	·				DK BEING	
THE CERTIFICATE HOLDER IS AN ADDI PERFORMED BY THE NAMED INSURED						יתר סבוויוט	
PERFORMED BY THE NAMED INSURED	AALICIA	REGOINED IN A WALL TEN	AGGINELWIEW BEI	I TYLLIN ALL I	FARTICS.		
CERTIFICATE HOLDER		<del></del>	CANCELLATION				
KRAFTIFY LLC				N DATE TH	DESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE CY PROVISIONS.		
			AUTHORIZED REPRESENTATIVE				
251 STATE SCHOOL RD							

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ACORD 25 (2016/03)

WARWICK

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NY 10990



PART 1. To be d	completed by Disability and	Paid Family Leave	Benefits Carrier or Licensed	Insuranc	e Agent of that Carrier
	Address of Insured (use street add SONS SHEET METAL INC.	dress only)	1b. Business Telephone Number 845-562-4211	r of Insured	
772 SOUTH ST NEWBURGH, NY Work Location of It certain locations in N	' 12550 nsured (Only required if coverage is s ew York State, i.e., Wrap-Up Policy)	pecifically limited to	1c. Federal Employer Identification or Social Security Number 141512450	on Number	of Insured
(Entity Being Lis Kraftify LLC	ess of Entity Requesting Proof of C sted as the Certificate Holder)	Coverage	3a. Name of Insurance Carrier ShelterPoint Life Insura 3b. Policy Number of Entity Liste	•	•
251 State Scho	ool Road		DBL51958	U NOCI III	<b>.</b>
Warwick NY 1	0990		3c. Policy effective period 10/01/2018	to	09/30/2020
A. Both dis B. Disabilit C. Paid far 5. Policy covers: A. All of th B. Only the	the following benefits: sability and paid family leave benefity benefits only. mily leave benefits only. e employer's employees eligible use following class or classes of employery, I certify that I am an authorical Disability and/or Paid Family Leave 9/24/2019  By  516-829-8100	nder the NYS Disability bloyer's employees:  ized representative or I a Benefits insurance co	loansed agent of the Insurance ca	rrier referer	ance Agent of that insurance carrier)
IMPORTANT:	If Boxes 4A and 5A are check	ed, and this form is	signed by the insurance carrie	r's authori	zed representative or NYS
	Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.				
PART 2. To be	completed by the NYS Wor	kers' Compensati	on Board (Only if Box 4C or 5B	of Part 1 i	as been checked)
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.					
Date Signed	Ву				
			Signature of Authorized NYS Workers' Com	pensation Boa	ard Employee)
Telephone Numbe	r	Name and Title			
Please Note: Only	insurance carriers licensed to writ	te NYS disability and p	aid family leave benefits insurance	policies ar	nd NYS licensed insurance

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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**.

DB-120.1 (10-17)



	-
ACORÉ	,

DATE (MM/DD/YYYY) 10/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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this certificate does not confer rights to the certificate holder in lieu of a					
PRODUCER CONTACT Diana Steiner, AAI, CISR					
Arthur J. Gallagher Risk Management Services, Inc. 4000 Midlantic Drive Suite 200	PHONE (AJC. No. Ext): 856-866-3288 (AJC. No.: 858-274-3883				
Mount Laurel NJ 08054	E-MAII ADDRESS: diana_sleiner@ajg.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A : Crum & Forster Specialty Insurance Co	44520			
INSURED CAMPFIA-62	INSURER B: ACE American Insurance Company	22667			
Campbell Fire Protection Inc.	Maurice Company	10120			
43 Chestnut Street Suffern NY 10901		10120			
Spiretti IAI 10401	INSURER D:				
	WISURER E:				
	UNSURER F:				
COVERAGES CERTIFICATE NUMBER: 555291440	REVISION NUMBER:	OV PENOO			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO A ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T BEEN REDUCED BY PAID CLAMS.	WHICH THIS			
INSR TYPE OF INSURANCE INSD WAD POLICY NUMBER	POLICY EFF POLICY EXP (MREDDAYYYY) (MREDDAYYYY) LEMTS				
A X COMMERCIAL GENERAL LIABILITY GLO-583276	5/11/2019 5/11/2020 EACH OCCURRENCE \$ 1,000	.000			
CLAIMS-MADE X OCCUR	PREMISES (Ea occurrence) \$ 100,00	00			
X Contractual Liab	MED EXP (Any one person) \$5,000				
g=(iliz	PERSONAL & ADVINJURY \$ 1,000.				
GEN'L AGGREGATE LIMIT APPLIES PER	GENERAL AGGREGATE \$2,000.				
X POLICY PRO- LOC	PRODUCTS - COMP/OP AGG   \$2,000				
OTHER:	\$	<u> </u>			
AUTOMOBILE LIABBLITY	COMBINED SINGLE LIMIT				
ANY AUTO	(Ea accident)  BODILY NUURY (Per person)   5				
OWNED SCHEDULED	BODILY INJURY (Per accident) S				
AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY	PROPERTY DANAGE S				
AUTOS ONLY AUTOS ONLY	(Per accident)	····			
B UMBRELLALIAS X OCCUP N10837881-008	5				
Jan Secur	5/11/2019 5/11/2020 EACH OCCURRENCE \$4,000				
X EXCESS LIAB   CLAMS-MADE	AGGREGATE \$4,000,				
DED X RETENTION\$ 10.000	PRODICOMP OPS \$4,000.	000			
C WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND EMPLOYERS LIABILITY Y/M 5300000743-191	5/11/2019 5/11/2020 X STATUTE OTH-				
ANYPROPRIETOR/PARTNER/EXECUTIVE   H / A	EL EACH ACCIDENT \$ 1,000.	900			
(Alternations in NOI)	EL DISEASE - EA EMPLOYEE \$ 1,000,	000			
If yes, describe under DESCRIPTION OF OPERATIONS below	EL DISEASE - FOLICY LIMIT \$ 1,000,	000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Retrarks School	to seem has observed if many cases to manifests				
OFFICIAL TE HOLDED	a suprit a right				
CERTIFICATE HOLDER	CANCELLATION				
Krafify LLC 251 State School Road	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL ACCORDANCE WITH THE POLICY PROVISIONS.				
Warwick NY 10990	AUTHORIZED REPRESENTATIVE  M 20				

ACORD 25 (2016/03)

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### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MINUDD/YYYY) 10/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRO	OUCER			·			CONTAI NAME:	CT VIC TAF				
Sta	te Farm	VIC TAFR	O AGENCY				PHONE	201.94		FAX	201_8/	18-8333
STATE FARM INSURANCE			[A/C, No, Ext]: 201-546-5333									
ADDRESS: **CGUICLOUT												
		FRANKLIN				NJ 07417	33300141	04-4- E		IDING COVERAGE		NAIC#
INSL	RED	- 10 man of 711.				193 37417	INSURE		um moemnity	Insurance Company		43796
		CAMPBELL FIR	DE DONTENT	CION	INC		INSURE	RB:				
		PO BOX 59	AE FRUIEGI	HUN	INC		INSURE	RC:				
			^7490				INSURE	RD:				
	MAHWAH, NJ 07430 INSURER E:											
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	VERAGES					NUMBER:				REVISION NUMBER:		
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	© 1988-2995 ACORPORATION. All rights reserved.											
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<b>ACORD</b>

DATE (MWOONYYYY) 01/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING I REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	NSURER(S), AUTHORIZED
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an end this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	provisions or be endorsed. orsement. A statement on
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FRANKLIN LAKES NJ 07417 assurer A: State Farm Indemnity Insurance Com	PARTY 43796
INSURED DISTRICTOR	
CAMPBELL FIRE PROTECTION INC	
PO BOX 59 INSURER D:	
MAHWAH, NJ 07430 INSURER E:	
NSURER F;	
COVERAGES CERTIFICATE NUMBER: REVISION NUM	IBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOUNDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WIT	/E FOR THE POLICY PERIOD
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SU EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	BLIECT TO ALL THE TERMS,
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CERTIFICATE HOLDER CANCELLATION	
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SHOULD ANY OF THE ABOVE DESCRIBED POLICE THE EXPIRATION DATE THEREOF, NOTICE	HES BE CANCELLED BEFORE
Krafify LLC ACCORDANCE WITH THE POLICY PROVISIONS.	THE OF DECIVERED IN
251 State School Rd	
Warwick, NY 10990	
6 1983-2015 ACORD CORPORA	

ACORD 25 (2016/03)

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PART 1. To be c	ompleted by Disability and Paid Family Leave Be	enefits Carrier or Licensed Insurance Agent of that Carrier			
1a. Legal Name & a CAMPBELL FIRE PR P.O. BOX 389 SUFFERN, NY 1090		1b. Business Telephone Number of Insured (845) 357-1441			
1000	ISUTEG (Only required if coverage is specifically limited to NW York State, I.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 223-41-5309			
	ess of Entity Requesting Proof of Coverage led as the Certificate Holder)	3a. Name of Insurance Carrier New York State Insurance Fund (NYSIF)			
Krafify LLC 251 State Schoo Warwick NY 109		3b. Policy Number of Entity Listed in Box "1a"  DBL 5386 70 - 2  3c. Policy effective period  01/06/2005 to 01/06/2020			
4 Bolina provides	the following benefits:				
A. Both di B. Disabili C. Paid fa 5. Policy covers: A. All of th B. Only th	A. Both disability and paid family leave benefits  B. Disability benefits only  C. Paid family leave benefits only  5. Policy covers:				
	110				
Date Signed 1/11/	Date Signed 1/11/2019  By  (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)				
Talanhana Mumba		W			
Telephone Numbe	If Box 4A and 5A are checked, and this form is sign	nsen, Acting Head of Disability Insurance Unit ned by the insurance carrier's authorized representative or NYS cate is COMPLETE. Mail it directly to the certificate holder.			
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200					
PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)					
State of New York					
Workers' Compensation Board					
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.					
Date Signed	By	ignature of Authorized NYS Workers' Compensation Board Employee}			
Telephone Number					
<u></u>					

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)

Certificate Number 530546



CAMPBELL FIRE PROTECTION INC P.O. BOX 389 SUFFERN, NY 10901  Work Location of Insured (Only required if coverage is specifically finited to Not certain locations in New York State, i.e., a Wrap-Lio Policyt	b. Business Telephone Number of Insured (845) 367-1441
certain locations in New York State, i.e., a What-Lio Poincy!	
	c. Federal Employer Identification Number of Insured or Social Security lumber 23-41-5309
(Entity Reing I isted as the Certificate Holder)	a. Name of Insurance Camer aw York State Insurance Fund (NYSIF)
Krafily LLC 3b 251 State School Road DE	b. Policy Number of Entity Listed in Box "1a" BL 5388 70 - 2 c. Policy effective period
Policy provides the following benefits:	01/06/2005 to 01/06/2021
A Both disability and paid family leave benefits  B. Disability benefits only  C. Paid family leave benefits only  5. Policy covers:  A Ali of the employer's employees eligible under the NYS Disability and I  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licenset insured has NYS Disability end/or Paid Family Leave Benefits insurance coverage  Date Signed 1/11/2020  By  [Signature of insurance center's insurance or licenset insu	ed agent of the insurance carrier referenced above and that the named se as described above.
	n, Acting Head of Disability insurance Unit
IMPORTANT: If Box 4A and 5A are checked, and this form is signed in Licensed Insurance Agent of that carrier, this certificate in If Box 4B, 4C or 5B is checked, this certificate is NOT C	by the insurance carrier's authorized representative or NYS is COMPLETE. Mail it directly to the certificate holder.  COMPLETE for purposes of Section 220, Subd. 8 of the NYS be mailed for completion to the Warkers' Companyation Road.
PART 2. To be completed by the NYS Workers' Compensation Board	
State of Nev Workers' Compens According to Information maintained by the NYS Workers' Compensation Disability and Paid Family Leave Benefits Law with respect to all of his/he	W York Sation Board Board the shows named somious has complied with the NVS
Date SignedBy	
Telephone Number Name and Title	ure of Authorized NYS Workers' Compensation Board Employee)
Please Note: Only insurance camers licensed to write NYS disability and paid fam	

D8-120.1 (10-17)

Certificate Number 530546



DATE (MM/DD/YYYY)

11/19/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT John T. Costa Agency, Inc. P.O. Box 2338 Ralph A.Costa PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No): 973-835-3056 973-835-8444 2025 Hamburg TPKE Suite J certs@burglaralarminsurance.com Wayne, NJ 07470 INSURER(S) AFFORDING COVERAGE NAIC# www.burglaralarminsurance.com INSURER A: Scottsdale Insurance Company 41297 INSURER B: Sentinel Insurance Company INSURED Electrolock ,Inc. dba INSURER C: The Hartford Suffern Locksmith & Alarm 87 Lafayette Avenue Suffern NY 10901 INSURER D: INSURER E : INSURER F: **CERTIFICATE NUMBER: 52404543 REVISION NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) PÓLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER COMMERCIAL GENERAL LIABILITY 4138833 9/23/2019 A 9/23/2020 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 1 CLAIMS-MADE / OCCUR \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 POLICY / PRO-PRODUCTS - COMP/OP AGG \$3,000,000 OTHER COMBINED SINGLE LIMIT (Ea appident) **AUTOMOBILE LIABILITY** 13UECVY0964 9/23/2019 9/23/2020 \$1,000,000 ANY AUTO **BODILY INJURY (Per person)** s OWNED AUTOS ONLY SCHEDULED **BODILY INJURY (Per accident)** S AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** \$ 4138838 9/23/2019 9/23/2020 A 1 UMBRELLA LIAB 1 **EACH OCCURRENCE** OCCUR \$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$5,000,000 ✓ RETENTION \$10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 13WECBS2871 9/23/2019 9/23/2020 PER ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under
DESCRIPTION OF OPERATIONS below
ERROR & DMISSIONS E.L. DISEASE - POLICY LIMIT \$1,000,000 4138833 9/23/2019 9/23/2020 EA CLAIM 1,000,000 AGGREGATE 3,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Como 3A States: NY,NJ,CT,DE,PA,MD NO ADDITIONAL INSURED COVERAGE PROVIDED CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Drowned Lands Brewery 251 State School Road Warwick NY 10990 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2016/03)

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32404543 | ELEC-20 | 19/20 No Additional Insured | Electro Lock, Inc | 11/19/2019 1:02:26 PM (EST) | Page 1 of 3

AUTHORIZED REPRESENTATIVE

Ralph A. Costa



1s. Legal Name & Address of Insured (use sired address only)	PART 1. To be completed by Disability and Paid Family Le	eave Benefits Carrier or Licensed Insurance Agent of that Carrier
or Social Security Number    13-3928925	ELECTROLOCK, INC D/B/A SUFFERN LOCKSMITH & ALARM 87 LAFAYETTE AVENUE	1
2. Name and Address of Entity Requesting Proof of Coverage (Entity Baing Listed as the Certificate Holder) Drownfed Lands Brewery 251 State School Road Warwick, NY 10990  4. Policy prowides the following benefits:  6. A. Both disability and paid family leave benefits.  6. Disability and paid family leave benefits only.  7. Policy provides the following benefits:  8. A. Both disability and paid family leave benefits.  8. Disability benefits only.  7. Policy provides the following class or dasses of amployer's employees:  8. And of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  9. Only the following class or classes of amployer's employees:  9. Only the following class or dasses of amployer's employees:  9. On		
Standard Security Life Insurance Company of New York   251 State School Road   Shewery   Standard Security Life Insurance Company of New York   251 State School Road   Shewery   Standard Security Life Insurance Company of New York   252-00   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Listed In Box "1a"   Shewer of Entity Insurance Company of New York   Shewer of Entity Listed In Box "1a"   Shewe	400 0.05	13-3928925
Standard Security Life Insurance Company of New York		
Warwick, NY 10990  66122-00 3c. Policy effective period 1/1/2014 10 11/24/2020  4. Policy provides the following benefits:	Drownded Lands Brewery	Standard Security Life Insurance Company of New York
3c. Policy effective paried  1/1/2014 to 11/24/2020  4. Policy provides the following benefits:  A. Both disability and paid family leave benefits.  B. Disability and paid family leave benefits.  B. Only the following class or classes of employer's employees:  A. Both of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  A. B. Only the following class or classes of employer's employees:  Date Signed  11/26/2019  By  (Signature of insurance carrier's authorized representative or NYS Usersed facurance Agent of that haumance carrier's numbers or NYS Usersed facurance Agent of that haumance carrier's numbers or NYS Usersed facurance Agent of that haumance carrier's numbers or NYS Usersed facurance Agent of that haumance carrier's numbers or NYS Usersed facurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate numbers of NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200. Binghamton, NY 13902-5200.  PART 2: To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 58 of Part 1 has been checked)  State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board (New York  Workers' Compensation Board (Ante above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.	9	
4. Policy provides the following benefits:    A. Bolin disability and paid family leave benefits.     B. Disability benefits only.     C. Paid family leave benefits only.     D. Paid family leave benefits only.     D. Policy covers:     B. Only the following class or classes of employer's employees:     B. Only the following class or classes of employer's employees:     D. Only the following class or classes of employer's employees:     D. Only the following class or classes of employer's employees:     Date Signed 11/26/2019     By	Warwick, NY 10990	00122-00
A. Bolt disability benefits only.  C. Policy covers:  A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:  Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the name insured has NYS Disability and/ar Paid Family Leave Benefits Insurance coverage as described above.  Date Signed  11/26/2019  By  (Signature of insurance carrier's authorized representative or NYS Ucensed Insurance Agent of that insurance certifies)  (Signature of insurance carrier's authorized representative or NYS Ucensed Insurance Agent of that insurance certifies)  Telephone Number  (212) 355–4141  Name and Title  SUPERVISOR-DBL/POLICY SERVICES  IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200. Binghamton, NY 13902-5200.  PART 2: To be completed by the NYS Workers' Compensation Board (Only If Box 4C or 58 of Part 1 has been checked)  State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.		
Date Signed 11/26/2019 By (Signature of insurance coverage as described above.)  Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES  IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.  PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 58 of Part 1 has been checked)  State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed  By  (Signature of Authorized NYS Workers' Compensation Board Employee)	A. Both disability and paid family leave benefits.     B. Disability benefits only.     C. Paid family leave benefits only.  5. Policy covers:     A. All of the employer's employees eligible under the NYS Disability.	•
Telephone Number (212) 355-4141  Name and Title SUPERVISOR-DBL/POLICY SERVICES  IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.  PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 58 of Part 1 has been checked)  State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed  By  (Signature of Authorized NYS Workers' Compensation Board Employee)	insured has NYS Disability and/or Paid Family Leave Benefits Insurance Date Signed 11/26/2019 By	ce coverage as described above.  Beli: Q. Alepil
If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.  PART 2: To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 58 of Part 1 has been checked)  State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed  By  (Signature of Authorized NYS Workers' Compensation Board Employee)	1	
Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.  PART 2: To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 58 of Part 1 has been checked)  State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed  By  (Signature of Authorized NYS Workers' Compensation Board Employee)	IMPORTANT: If Boxes 4A and 5A are checked, and this for	m is signed by the insurance carrier's authorized representative or NYS certificate is COMPLETE. Mail it directly to the certificate holder.
State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed  By  (Signature of Authorized NYS Workers' Compensation Board Employee)	Disability and Paid Family Leave Benefits Lav Board, Plans Acceptance Unit, PO Box 5200,	w. It must be mailed for completion to the Workers' Compensation Binghamton, NY 13902-5200.
Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.  Date Signed	PART 2. To be completed by the NYS Workers' Compen	sation Board (Only if Box 4C or 58 of Part 1 has been chacked)
	Workers' Co According to information maintained by the NYS Workers' Com	pmpensation Board upensation Board, the above-named employer has complied with the
	Date Signed By	
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Telephone Number Name and Title  Name and Title  Name and Title  Name and Title  Name and Title  Name and Title	Telephone Number Name and Title	

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form D8-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (10-17)





PART 1. To be	completed by Disability	and Paid Family Leav	e Benefits Carrier or Licensed Insurance Agent of that Carrier
ELECTROLOCK, II	OCKSMITH & ALARM Enue	et address only)	1b. Business Telephone Number of Insured  000000000
	nsured (Only required if coveregiew York State, i.e., Wrep-Up Poli		1c. Federal Employer Identification Number of Insured or Social Security Number
			13-3928925
	ress of Entity Requesting Procested as the Certificate Holder)		3a. Name of Insurance Carrier
	ands Brewery	,	Standard Security Life Insurance Company of New York
251 State S	****		3b. Policy Number of Entity Listed in Box "1a"
Warwick, N	Y 10990		66122-00
			3c. Policy effective period 1/1/2014 to 11/24/2020
B. Disabili C. Paid far 5. Policy covers: A. All of th B. Only the	e following class or classes of enjury, I certify that I am an at Disability and/or Paid Family L	ble under the NYS Disable employer's employees:  rithorized representative of eave Benefits Insurance of	ilty and Paid Family Leave Benefils Law.  If Ilcansed agent of the insurance carrier referenced above and that the named coverage as described above.  Lebe Q. Lebell  e carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Numbe	(212) 355-4141		SUPERVISOR-DBL/POLICY SERVICES
IMPORTANT:	If Boxes 4A and 5A are cl Licensed Insurance Agen	hecked, and this form i t of that carrier, this ce	s signed by the insurance carrier's authorized representative or NYS rtificate is COMPLETE. Mail it directly to the certificate holder.
	Disability and Paid Family Board, Plans Acceptance	r Leave Benefits Law. I Unit, PO Box 5200, Bi	NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS t must be mailed for completion to the Workers' Compensation nghamton, NY 13902-5200.
PART 2. To be	completed by the NYS \	Workers' Compensa	tion Board (Only if Box 4C or 5B of Part 1 has been checked)
According to info	mation maintained by the nd Paid Family Leave Bend	Workers' Compe	New York pensation Board nsation Board, the above-named employer has complied with the o all of his/her employees.
Date Signed		Ву	
			(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number	****	Name and Title	
Planca Mate: Only	insurance carriers licensed in	to write NYS disability an	d paid family leave benefits insurance policies and NYS licensed insurance

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)





December 20th, 2019

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: Kraftify, LLC – Requests for Verified Exemptions

Services Provided: Drywall installation

JB Insulation & Drywall was hired to install and hang drywall and floors 1 and 2 of the brewery located at 250 State School Road, Warwick NY. Background:

JB Insulation & Drywall gave Mike Kraii (Project Manager) a price of \$12, 850.00 to perform the work at the brewery. Mike received bids from four other contractors that he provided as evidence, and reached out to an additional 5-7 contractors who were not willing to bid the job, or could complete the job in a timely fashion. The next closest in price (B&B Drywall) was still 13% higher than JB Insulations bid, the others were 19%, 54%, and 71% higher.

Based on price point differential and securing an adequate number of bids, 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

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



www.loewkebrill.com



### **Orange County Industrial Development Agency**

# Local Labor Verified Exemption Request

The request to secure a verified exemption for use of non-local labor must be received in writing from the applicant, and must allow 60 days for processing and required due diligence.

	Ka as contact the
APPLIC	CANT NAME: Kraftify LLC
CONTA	ACT: Millo Kran
PHON	E (B) 973 -396-7217 PHONE (CELL)
FAX _	EMAIL MITE Optiers budgeer cus
REAS	ON FOR REQUEST
1)	Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. – <b>EXPLAIN</b>
2)	Specialized construction in which a local contractor is not available – <b>EXPLAIN</b>
3)	Significant cost differentials in bids; whereby use of local labor significantly increases the cost of the project. A cost differential of 10% is deemed significant. Where there is a significant cost differential, if the local contractor agrees to reduce the bid to the average of the two bids, no waiver will be granted. However, if the average is still 10% or more, a waiver will be granted — <b>EXPLAIN (PROVIDE COPIES OF ALL BIDS)</b>
4)	No local labor available for the project – EXPLAIN
Applica	nt Signature: Date: 1211/19
Amoun	t of Contract Needing Verified Exemption: /2,000
Numbe	r of Workers Needing Verified Exemption(s): <u>&amp;3</u>
Send Co	Completed Form and Attachments to our auditors:  Kevin E. Loewke  Loewke Brill Consulting Group  491 Elmgrove Road – Suite 2  Rochester, NY 14606  Kevin@loewkebrill.com

4 CROTTY LANE . SUITE 100 . NEW WINDSOR . NEW YORK 12553 PHONE . 845-234-4192 . www.ocnyida.com



### **Drywall Exemption**

9 messages

Pine Island Brewery <mike@pineislandbeer.com> To: Kevin Loewke <kevin@loewkebrill.com>

Thu, Dec 12, 2019 at 1:47 PM

Hi Kevin,

We are requesting an exemption for a sheetrocker, its 0.4% of the total project contract, so not very significant.

In general it was very difficult to find sheetrockers but we did get 4 quotes from local NY Labor

Mark Giza Drywall - \$28K

Tri-State Drywall \$16K - also I don't believe they included the full scope so there actual number should be higher, but still over the 10% either way

Paramount Building Construction \$45K

B&B Drywall - \$15K - also I don't think these guys have full insurance so wouldn't be able to use them anyway

There was another 5-7 or so contractors we asked to bid but were either too busy, the job was too big, or they were inaccessible

Jb Insulation - \$12,850

All estimates are attached, and exemption form.

Please let me know once processed.

Thank you,

Mike

--- Forwarded message -

From: Joseph Perez <jperez@pbcinc.co>

To: Pine Island Brewery <mike@pineislandbeer.com>, <mike@drownedlands.beer>

Cc: Bcc:

Date: Tue, 3 Dec 2019 16:57:38 -0500 Subject: RE: Sheetrock Warwick

Mike we are looking at approx. \$44,900 Sheetrock & Taping, ready for paint.

Respectfully,

Joseph Perez

Cell: (914)-805-9454



Paramount Building Construction, Inc.

NYS Certified MBE/DBE Contractor

28 Windsor Hwy

New Windsor NY, 12553

Phone/Fax: (845) 569-0970

From: Pine Island Brewery <mike@pineislandbeer.com>

Sent: Saturday, November 30, 2019 9:14 AM

To: mike@drownedlands.beer

Cc: Joseph Perez perez@pbcinc.co>
Subject: Re: Sheetrock Warwick

Following up on this. Please send ASAP

On Mon, Nov 25, 2019 at 2:41 PM <mike@drownedlands.beer> wrote:

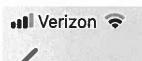
Hi Joe,

Do you think you can send your estimate today for the sheetrock at 251 State School Rd Warwick?

Thanks,

Mike K.

6 attachments



1:30 PM

**1** 13% 🔳



+1 (914) 607-1418 >

Saturday 5:01 PM

Hi Mike.

What do you think about the job. Confirm with me. For the installation, I told one of my men about it but I don't know if he went.

Saturday 7:29 PM

Will call you Monday, thanks

Monday 8:14 AM

I can do the minimum for you \$15,000 with insurance because this board of sheetrock is more expensive 5/8 and its green.

Monday 7:50 PM

Hi Mike.

Do you want me to do the job? You haven't responded back.

I will get in touch with you, waiting one a couple others to bid





iMessage





















(845) 325-2440 >

OK if I get back early enough I will run over if not definitely tomorrow then thank you have a nice day just left there going to be

Just let me know when, an appointment is best. Thx

Tuesday 9:32 AM

Can you send an estimate please

Tuesday 3:01 PM

Mike for sheet rock all fasteners finishing products labor to hang drywall insulate three coats of spackle and have ready for paint 28,000

Ok thanks for sending

Delivered

13/0 E

If it goes any further then I will email you a contract and we can go over it thank you





iMessage

















## Tri-State Drywall & Acoustical, Inc.

246 Wilson Rd.\*Sparrowbush, NY 12780 \* (845) 856-8400

Date December 4, 2019

Proposal Submitted To: Pine Island Brewery
Attn: Mike K.

The following proposal has been submitted for Pine Island Brewery

Scope of Work:

\$15,960

Provide and install approx.. 5906 sq ft of 5/8" sheetrock Sq Footage to include Moisture Resistant board in the bathroom #1 & bathroom #2, 5/8" Type "X" fire-rated sheetrock on all walls and ceilings

Price includes providing and installing, clean-up to owner supplied dumpster and all scaffolding as necessary.

This price does not include:
Payment and Performance Bond
Sales Tax (Tax exempt certificate must be provided)
Dumpsters
Any work not specifically stated on proposal

All work to be performed Monday-Friday, 7:00 to 3:30pm, Any work performed outside of these hours will be at an additional cost. Temporary heat & electric to be provided by others. Dumpsters & Demolition by others. The above terms, conditions and descriptions are satisfactory and hereby accepted. Above pricing subject to change if entire bid package is not accepted. Proposal not valid until signed and accepted by both parties. General Liability insurance includes 1,000,000 single occurrence/ 3,000,000 aggregate with an additional \$5,000,000 umbrella. Any additional insurance will be provided at an additional charge.

Authorized Representative	Charlotte VanHorn
	Glidi lotte Valli lotti

#### PROPOSAL

56 Spruce Street, Oakland, NJ 07436 • (201)485-8990 License Number: 13VH09052600

Client #

1912096227

Kraai, Mike

**Drowned Lands Brewery** 251 State School Rd

Warwick.

Contact:

(973)396-7217 (phone)

Job#

1903251862

251 State School Rd - Drywall

**Drowned Lands Brewery** 

Warwick, NY

Prepared 12/10/2019 by Ron Gallagher (845)518-8310, Ron@JB-Insulation.com

PLEASE NOTE: Proposal indicates items for each Phase of the Job, followed by optional upgrades or sequences for that Phase. To accept desired options, circle the associated additional cost and initial so additional scope of work & costs can be added to contract. Return signed proposal and option/upgrade request.

First floor

Work Area

Material

Patch & Repair As Needed

1/4" Drywall Over existing plaster walls on first floor by front foyer and bathrooms. To be screwed and glued.

First Floor Ceiling

5/8" Drywall

**Bath Walls & Ceilings** 

1/2" Moisture Resistant

General Areas Ceilings & Walls

Level 3 Finish - 3 Coats & Sand

Terms: 50% deposit & balance due upon completion

Second floor

Work Area

Material

Bath Walls & Ceilings

1/2" Moisture Resistant

**Total Price:** 

\$12,850.00

When JB is spraying foam no one can be in the house / building and occupants may not reenter for 4 to 24 hours depending on ventilation conditions.

Please review ResCheck to ensure specifications above meet requirements - if scope of work as stated above does not meet ResCheck requirements please advise so scope of work can be revised accordingly.

Payment may be made by check, Visa or Master Card. A 3% service charge will be applied to all credit card payments.

This proposal is good for 30 days from prepared date above.

Your terms are C.O.D. Payment is due upon completion...

Purchaser Acceptance:

Date:

**Authorized Signature** 

Seller Approval:

Date: 12/10/2019

Authorized Signature (Ron Gallagher (845)518-8310)



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Michael Dawli PHONE (A/C, No, Ext): E-MAIL ADDRESS: (201) 487-8710 All Point Ins Agency (A/C, No): (201) 487-8711 224 Johnson Avenue INSURER(S) AFFORDING COVERAGE NAIC # N.I 07601 Hackensack Selective Insurance Company of New England 11867 INSURER A: INSURED R-T Specialty LLC INSURER B : JB INSULATION & DRYWALL LLC **INSURER C** 56 SPRUCE ST INSURER D : INSURER E : OAKLAND NJ 07436-1830 INSURER F : CL19121989408 **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. ADDLISUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 2.000.000 EACH OCCURRENCE DAMAGE TO RENTED 500,000 CLAIMS-MADE | CCCUR PREMISES (Ea occurrence) 15,000 MED EXP (Any one person) Α S 2307959 05/20/2019 05/20/2020 2,000,000 PERSONAL & ADV INJURY 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 4,000,000 POLICY PRODUCTS - COMP/OP AGG \$ OTHER: ŝ OMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ 1,000,000 (Ea accident ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED AUTOS ONLY S 2307959 05/20/2019 05/20/2020 Α **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE s AUTOS ONLY State surcharge 3 \$ 2,000,000 UMBRELLA LIAB **OCCUR** EACH OCCURRENCE **FXCFSS LIAB** Α S 2307959 05/20/2019 05/20/2020 2,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY 1.000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT В JBWC013339 05/20/2019 05/20/2020 N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE s If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Kraftify LLC, Kraftify Holdings LLC 251 State School Road AUTHORIZED REPRESENTATIVE Cortnie Camenzuli

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ACORD 25 (2016/03)

Warwick

The ACORD name and logo are registered marks of ACORD

NY 10990



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier								
1a. Legal Name & JB INSULATION & DI 56 SPRUCE ST # 2 OAKLAND, NJ 07436		1b. Business Telephone Number of Insured (201) 485-8990						
1	Isured (Only required if coverage is specifically limited to ew York State, i.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 473782982						
(Entity Being Lis		3a. Name of Insurance Carrier  New York State Insurance Fund (NYSIF)  3b. Policy Number of Entity Listed in Box "1a"  DBL 6643 41 - 6  3c. Policy effective period  07/04/2019  to 07/04/2020						
4. Policy provides	the following benefits:	PERSONAL PROPERTY.						
B. Disabill C. Paid fa 5. Policy covers:	sability and paid family leave benefits ity benefits only mily leave benefits only							
ı <u>—</u>	e employer's employees eligible under the NYS Disabili e following class or classes of employer's employees:	ry and Paid Family Leave Benefits Law						
Under penalty of poinsured has NYS D	isability and/or Paid Family Leave Benefits insurance of	icensed agent of the insurance carrier referenced above and that the named overage as described above.						
Date Signed 12/23								
	(Signature of insurance	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)						
Telephone Numbe	(866) 697-4332 Name and Title Melissa	Jensen, Director of Disability Insurance Unit						
IMPORTANT:		gned by the insurance carrier's authorized representative or NYS ficate is COMPLETE. Mail it directly to the certificate holder.						
	Disability and Paid Family Leave Benefits Law. It DB Plans Acceptance Unit, PO Box 5200, Bingha							
PART 2. To be c	ompleted by the NYS Workers' Compensation	Board (Only if Box 4C or 5B of Part 1 has been checked)						
	State of	New York						
		pensation Board						
According to info Disability and Pa		sation Board, the above-named employer has complied with the NYS						
Date Signed	Ву	(Signature of Authorized NYS Workers' Compensation Board Employee)						
Telephone Number								

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)

Certificate Number 578643

MIKEWES-01

RMAGN

### ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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Dur	kin Agency, Inc. Grand Avenue				CONT	\CT				
Sul	te 360				(A/C, N	E(201)	567-3700	FAX	, No):(20	1) 567-7472
Eng	lewood, NJ 07631				E-MAII ADDRE					
_		_				IN	SURER(8) AFF	ORDING COVERAGE		NAJC #
INSL	JRED		INSURI		ve insuran	ce Company		12572		
Mike West Decorating Contractor						RC:				
	21 Southern lane Warwick, NY 10990				INSURE					
					INSURE	RE:				+
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)	Drowned Lands Brewery 251 State School Road Warwick, NY 10990				SHOUL THE E	D ANY OF THE		CRIBED POLICIES BE REOF, NOTICE WILL PROVISIONS.	CANCELL BE DEL	.ED BEFORE
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#### FS-20 NEW YORK STATE INSURANCE IDENTIFICATION CARD

OTI Alistate Insurance Company Name & Address of Issuer: Alistate Insurance Company

1125 RXR Plaza, Suite 1100E Uniondale, NY 11556 (800) 255-7828

Applicable with respect to the following Motor Vehicle:

Year/Make 2019 RA/VA

Policy Number 000000013416521

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

Vehicle Identification Number 3C6TRV AGIKE535240

WETTSTEIN, MICHAEL 21 SOUTHERN LANE WARWICK NY 10990

Effective Date (12:01 a.m.): 02/27/2020

(Not acceptable to obtain registration after 45 days from effective date) Expiration Date (12:01 a.m.): 06/14/2020

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND.





### **CERTIFICATE OF LIABILITY INSURANCE**

ALLIE-2

OP ID: RH

DATE (MM/DD/YYYY) 03/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER R. K. Hughes, Inc. 185 Kingsland Street PO Box 67 Nutley, NJ 07110 Luke M. Morris		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	:
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A : Selective Insurance Co.	12572
INSURED	Allied Excavating, Inc.	INSURER B : Everest Indemnity Ins. Co.	
	71 Waterbury Road Warwick, NY 10990	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. ADDL SUBR TYPE OF INSURANCE LIMITS **POLICY NUMBER** GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 05/28/2019 05/28/2020 S2314869 COMMERCIAL GENERAL LIABILITY 100,000 CLAIMS-MADE X OCCUR 10,000 MED EXP (Any one person) X **Contractual Liab** 1,000,000 PERSONAL & ADV INJURY \$ 3,000,000 **GENERAL AGGREGATE** \$ 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ POLICY X PRO-COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** 1,000,000 05/28/2019 05/28/2020 S2314869 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS **BODILY INJURY (Per accident)** PROPERTY DAMAGE (PER ACCIDENT) X HIRED AUTOS \$ UMBRELLA LIAB X X 5,000,000 OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** S2314869 05/28/2019 05/28/2020 5,000,000 CLAIMS-MADE AGGREGATE s 10000 DED X RETENTIONS WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT FICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Pollution Liab EF4PO04060-191 03/12/2019 03/12/2020 Each Poll 1,000,000 Aggregate 2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER		CANCELLATION
200000000000000000000000000000000000000	KRAF-01	

Kraftify, LLC 251 State School Road Warwick, NY 10990 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

Rom Jums

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ACORD 25 (2010/05)

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

| nysif.com

#### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 141548410 LOVELL SAFETY MGMT CO., LLC 110 WILLIAM STREET 12TH FLR NEW YORK NY 10038



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

ALLIED EXCAVATING INC 71 WATERBURY ROAD WARWICK NY 10990 CERTIFICATE HOLDER

KRAFTIFY, LLC 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER CERTIFICATE NUMBER POLICY PERIOD DATE 22252 190-0 981704 04/01/2019 TO 04/01/2020 3/17/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2252 190-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 529703618



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

#### | nysif.com

#### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^^ 141548410 LOVELL SAFETY MGMT CO., LLC 110 WILLIAM STREET 12TH FLR **NEW YORK NY 10038** 



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

ALLIED EXCAVATING INC 71 WATERBURY ROAD WARWICK NY 10990

CERTIFICATE HOLDER

KRAFTIFY, LLC 251 STATE SCHOOL ROAD WARWICK NY 10990

POLICY NUMBER **CERTIFICATE NUMBER POLICY PERIOD** DATE Z2252 190-0 981705 04/01/2020 TO 04/01/2021 5/6/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2252 190-0, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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

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

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 30975824



# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be o	completed by Disability and P	Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier			
1a. Legal Name & ALLIED EXCAVA	Address of Insured (use street add TING INC	ress only)	1b. Business Telephone Number of Insured 845-986-3516			
71 WATERBUR WARWICK, NY 1			1c. Federal Employer Identification Number of Insured     or Social Security Number			
	nsured (Only required if coverage is spi lew York State, i.e., Wrap-Up Policy)	ecifically limited to	141548410			
(Entity Being Lis	ess of Entity Requesting Proof of C sted as the Certificate Holder)	overage	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company			
Kraftify, LLC			3b. Policy Number of Entity Listed in Box "1a"			
251 State Scho			DBL53550			
Warwick, NY 1	10990					
			3c. Policy effective period 01/01/2020 to 12/31/2020			
C. Paid fai  5. Policy covers:  A. All of th  B. Only the	e following class or classes of empl	oyer's employees: ced representative or Benefits insurance or	y and Paid Family Leave Benefits Law.  licensed agent of the insurance carrier referenced above and that the named overage as described above.  Carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)			
Telephone Numbe	r <u>516-829-8100</u>	Name and Title	Richard White, Chief Executive Officer			
IMPORTANT:			signed by the insurance carrier's authorized representative or NYS tificate is COMPLETE. Mail it directly to the certificate holder.			
	If Box 4B, 4C or 5B is checked Disability and Paid Family Lea Board, Plans Acceptance Unit,	ve Benefits Law. It	NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS must be mailed for completion to the Workers' Compensation aghamton, NY 13902-5200.			
PART 2. To be	completed by the NYS Worl	kers' Compensat	ion Board (Only if Box 4C or 5B of Part 1 has been checked)			
	State of New York  Workers' Compensation Board  According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.					
Date Signed	Ву		(Signature of Authorized NYS Workers' Compensation Board Employee)			
Telephone Numbe	<u> </u>	Name and Title	and formity have benefits in a second about the second about the			

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)



### CONTRACTORS SPECIAL POLICY DECLARATIONS PAGE Renewal Declaration



#### **UTICA FIRST INSURANCE COMPANY**

CONSTITUTED IN OHIO AS

UTICA FIRST INSURANCE COMPANY (MUTUAL)

Home Office - 5981 Airport Road, Orlskany NY 13424 Mail Address - P.O. Box 851, Utica, NY 13503-0851

**Direct Billed - Insured** 

Policy Number: Renewal of Number: ART 5125766 01

NAMED INSURED AND MAILING ADDRESS (Number Street, Town or City.)

Agent 2598031

FTP INC 131 WHITE OAK LANE

OLD BRIDGE, NJ 08857

LAKESTATION REPAIR & RENOVATIONS, DANIEL CRANDALL 6 LAKESTATION RD (DBA)

WARWICK NY 10990

POLICY PERIOD: 12:01 A.M. Standard Time at the Location of Designated Premises. 03/01/20 03/01/21

From			one segment	o
Item Number	Prot. Class	Rate Group	Const	Description and Location of Property Covered
1	PR		F	Description: HANDYMAN CLASS Location: 6 LAKESTATION RD WARWICK, NY 10990 County: ORANGE

#### **AGREEMENT**

In return for your payment of the required premium, we provide the insurance described in this policy.

		LIAE	BILITY INSURA	NCE			<u>-</u>	
COVERAGE			LIMITS					ANNUAL PREMIUM
Each Occurrence Limit Medical Payment Limit General Aggregate Limit (other than Products/ Aggregate Limit (Products/Completed Fire Legal Liability Personal and Advertising Property Damage Deduct	\$ 1,000,0 \$ 5,0 \$ 2,000,0 \$ 2,000,0 \$ 100,0 \$ 1,000,0	100	/p:	er occurre er occurre er occurre	nce	Included		
		PRO	PERTY INSURA	NCE				
COVERAGE	AUTOMATIC INCREASE %		CEMENT OST	ACV	PROTECTIVE DEVICES	ANNUAL PREMIUM		
Building Business Personal Proper Loss of Income Business Personal Prope Off Premises	·							
FORMS AND ENDORSEM	ENTS SEE FO	RMS IN	ENTORY F	AGE				A A 4 A 4 1 1 A 4
FORM NUMBER D	ESCRIPTION						ANNUAL PREMIUM	
BAI-1 Blanket Additional Insured (Contractors)						Included		
\$150	Minimum Reta	ined Pre	mium					ANNUAL
Name and Address				[	SUB TO	TAL		\$1,075.00

of Mortgagee:

**NYS Fire Fee** 0.00 **POLICY TOTAL** \$1,075.00

**Our Authorized Representative** 

Countersignature Date 12/30/19

INSURED COPY



PRODUCER

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Susan Hanley

Edgewood Partners Insurance Center						PHONE (201) 661-2000 FAX (A/C, No. Ext): (201) 661-2499 (A/C, No. Ext): (201) 661-2499					
P. C	. Box 1689				E-MAIL ADDRESS: susan.hanley@epicbrokers.com						
1				INSURER(S) AFFORDING COVERAGE NAIC #							
Pea	rl River			NY 10965	INSURER A: America Fire and Casualty Co 24066						
INSU	RED				INSURER B: Ohio Security Insurance Co 24082						
	Kraftify LLC				INSURE	RC: The Ohio	Casualty Insu	rance Company		24074	
	DBA: Pine Island Brewing			INSURE	RD:						
	682 County Route 1				INSURE	RE:					
	Pine Island			NY 10969	INSURE						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 20-21 Master				REVISION NUM	BER:		
IN CI E	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	REME VIN, T LICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI	DOCUMENT V DHEREIN IS S AIMS.	MTH RESPECT TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	<del></del>	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		000,000	
l	CLAIMS-MADE X OCCUR						•	DAMAGE TO RENTE PREMISES (Ea occur	D 30	0,000	
l								MED EXP (Any one p	45	,000	
A				BKA56345513		03/01/2020	03/01/2021	PERSONAL & ADV III	4.4	000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	1					GENERAL AGGREGA	2.0	000,000	
l	POLICY PRO-		ł					PRODUCTS - COMP	2.0	000,000	
	OTHER:							THOUSEN TO TOOM!	\$	-	
1	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT \$ 1.0	000,000	
	ANY AUTO					j		BODILY INJURY (Per	person) \$		
В	OWNED SCHEDULED			BAS56345513	03/01/202	03/01/2020	03/01/2021	BODILY INJURY (Per	<del>`                                    </del>		
l	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE	, I		
l	AUTOS ONLY AUTOS ONLY							(Per accident)	s	<del></del>	
_	X UMBRELLA LIAB X OCCUR		-		-	-		F401100011005110	1 2	000,000	
lс	EVOFORTION			USO56345513		03/01/2020	03/01/2021	EACH OCCURRENC	-   -	000,000	
`	CLAIMS-MADE	ł				**********		AGGREGATE			
<del> </del>	WORKERS COMPENSATION	$\vdash$				<del>  </del>		PER	OTH-		
l	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								1 4	000,000	
Α	OFFICER/MEMBER EXCLUDED?	N/A		XWA59490613	03/0	03/07/2020	03/07/2021	E.L. EACH ACCIDEN	4.0	000,000	
l	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA E	MIFCOTEC 13	000,000	
<del> </del>	DÉSCRIPTION OF OPERATIONS below					<del> </del>		E.L. DISEASE - POLI	CY LIMIT \$ 1,1	300,000	
A				BKA56345513		03/01/2020	03/01/2021				
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)				
Evid	lence of Insurance										
l											
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L											
CEF	RTIFICATE HOLDER			260 3870 39-	CANC	ELLATION		(1.40)(13		57.381.3615.365	
	Kraftify LLC DBA Pine Island Bro	ewing			SHO	ULD ANY OF T	ATE THEREOF	SCRIBED POLICIE F, NOTICE WILL BE Y PROVISIONS.		ED BEFORE	
	682 Route 1 Suite B				AUTHO	RIZED REPRESEN	ITATIVE				
	Pine Island			NY 10989			4	101			
_	*		- Colonia								

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ACORD 25 (2016/03)

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# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be	completed by Disability and	Paid Family Leave	Benefits Carrier or Licensed Insurance Agent of that Carrier
	Address of Insured (use street ac	Idress only)	1b. Business Telephone Number of Insured
KFAFTIFY LLC. DBA: PINE ISLAND 682 COUNTY ROU PINE ISLAND, NY	TE 1		9733967217
	Insured (Only required if coverage is s lew York State, i.e., Wrap-Up Policy)	specifically limited to	Federal Employer Identification Number of Insured or Social Security Number
			47-1392536
	ress of Entity Requesting Proof of	Coverage	3a. Name of Insurance Carrier
(Entity Being Li:	sted as the Certificate Holder)		Standard Security Life Insurance Company of New York
1	sland Brewing		3b. Policy Number of Entity Listed in Box "1a"
682 County			R15408-000
Pine Island,	NY 10969		3c. Policy effective period 3/7/2016 to 5/19/2021
B. Disabili C. Paid fa 5. Policy covers: A. All of th	isability and paid family leave bene- ity benefits only.  Imily leave benefits only.  The employer's employees eligible to be following class or classes of employees.	under the NYS Disability	and Paid Family Leave Benefits Law.
Under penalty of pinsured has NYS I  Date Signed 5/	Disability and/or Paid Family Leav	e Benefits insurance co	icensed agent of the insurance carrier referenced above and that the named verage as described above.
Date Signed		(Signature of insurance	carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Numbe	<sub>er</sub> <u>(212) 355-4141</u>	Name and Title S	UPERVISOR-DBL/POLICY SERVICES
IMPORTANT:			signed by the insurance carrier's authorized representative or NYS ficate is COMPLETE. Mail it directly to the certificate holder.
	If Box 4B, 4C or 5B is checked Disability and Paid Family Le Board, Plans Acceptance Un	ave Benefits Law. It	NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS must be mailed for completion to the Workers' Compensation ghamton, NY 13902-5200.
PART 2. To be	completed by the NYS Wo	rkers' Compensati	on Board (Only if Box 4C or 5B of Part 1 has been checked)
	ormation maintained by the N and Paid Family Leave Benefit	Workers' Compen'S Workers' Compen	New York Densation Board Sation Board, the above-named employer has complied with the all of his/her employees.
Date Signed	B	/	
			signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Numbe	er	Name and Title	
Blacca Mates Onl	he increased as a	with ANCO disability and	neid family leave henefits insurance policies and NVS licensed insurance

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave 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.

DB-120.1 (10-17)

