



**19-001**

**Kraftify,**

**LLC**

# **LOEWKE BRILL**

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

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 – 88%
- Copperworks Mechanical LLC – 100%
- Craig West Designs – 100%
- Dwayne’s Glass Works Llc – 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%

# **LOEWKE BRILL**

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

- 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.



\_\_\_\_\_  
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

(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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**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.



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**

Town of Warwick  
Department of Buildings

**BUILDING PERMIT ISSUED**

Owner Kraftify Holdings

Parcel Address 251 State School Rd

Permit # 27411 Sec-Blk-Lot: 46-1-37 Date Issued 4-3 2018

Before the Building or any part thereof is occupied, a Certificate of Occupancy / Compliance shall be obtained from the Building Inspector.

**Inspections required**

- Footings
- Backfill
- Plumbing under Slab
- Slab Pour
- Foundation
- Rough Plumbing
- Framing
- Insulation
- Final
- Other \_\_\_\_\_

PERMIT USE Interior Renovations

Boyd

Building Inspector  
Town of Warwick



**TOWN OF WARWICK  
CHANGE OF USE APPLICATION  
\$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: 46 - 1 - 37 Zone: O1

**OWNER:**

Name: Warwick Valley Local Development Corporation  
Mailing Address: PO Box 202  
City: Warwick State: NY Zip: 10990  
Phone: 845-986-1156 Mobile: \_\_\_\_\_

**DESCRIPTION: (Fill In ALL blanks!)**

Prior use: NY State Correctional Facility Administrative Offices  
Proposed use: #19. Manufacturing, assembling, altering, finishing, converting, fabricating, cleaning or any other processing, packaging or repackaging of agricultural products or materials.  
Name of Business: Kraftify Brewery and Tasting Room

Number of parking spaces provided 155  
Total floor area of the Building: 14,453 (SF)  
Total floor area of the Building that will be used for business: 14,453 (SF)  
Number of persons employed: 15  
Hours of operation: Brewery 8am-6pm M-Sun  
Tasting Room M-Th 10 am - 10pm, Fri&Sat 10 am-12M  
Proposed sign area (if any) \_\_\_\_\_ (SF) (All signs require sign permit.)

Contact information for Business: (if different from owner)

Name: Kraftify, LLC  
Mailing Address: 5 Missonellie Ct.  
City: Hawthorne State: NJ Zip: 07506  
Phone: 973-396-7217 Mobile: \_\_\_\_\_

**FOR CONSTRUCTION ACTIVITIES ONLY, INFO NEEDED FOR BUILDING PERMIT:**

1. Name, address and telephone of applicant and property owner.
2. Location of the building that illustrates occupational areas.
3. Sufficient description or information to define precisely the boundaries of the property. (Survey) All distances shall be in feet and tenths of a foot.
4. Location of existing septic field, well and driveway sight distances.
5. Any proposed construction improvements, signage and/or lighting.
6. Copies of required licenses (if any).

**AUTHORIZATION:**

State of New York, County of \_\_\_\_\_, being duly sworn deposes and says he/she is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Owner Signature: \_\_\_\_\_

Notary Public: \_\_\_\_\_

Print Name: \_\_\_\_\_

Stamp: 

**FOR TOWN USE ONLY**

Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash

Comments: \_\_\_\_\_

Application #: \_\_\_\_\_



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

Permit #: 27098

Parcel ID: 46-1-37

File Date: 11/9/2018  
 Expiration Date: 11/1/2019

# DEMOLITION PERMIT

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

**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.
2. 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)

6/12/18

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

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

Updated February 1, 2017

**ORANGE COUNTY  
INDUSTRIAL DEVELOPMENT AGENCY**

**APPLICATION FOR FINANCIAL ASSISTANCE**

**I. APPLICANT INFORMATION**

**APPLICANT**

Company Name: Kraftify LLC  
Mailing Address: 5 Missonellie Ct. Hawthorne, NJ 07506  
Phone No.: 973-396-7217  
Fax No.: \_\_\_\_\_  
Fed Id. No.: 47-1392536  
Contact Person: Mike Kraai  
Contact Email: Mike@pinerislandbeer.com

**APPLICANT'S COUNSEL**

Name: Nathan Seifert  
Address: 65 Route 4 East, Suite 6 River Edge NJ 07661  
Phone No.: 201-441-9056  
Fax No.: \_\_\_\_\_  
Counsel Email: NSeifert@hdcbb.com

**APPLICANT'S GENERAL CONTRACTOR/CONSTRUCTION MANAGER**

Name/Contact: Ramon Gonzalez  
Address: 2467 Route 6, Slate Hill NY 10473  
Phone No.: 845-866-4091  
Fax No.: \_\_\_\_\_  
Email: Ramon@TripleRD.com

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

Michael Kracai, 100%

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

Form of Entity

Corporation

Date of Incorporation: \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_

Partnership

General \_\_\_\_\_ or Limited \_\_\_\_\_  
Number of general partners \_\_\_\_\_  
If applicable, number of limited partners \_\_\_\_\_

Date of formation \_\_\_\_\_  
Jurisdiction of Formation \_\_\_\_\_

Limited Liability Company/Partnership (number of members 1)

Date of organization: 6/15/14  
State of Organization: New York

Sole Proprietorship

If a foreign organization, is the applicant authorized to do business in the State of New York?

\_\_\_\_\_

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

\_\_\_\_\_

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

N/A

\_\_\_\_\_

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

N/A

II. PROJECT INFORMATION

A) Project Address: 251 State School Rd, Warwick NY 10990

Tax Map Number 46-1-37  
(Section/Block/Lot)

Located in City of ~~Warwick~~ N/A

Located in Town of ~~Warwick~~ Warwick

Located in Village of ~~Warwick~~ Warwick

School District of ~~Warwick~~ Warwick Valley

B) Are utilities on site?

Water - Disconnected Electric " "  
Gas " " Sanitary/Storm Sewer " "

C) Present legal owner of the site Warwick Valley Local Development Cor  
If other than from applicant, by what means will the site be acquired for this project? N/A

D) Zoning of Project Site: Current: Industrial Proposed: \_\_\_\_\_

E) Are any variances needed? No

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

G) Statement describing project (i.e. land acquisition, construction of manufacturing facility, etc.):  
land acquisition, full renovation + construction of brewing fac.

H) Anticipated Date of Operation: 1/19

I) Principal use of project upon completion:

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input checked="" type="checkbox"/> manufacturing | <input checked="" type="checkbox"/> warehousing | <input type="checkbox"/> research          | <input type="checkbox"/> offices     |
| <input type="checkbox"/> industrial               | <input type="checkbox"/> recreation             | <input checked="" type="checkbox"/> retail | <input type="checkbox"/> residential |
| <input type="checkbox"/> training                 | <input type="checkbox"/> data process           | <input type="checkbox"/> other             |                                      |

If other, explain: \_\_\_\_\_

J) Estimated Project Costs, including:

Value of property to be acquired: \$ 240,000

Value of improvements: \$ 1,710,000

Value of equipment to be purchased: \$ 750,000

Estimated cost of engineering/architectural services: \$ included in construction

Other: \$ \_\_\_\_\_

Total Capital Costs: \$ 2,700,000

Project refinancing; estimated amount  
(for refinancing of existing debt only)

\$ \_\_\_\_\_

Sources of Funds for Project Costs:

Bank Financing:

\$ 2,430,000

Equity (excluding equity that is attributed to grants/tax credits)

\$ 270,000

Tax Exempt Bond Issuance (if applicable)

\$ -

Taxable Bond Issuance (if applicable)

\$ -

Public Sources (Include sum total of all state and federal  
grants and tax credits)

\$ 540,000

Identify each state and federal grant/credit:

NY ESD

\$ 540,000

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Total Sources of Funds for Project Costs:

\$ \_\_\_\_\_

K) Inter-Municipal Move Determination

Will the project result in the removal of a plant or facility of the applicant from one area of the State of New York to another?

Yes or  No

Will the project result in the removal of a plant or facility of another proposed occupant of the project from one area of the State of New York to another area of the State of New York?

Yes or  No



Will the project result in the abandonment of one or more plants or facilities located in the State of New York?

Yes or  No

If Yes to any of the questions above, explain how, notwithstanding the aforementioned closing or activity reduction, the Agency's Financial Assistance is required to prevent the Project from relocating out of the State, or is reasonably necessary to preserve the Project occupant's competitive position in its respective industry:

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Project Data

1. Project site (land)

(a) Indicate approximate size (in acres or square feet) of project site.

1.3 ACRES

(b) Are there buildings now on the project site?  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. Does the project involve acquisition of an existing building or buildings? If yes, indicate number, size and approximate age of buildings:

1 Building, ~14,000 sqft, 1930

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

Phase 2, 1,500 sqft addition

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

Full renovation; mechanicals, plumbing, lighting, walls, demo, et

5. Estimated Start Date of Construction: Fall 2018

6. Estimated End Date of Construction: Spring 2019

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

15 BBL production brewery, barrel aging, canning line, tastin

*room*

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

3% office, 0%

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

N/A

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

Brewing Equipment

Furnishings

10. Has construction work on this project begun?

Complete the following

- (a) site clearance      \_\_\_\_\_ Yes      X No      \_\_\_\_\_ % complete
- (b) foundation        \_\_\_\_\_ Yes      X No      \_\_\_\_\_ % complete
- (c) footings            \_\_\_\_\_ Yes      X No      \_\_\_\_\_ % complete
- (d) steel                \_\_\_\_\_ Yes      X No      \_\_\_\_\_ % complete
- (e) masonry work      \_\_\_\_\_ Yes      X No      \_\_\_\_\_ % complete
- (f) other (describe below)      \_\_\_\_\_ Yes      X No      \_\_\_\_\_ % complete

III. FINANCIAL ASSISTANCE REQUESTED

A) Benefits Requested:

- Sales Tax Exemption     IRB     MRT Exemption     Real 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: 10yr

Sales and Use Tax:

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: \$ 18K

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(1)) 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.

IV. EMPLOYMENT PLAN

	Current # of jobs at proposed project location or to be relocated to project location	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be RETAINED	IF FINANCIAL ASSISTANCE IS GRANTED – project the number of FTE and PTE jobs to be CREATED upon THREE Years after Project completion	Estimate number of residents of the Labor Market Area in which the Project is located that will fill the FTE and PTE jobs to be created upon THREE Years after Project Completion **
Full time (FTE)	0	7	10	7
Part Time (PTE)	0	0	3	3
Total	0	7	13	10

\*\* 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 Salary or Range of Salary	Average Fringe Benefits or Range of Fringe Benefits
Management	2	40K-65K	4K-7K
Professional			
Administrative			
Production	2	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. Job Listings In accordance with Section 858-b(2) of the New York General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, new employment opportunities created as a result of the proposed project must be listed with the New York State Department of Labor Community Services Division (the "DOL") and with the administrative entity (collectively with the DOL, the "JTPA Entitle") of the service delivery area created by the federal job training partnership act (Public Law 97-300) ("JTPA") in which the project is located.
- B. First Consideration for Employment In accordance with Section 858-b(2) of the General Municipal Law, the applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the applicant must first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA 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 Filings In accordance with Section 874(8) of the General Municipal Law, the Applicant understands and agrees that, if the proposed project receives any sales tax exemptions as part of the Financial Assistance from the Agency, in accordance with Section 874(8) of the General Municipal Law, the applicant agrees to file, or cause to be filed, with the New York State Department of Taxation and Finance, the annual form prescribed by the Department of Taxation and Finance, describing the value of all sales tax exemptions claimed by the applicant and all consultants or subcontractors retained by the Applicant.
- E. Annual Employment Reports: The applicant understands and agrees that, if the proposed project receives any Financial Assistance from the Agency, the applicant agrees to file, or cause to be filed, with the Agency, on an annual basis, reports regarding the number of people employed at the project site. The applicant will receive a request for information in the fourth quarter of each year that Financial Asssistance is utilized, and agrees to return the information by the end of January the following year.
- F. Compliance with N.Y. GML Sec. 862(1): 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. **Compliance with Applicable Laws:** 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. **False and Misleading Information:** 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.
- I. **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. **Absence of Conflicts of Interest** The applicant has received from the Agency a list of the members, officers, and employees of the Agency. No member, officers or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this Application, except as hereinafter described:

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

STATE OF NEW YORK )  
 COUNTY OF ORANGE ) ss.:

Michael Kraci, being first duly sworn, deposes and says:

1. That I am the President (Corporate Office) of Kimfinity LLC (Applicant) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.

[Signature] MK  
 (Signature of Officer)

Subscribed and affirmed to me under penalties of perjury  
 this 25 day of June 2018

[Signature]  
 (Notary Public)

<b>MARITZA BALCAZAR</b> Notary Public State of New Jersey My Commission Expires Oct. 8, 2020 I.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 Gamsey 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. N/A
3. Quarterly reports (Form 10Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any. N/A
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. N/A

**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.

*M. Krafi* MK  
(Applicant Signature)

By: Kraftify LLC

Name: Michael Krafi

Title: President

*Maritza Balcazar*  
(Notary Public)

Sworn to before me this 25 day  
of June, 2018

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

**Real Property Tax Benefits (Detailed):**



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

PILOT Estimate Table Worksheet

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

\*Apply equalization rate to value

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

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

**Cost Benefit Analysis:**

**To be completed/calculated by AGENCY**

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

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

\$ \_\_\_\_\_ (to be used on the NYS ST-60)

**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.

<b>Projects less than \$5M:</b>	<b>\$5,000.00</b>
<b>Projects greater than \$5M but less than \$15M:</b>	<b>\$10,000.00</b>
<b>Projects greater than \$15M but less than \$25M:</b>	<b>\$20,000.00</b>
<b>Projects greater than \$25M:</b>	<b>To be determined</b>

**Closing Fee:**

***IDA Fee***

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

***IDA Transaction Counsel Fee***

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

***Local Labor Policy Monitoring***

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

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

**Please make all Checks payable to:**

*Orange County Industrial Development Agency*

**Mail to:**

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

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

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

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

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

The request to secure an exemption for the use of non-local labor must be received from the applicant on the exemption form provided by the IDA or the 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 3<sup>rd</sup> 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:

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

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

certifications. Reports will be on forms provided by the IDA or weekly payroll reports which contain the same information as required on the IDA issued form. The applicant and contractors are subject to periodic inspection or monitoring by the IDA or 3<sup>rd</sup> 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.

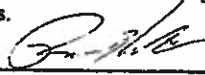
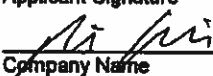
The IDA will use a third party firm or firms to monitor and audit compliance with this local labor policy, the cost of which shall be paid for by the Company in advance of the audits and held in a non-interest bearing escrow account until audits are complete.

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:

1. Contact information of the applicant;
2. Summary of the IDA benefits received;
3. Contractors names and contact information on IDA provided form;
4. Copies of proof of exemption from labor policy;
5. Copies of any warnings or violations of policy;
6. 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.

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



**AGREEMENT**

**THIS AGREEMENT** is entered into as of the <sup>24</sup> 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 Croux Lane, New Windsor, New York 12553, hereinafter "the OCIDA" and Loewke Brill Consulting Group, Inc., a New York corporation, with offices at 491 Elmgrove Road, Suite #2, Rochester, New York 14606, hereinafter "LOEWKE."

**WITNESSETH:**

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

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

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

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

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

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

**SECTION 1: TERMS**

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



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

## SECTION 2. NOTICES.

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

- (1) OCIDA            The Orange County Industrial Development Agency, 4 Crotty Lane, Suite 100, New Windsor, NY 12553
- (2) LOEWKE            Loewke Brill Consulting Group, Inc. 491 Elm Grove Road, Suite #2, Rochester, NY 14606

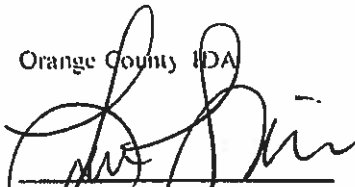
Alternatively, notices may be personally served in the same manner as is applicable to civil judicial process. Notice shall be deemed given as of the date of personal service or five (5) days after the date of deposit of such written notice in the course or transmission in the United States Postal Service.

**SECTION 3. GENERAL PROVISIONS.**

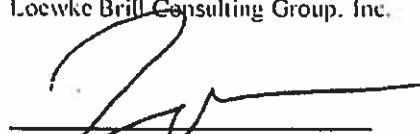
- A. The text herein shall constitute the entire agreement between the parties.
- B. This Agreement may not be assigned by LOEWKE without prior written consent of OCIDA.
- C. This Agreement shall be governed by the laws of the State of New York. Any disputes arising hereunder shall be resolved by the Courts of Orange County, New York.
- D. If any provision, or any portion thereof, contained in this Agreement is held invalid, illegal or unenforceable by a court of competent jurisdiction, the remainder of this Agreement shall be deemed severable, shall not be affected and shall remain in full force and effect.

**IN WITNESS WHEREOF**, the OCIDA has caused this agreement to be signed and executed on its behalf by its Chief Operating Officer and LOEWKE has caused this agreement to be signed and executed on its behalf by its Principal, both in duplicate, on the day and year first above written.

Orange County IDA

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

Loewke Brill Consulting Group, Inc.

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

## Exhibit "A"

### Orange County Industrial Development Agency Local Labor Policy

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

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

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

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers;
- 2) Specialized construction is required, and no local contractors or local construction workers have the required skills, certifications or training to perform the work;
- 3) Significant cost differentials in bid prices whereby the use of local labor significantly increases the cost of the project. A cost differential of 10% is deemed significant. Every effort should be made by the contractor or applicant to get below the 10% cost differential including, but not limited to, meeting with local construction trade organizations and local contractor associations;
- 4) No local labor is available for the project; and
- 5) The contractor requires the use of key or core persons such as supervisors, foremen, or construction workers having special skills.

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:

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

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

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

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

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

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@pineslandbeer.com](mailto:Mike@pineslandbeer.com)

and/ or

Ramon Gonzalez (GC)

(845)866-4091

[Ramon@tripleRD.com](mailto:Ramon@tripleRD.com)

3. **Construction Cost Estimate**

Total Capital Cost: \$2,700,000.00

Exhibit "C"  
Schedule of Fees

| | | | |

# **LOEWKE BRILL** CONSULTING GROUP, INC

**SUMMARY:**

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

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

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

**Per Project/Per Inspection fee:**

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

**Additional fees:**

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

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



491 Elm Grove Rd., Suite #2, Rochester, NY 14606  
 Toll Free: 866-647-9350 Phone 585-647-9350 Fax 585-647-3508  
[www.loewkebrill.com](http://www.loewkebrill.com)







**BOARD OF DIRECTORS**

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- CHAIRMAN

**Mary Ellen Rogulski**  
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EXECUTIVE VICE  
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**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 [kreilly@ocnyida.com](mailto:kreilly@ocnyida.com).

Very truly yours,



Laurie Villasuso  
Chief Operating Officer &  
Executive Vice President





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

---

**Upcoming OCIDA Project – Kraftify, LLC**

3 messages

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

Wed, Oct 10, 2018 at 2:02 PM

To: mike@pineislandbeer.com

Cc: Laura Perri &lt;laura@loewkebrill.com&gt;, Jim Loewke &lt;jim@loewkebrill.com&gt;

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

–  
A handwritten signature in black ink that reads "Kevin E. Loewke". The signature is written in a cursive style with a large initial "K".

Kevin Loewke

10/21/2018

Loewke Brill Consulting Group, Inc. Mail - Upcoming OCIDA Project – Kraftify, LLC

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

Mon, Oct 15, 2018 at 12:29 PM

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]

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**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 Brewery Address: 251 State School Road  
Warwick, 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: 10/21/18
- Applicant contact is e-mailed L&B introduction letter: 10/10/18
- Confirmed project contact information (via L&B Intro email): 10/15/18

### Applicant:

Contact: Mike Kraal Phone#: 973-396-7217  
Office Address: 682 County Rt. 1 Pine Island, NY 10969 Fax: \_\_\_\_\_  
Email: mike@pineislandbeer.com

### Job Site Contact:

Contact: Mike Kraal Phone#: 973-396-7217  
Office Address: 682 County Rt 1, Pine Island, NY 10969  
Email: mike@pineislandbeer.com

- Confirmed job site address is same as above (via L&B Intro email):  
10/15/18
- Estimated job (construction) start date given by project contact: 10/29/18
- Initial Site Visit/ Local Labor review: 1/28/19
- Actual construction start date moved to ACTIVE Status : 1/14/19
- Job # 19-001 is assigned for job and created in computer: 1/14/19
- Completion of project is confirmed: 6/17/20
- Project moved to completed jobs list: 6/23/20

























# LOEWKE BRILL

CONSULTING GROUP, INC

Job No. 19-001

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

OCIDA  
Inspector: Kevin Loewke

DATE: 10/23/2019 Day: M T W T H F

APPLICANT: Kraftig, LLC Address: 251 State School Road Warwick, RI

Sign Status: ACTIVE / INACTIVE Sign Location: Post

CONTRACTOR	Monthly Visit	Request Visit	# of Workers Checked	# of Allowed Exceptions	# Non-Compliant	Comments
Campbell Fire	X		11		1	1 out of area
A. Prokosch	X		11			
Thom Wajloms	X		111			
Warwick Valley Ironhead	X		111			





























































251 State School Rd		Week Ending: "6/01/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA						
Action Packed Demo			4		2		2		3		3				14	0	14	100%
Nebraska Plumbing															0	0	0	#DIV/0!
VanGrow Welding							2		2		2				0	6	6	0%
Poley Paving															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
AMP Masonry												2			2	0	2	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "6/8/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Action Packed Demo			3								3				6	0	6	100%
Nebraska Plumbing															0	0	0	#DIV/0!
VanGrow Welding				1		2				2					0	7	7	0%
Poley Paving															0	0	0	#DIV/0!
Woglom Construction			2		2		2		3		2				11	0	11	100%
AMP Masonry				3											3	0	3	100%
Skyward Electric							4		4						8	0	8	100%
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251 State School Rd		Week Ending: "6/15/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Action Packed Demo							3								3	0	3	100%
Nebraska Plumbing															0	0	0	#DIV/0!
VanGrow Welding						2		2							0	4	4	0%
Poley Paving															0	0	0	#DIV/0!
Woglom Construction			2			3		3			2				10	0	10	100%
AMP Masonry															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "6/22/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week			
Sub Contractor	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total	Contractor Total	Compliance %			
	Local	OOA	Local	OOA	Local	OOA	Local	OOA					
Action Packed Demo								0	0	0	#DIV/0!		
Nebraska Plumbing								0	0	0	#DIV/0!		
VanGrow Welding		2						0	2	2	0%		
Poley Paving								0	0	0	#DIV/0!		
Woglom Construction		2		2	3	3		14	0	14	100%		
AMP Masonry				3	5			8	0	8	100%		
Skyward Electric				5	4	5		21	0	21	100%		
Pioneer Pole Building						5	5	0	10	10	0%		
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Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
251 State School Rd																			
	Week Ending: "7/13/19"				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, Kevin@Loewkebrill.com on the Monday following the completed week						
Action Packed Demo															0	0	0	0	#DIV/0!
Nebraska Plumbing															0	0	0	0	#DIV/0!
VanGrow Welding									3						0	3	3	3	0%
Poley Paving															0	0	0	0	#DIV/0!
Woglom Construction			1								2				3	0	3	3	100%
AMP Masonry										1		3			4	0	4	4	100%
Skyward Electric															0	0	0	0	#DIV/0!
Warwick Valley Iron															0	0	0	0	#DIV/0!
S. Devries Concrete															0	0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "7/27/19"		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 Loewe, Kevin@Loewebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA						
Action Packed Demo															0	0	0	#DIV/0!
Nebraska Plumbing							2								2	0	2	100%
VanGrow Welding							2		1						0	3	3	0%
Woglom Construction			3		4		4			5		3			19	0	19	100%
AMP Masonry						4									4	0	4	100%
Skyward Electric															0	0	0	#DIV/0!
S. Devries Concrete															0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "8/3/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA						
Action Packed Demo															0	0	0	#DIV/0!
Nebraska Plumbing															0	0	0	#DIV/0!
VanGrow Welding															0	0	0	#DIV/0!
Woglom Construction			3		5		5		3		5				21	0	21	100%
AMP Masonry															0	0	0	#DIV/0!
Skyward Electric															0	0	0	#DIV/0!
S. Devries Concrete															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
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Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %						
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA								
251 State School Rd	Week Ending: "8/24/19"																Local Counties: Orange, Sullivan, Uster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank		OOA = Out of Area. If 0, leave blank		Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week			
Nebraska Plumbing			3		3		3		3		3				15	0	15	100%						
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			5		5		5		5		5				25	0	25	100%						
MSP Industrial															0	0	0	#DIV/0!						
MidPost Concrete									2						2	0	2	100%						
															0	0	0	#DIV/0!						
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251 State School Rd		Week Ending: "9/7/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing					2		4		5		5				16	0	16	100%
VanGrow Welding															0	0	0	#DIV/0!
Woglom Construction					5		6		5		6				22	0	22	100%
AMP Masonry															0	0	0	#DIV/0!
Skyward Electric					2		3		4		2				11	0	11	100%
MSP Industrial										1					1	0	1	100%
Warwick Valley Iron Wood									1						1	0	1	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
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															0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "9/14/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA						
Nebraska Plumbing					2		2								4	0	4	100%
VanGrow Welding															0	0	0	#DIV/0!
Woglom Construction			4		4		4		6		2				20	0	20	100%
AMP Masonry															0	0	0	#DIV/0!
Skyward Electric			2		2		2		2						8	0	8	100%
MSP Industrial									1		1				2	0	2	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
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															0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"9/21/19"

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,  
Kevin@Loewkehrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing			5		2		2		2		2				13	0	13	100%
VanGrow Welding															0	0	0	#DIV/0!
Woglom Construction			2		2		2		2		2				10	0	10	100%
AMP Masonry			3		3										6	0	6	100%
Skyward Electric			2		2		2								6	0	6	100%
MSP Industrial				1											1	0	1	100%
Warwick Valley Iron Wood							1								1	0	1	100%
															0	0	0	#DIV/0!
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251 State School Rd		Week Ending: "9/28/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing							3		3		2				8	0	8	100%
VanGrow Welding															0	0	0	#DIV/0!
Woglom Construction			4		4		4		4		4				20	0	20	100%
AMP Masonry															0	0	0	#DIV/0!
Skyward Electric					2		3								5	0	5	100%
Warwick Valley Iron Wood									1						1	0	1	100%
Copperworks			3		3										6	0	6	100%
Prokosch									2		2				4	0	4	1
															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: "10/4/19"		Local Counties: Orange, Sullivan, Uster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank				OOA = Out of Area. If 0, leave blank		Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing			4		4		4		4		4				20	0	20	100%
VanGrow Welding															0	0	0	#DIV/0!
Woglom Construction			4		4		3				3				14	0	14	100%
AMP Masonry									3						3	0	3	100%
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood									2		2				4	0	4	100%
Copperworks															0	0	0	#DIV/0!
Prokosch			2		2		2		2		2				10	0	10	1
															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:  
"10/12/19"

Local Counties: Orange,  
Sullivan, Uister, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing																	0	0	#DIV/0!
VanGrow Welding																	0	0	#DIV/0!
Woglom Construction			4		4		4		4		3					19	0	19	100%
AMP Masonry																0	0	0	#DIV/0!
Skyward Electric					3		3		3							9	0	9	100%
Dwaynes Glass					3		3									9	0	9	100%
Warwick Valley Iron Wood					1											1	0	1	100%
Prokosch					2		2		2		2					10	0	10	100%
Cambell Fire & Protection							2				1		1			2	2	4	50%
Craig West																0	0	0	#DIV/0!
Raynor Overhead Door									2							2	0	2	100%
																0	0	0	#DIV/0!
																0	0	0	#DIV/0!

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing			2		2		2		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			1	1	1	1	1	1	1	1	1	1			5	5	10	50%
Craig West										1					1	0	1	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd

Week Ending: "10/19/19"

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, Kevin@Loewkebrill.com on the Monday following the completed week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing			2		2		2				2				8	0	8	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				3		3						8	0	8	100%
Prokosch			2		2		2		2						8	0	8	100%
Cambell Fire & Protection			1	1	1	1	1	1	1	1	1	1			5	5	10	50%
Craig West															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"10/26/19"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

251 State School Rd

Week Ending:  
"11/21/19"

Local Counties: Orange,  
Sullivan, Uister, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing							2		2		2				6	0	6	100%
Woglom Construction			2			2		2		4		3			6	0	6	100%
AMP Masonry															7	0	7	100%
Skyward Electric															0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch															0	0	0	#DIV/0!
Cambell Fire & Protection			1			1		1		1		1			5	0	5	100%
Craig West															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Week Ending: "11/9/19"				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, Kevin@Loewkebrill.com on the Monday following the completed week				
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing								2		2	2				6	0	6	100%
Woglom Construction															0	0	0	#DIV/0!
AMP Masonry															0	0	0	#DIV/0!
Skyward Electric			2		2										4	0	4	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch											2				2	0	2	100%
Cambell Fire & Protection			3		3			3		3	3				15	0	15	100%
Craig West															0	0	0	#DIV/0!
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"11/16/19"

Local Counties: Orange,  
Sullivan, Uster, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction									2		3				5	0	5	0	100%
AMP Masonry															0	0	0	0	#DIV/0!
Skyward Electric					2										2	0	2	0	100%
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Prokosch					2			2							6	0	6	0	100%
Cambell Fire & Protection					3		3	3			3				15	0	15	0	100%
Craig West								1							1	0	1	0	100%
															0	0	0	0	#DIV/0!
															0	0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"1/12/3/19"

Local Counties: Orange,  
Sullivan, Uister, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction															0	0	0	0	#DIV/0!
Skyward Electric											2				2	0	2	2	100%
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Prokosch					2		2		2		2				8	0	8	8	100%
Cambell Fire & Protection			2		2		2		2		2				10	0	10	10	100%
Craig West															0	0	0	0	#DIV/0!
															0	0	0	0	#DIV/0!
															0	0	0	0	#DIV/0!

251 State School Rd		Week Ending: "11/30/19"			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, Kevin@Loewkebrill.com on the Monday following the completed week			Contractor Total		Compliance %		
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	OOA	#DIV/01	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing															0	0	0	#DIV/01
Woglom Construction															0	0	0	#DIV/01
Skyward Electric															0	0	0	#DIV/01
Warwick Valley Iron Wood															0	0	0	#DIV/01
Prokosch			2		2		2								6	0	6	100%
Cambell Fire & Protection			2		2		2								6	0	6	100%
Craig West															0	0	0	#DIV/01
															0	0	0	#DIV/01
															0	0	0	#DIV/01



251 State School Rd

Week Ending:  
"12/7/19"

Local Counties: Orange,  
Sullivan, Uister, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing					2		2		2		1				7	0	7	100%
Woglom Construction											4				4	0	4	100%
Skyward Electric											2				2	0	2	100%
Warwick Valley Iron Wood															0	0	0	#DIV/0!
Prokosch															0	0	0	#DIV/0!
Cambell Fire & Protection					1		1		1		1				4	0	4	100%
Craig West															0	0	0	#DIV/0!
Electrolock			2		2										4	0	4	100%
															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Week Ending: "12/14/19"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing			2		2		2		2		2				10	0	10	100%
Woglom Construction											4				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			1		1		1		1		1				5	0	5	100%
Craig West							1								1	0	1	100%
Electrolock															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing			2		2		2								6	0	100%
Woglom Construction															0	0	#DIV/0!
Skyward Electric					2				2						4	0	100%
Warwick Valley Iron Wood							2								2	0	100%
Prokosch															0	0	#DIV/0!
Cambell Fire & Protection			1		1		1		1						5	0	100%
Craig West															0	0	#DIV/0!
Electrolock															0	0	#DIV/0!
															0	0	#DIV/0!

251 State School Rd

Week Ending:  
"12/21/19"

Local Counties: Orange,  
Sullivan, Uster, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

251 State School Rd		Week Ending: "12/28/19"				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, Kevin@loewkebrill.com on the Monday following the completed week					
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing																0	0	0	#DIV/0!
Woglom Construction																0	0	0	#DIV/0!
Skyward Electric																0	0	0	#DIV/0!
Warwick Valley Iron Wood											2					2	0	2	100%
Prokosch																0	0	0	#DIV/0!
Cambell Fire & Protection																0	0	0	#DIV/0!
Craig West																0	0	0	#DIV/0!
Electrolock																0	0	0	#DIV/0!
																0	0	0	#DIV/0!

251 State School Rd		Week Ending: "1/4/2020"				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, Kevin@Loewkebrill.com on the Monday following the completed week				
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing									4						4	0	4	100%
Woglom Construction															0	0	0	#DIV/0!
Skyward Electric									3		3				6	0	6	100%
Warwick Valley Iron Wood									2		2				4	0	4	100%
Prokosch															0	0	0	#DIV/0!
Cambell Fire & Protection										1					1	0	1	100%
Craig West							1								2	0	2	100%
Electrolock															0	0	0	#DIV/0!
															0	0	0	#DIV/0!

251 State School Rd		Week Ending: "1/11/2020"				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, Kevin@loewkebrill.com on the Monday following the completed week					
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction															0	0	0	0	#DIV/0!
Copperworks							4								4	0	0	4	100%
Skyward Electric							3								3	0	0	3	100%
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Prokosch															0	0	0	0	#DIV/0!
Cambell Fire & Protection							1					1			3	0	0	3	100%
Craig West															0	0	0	0	#DIV/0!
Electrolock															0	0	0	0	#DIV/0!
															0	0	0	0	#DIV/0!

251 State School Rd		Week Ending: "1/18/2020"		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, Kevin@Loewkebrill.com on the Monday following the completed week											
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction								3		3					6	0	6	0	100%
Copperworks								4							4	0	4	0	100%
Skyward Electric															0	0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Prokosch													2		2	0	2	0	100%
Cambell Fire & Protection			1			1		1		1					4	0	4	0	100%
Craig West															0	0	0	0	#DIV/0!
Electrolock															0	0	0	0	#DIV/0!
JB Insulation								3		5					8	4	12	4	67%
															0	0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"1/25/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing																0	0	0	#DIV/0!
Woglom Construction									4			4				8	0	8	100%
Copperworks																0	0	0	#DIV/0!
Skyward Electric																0	0	0	#DIV/0!
Warwick Valley Iron Wood																0	0	0	#DIV/0!
Prokosch																0	0	0	#DIV/0!
Cambell Fire & Protection			1		1		3		3		3				11	0	11	100%	
Craig West																0	0	0	#DIV/0!
Electrolock																0	0	0	#DIV/0!
JB Insulation									3		4		2	3	10	2	12	83%	
															0	0	0	#DIV/0!	



251 State School Rd

Week Ending:  
"2/1/2020"

Local Counties: Orange,  
Sullivan, Uister, Dutchess,  
Putnam, Rockland,  
Westchester. If 0, leave  
blank

OOA = Out of Area  
If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing															2	0	2	100%
Woglom Construction			3		3		3		3		2				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			1		4										1	4	5	20%
															0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"2/8/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska 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									3			3		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!

251 State School Rd

Week Ending:  
"2/15/2020"

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 Loewe,  
Kevin@LoeweKebri.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction															0	0	0	0	#DIV/0!
Copperworks											4				4	0	4	0	100%
Skyward Electric															0	0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	0	#DIV/0!
Green Mountain Flooring			3		3		3		3		3				15	0	15	0	100%
Craig West															0	0	0	0	#DIV/0!
Electrolock										2		2			4	0	4	0	100%
JB Insulation															0	0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"2/22/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing									1						1	0	1	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								3							3	0	3	100%
Craig West								1							1	0	1	100%
Electrolock															0	0	0	#DIV/0!
JB Insulation															0	0	0	#DIV/0!

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction															0	0	0	0	#DIV/0!
Electrolock															0	0	0	0	#DIV/0!
Skyward Electric															0	0	0	0	#DIV/0!
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Carnell Fire & Protection															0	0	0	0	#DIV/0!
Green Mountain Services			3												3	0	3	3	100%
Craig West							1			1					3	0	3	3	100%
															0	0	0	0	#DIV/0!
															0	0	0	0	#DIV/0!

251 State School Rd

Week Ending: "2/29/2020"

Local Counties: Orange, Sullivan, Uster, Dutchess, Putnam, Rockland, Westchester. If 0, leave blank

OOA = Out of Area. If 0, leave blank

Submit Weekly Labor Reports to Kevin Loewke, Kevin@Loewkebrill.com on the Monday following the completed week

251 State School Rd		Week Ending: "3/7/2020"				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, Kevin@Loewkebrill.com on the Monday following the completed week				Contractor Total		Compliance %	
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %			
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA					
Nebraska Plumbing															0	0	0	0	#DIV/0!		
Woglom Construction															0	0	0	0	#DIV/0!		
Electrolck															0	0	0	0	#DIV/0!		
Skyward Electric															0	0	0	0	#DIV/0!		
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!		
Cambell Fire & Protection															0	0	0	0	#DIV/0!		
Green Mountain Services															0	0	0	0	#DIV/0!		
Craig West			1				1								2	0	2	0	100%		
Mike West															0	0	0	0	#DIV/0!		
															0	0	0	0	#DIV/0!		

251 State School Rd		Week Ending: "3/14/2020"		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, Kevin@Loewkebrill.com on the Monday following the completed week								
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA						
Nebraska 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							1			1					2	0	2	100%
Mike West					1			1							3	0	3	100%
															0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"3/21/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction															0	0	0	0	#DIV/0!
Electrolock															0	0	0	0	#DIV/0!
Skyward Electric															0	0	0	0	#DIV/0!
Warwick Valley Iron Wood							2								2	0	2	0	100%
Cambell Fire & Protection															0	0	0	0	#DIV/0!
Green Mountain Services															0	0	0	0	#DIV/0!
Craig West									1						1	0	1	0	100%
Mike West						1									1	0	4	0	100%
Allied Excavating								1							1	0	3	0	100%
															0	0	0	0	#DIV/0!



251 State School Rd

Week Ending:  
"3/28/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska 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			1		1										2	0	2	100%
Mike West			1		1						1				5	0	5	100%
Allied Excavating					3			3							9	0	9	100%

251 State School Rd

Week Ending:  
"4/4/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA			
Nebraska Plumbing															0	0	0	0	#DIV/0!
Woglom Construction															0	0	0	0	#DIV/0!
Electrolock															0	0	0	0	#DIV/0!
Skyward Electric															0	0	0	0	#DIV/0!
S. Devries Concrete												5		5	10	0	0	10	100%
Warwick Valley Iron Wood															0	0	0	0	#DIV/0!
Cambell Fire & Protection															0	0	0	0	#DIV/0!
Green Mountain Services															0	0	0	0	#DIV/0!
Craig West															0	0	0	0	#DIV/0!
Mike West					1										1	0	5	0	100%
Allied Excavating															3	0	6	0	100%

251 State School Rd		Week Ending: "4/11/2020"				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 Loewe, Kevin@Loewebrill.com on the Monday following the completed week						
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA						
Nebraska Plumbing															0	0	0	#DIV/0!
Woglom Construction															0	0	0	#DIV/0!
Electrolck															0	0	0	#DIV/0!
Skyward Electric			4		4										8	0	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															0	0	0	#DIV/0!
Mike West			1		1			1		1					5	0	5	100%
Allied Excavating									4		4				8	0	8	100%

251 State School Rd

Week Ending:  
"4/18/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing												3				3	0	100%
Woglom Construction												4				4	0	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	100%
Craig West																0	0	#DIV/0!
Mike West			1		1		1		1		1					5	0	100%
Allied Excavating																0	0	#DIV/0!

251 State School Rd

Week Ending:  
\*4/25/2020\*

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing									3						3	0	3	100%
Woglom Construction															0	0	0	#DIV/0!
Electrolock															0	0	0	#DIV/0!
Skyward Electric									3						3	0	3	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							3			3					9	0	9	100%

251 State School Rd

Week Ending:  
"5/22/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing			3		3										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															0	0	0	#DIV/0!
Craig West															0	0	0	#DIV/0!
Mike West															0	0	0	#DIV/0!
LakeStation Repair			3		3		3								9	0	9	100%
															0	0	0	#DIV/0!

251 State School Rd		Week Ending: "5/9/2020"				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, Kevin@Loewkebrill.com on the Monday following the completed week						
Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA				
Nebraska Plumbing			2								2				4	0	4	100%
Wojglom Construction															0	0	0	#DIV/0!
Electrolck															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															0	0	0	#DIV/0!
Craig West															0	0	0	#DIV/0!
Mike West					1				1		1				3	0	3	100%
LakeStation Repair															0	0	0	#DIV/0!

251 State School Rd

Week Ending:  
"5/17/2020"

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,  
Kevin@Loewkebrill.com on the Monday following the completed  
week

Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total		Contractor Total	Compliance %
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA		
Nebraska Plumbing			2		2										4	0	4	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										4	0	4	100%
Cambell Fire & Protection															0	0	0	#DIV/0!
Craig West															0	0	0	#DIV/0!
Mike West			1												1	0	1	100%
LakeStation Repair			3												3	0	3	100%
															0	0	0	#DIV/0!









Sub Contractor	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Weekly Total Local	Weekly Total OOA	Contractor Total	Compliance %	
	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA	Local	OOA					
251 State School Rd																			
Week Ending: "6/13/2020"																			
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, Kevin@Loewkebrill.com on the Monday following the completed week																			
Allied Excavating			2												2	0	2	100%	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	
															0	0	0	#DIV/0!	



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

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

Documentation explained on back

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

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

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

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

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

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







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(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).

<b>PRODUCER</b> Consolidated Insurance Agents, Inc. Michael Corrado Agency 621 Rt 52 Beacon NY 12508	<b>CONTACT NAME:</b> Christine Tresaloni <b>PHONE (A/C, No. Ext):</b> (845) 765-8633 <b>FAX (A/C, No.):</b> (845) 765-8633 <b>E-MAIL ADDRESS:</b> christine.tresaloni@hotmail.com														
<b>INSURED</b> Action Packed Demolition 19 Cliff St Beacon NY 12508	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance</td> <td></td> </tr> <tr> <td>INSURER B: The State Insurance Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance		INSURER B: The State Insurance Fund		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Evanston Insurance															
INSURER B: The State Insurance Fund															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES** **CERTIFICATE NUMBER: CL1712425290** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		32C0824	8/29/2018	8/29/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
b	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	24087967	02/06/2018	02/06/2019	PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$ 500,000						
	E.L. DISEASE - EA EMPLOYEE \$ 500,000						
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is listed as additional insured.

<b>CERTIFICATE HOLDER</b> Kraftify LLC Kraftify Holdings LLC 251 State School Rd Warwick, NY 10990	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Michael Corrado/MAC
--	---



# CERTIFICATE OF LIABILITY INSURANCE

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(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).

<b>PRODUCER</b> Consolidated Insurance Agents, Inc. Michael Corrado Agency 621 Rt 52 Beacon NY 12508	<b>CONTACT NAME:</b> Christine Tresaloni <b>PHONE (A/C No. Ext):</b> (845) 765-8633 <b>FAX (A/C No.):</b> (845) 765-8635 <b>E-MAIL ADDRESS:</b> christine.tresaloni@hotmail.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance</td> <td></td> </tr> <tr> <td>INSURER B: The State Insurance Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance		INSURER B: The State Insurance Fund		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Evanston Insurance														
INSURER B: The State Insurance Fund														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> Action Packed Demolition 19 Cliff St Beacon NY 12508														

**COVERAGES**                      **CERTIFICATE NUMBER:** CL1712425290                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		386824	8/29/2018	8/29/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
b	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	24087967	02/06/2019	02/06/2020	PER STATUTE    OTH-ER
	E.L. EACH ACCIDENT \$ 500,000						
	E.L. DISEASE - EA EMPLOYEE \$ 500,000						
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is listed as additional insured.

<b>CERTIFICATE HOLDER</b>  Kraftify LLC Kraftify Holdings LLC 251 State School Rd Warwick, NY 10990	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Michael Corrado/MAC
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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 • preferredmutual.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 0100715529

PREFERRED MUTUAL INSURANCE COMPANY ONE PREFERRED WAY NEW BERLIN, NY 13411	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 04/15/2018 to 04/15/2019 at 12:01 A.M. Standard Time at your mailing address shown above.

**PREVIOUS POLICY NUMBER:** PCA 0100715529

**BUSINESS DESCRIPTION:** GENERAL CONTRACTOR

**FORM OF BUSINESS:**

- CORPORATION
  LIMITED LIABILITY COMPANY
  INDIVIDUAL
  OTHER \_\_\_\_\_
- PARTNERSHIP

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

<b>PREMIUM FOR ENDORSEMENTS</b>	\$0.00
<b>*ESTIMATED TOTAL PREMIUM</b>	\$1,164.00

\*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.					
<b>AUDIT PERIOD (IF APPLICABLE)</b>	<input type="checkbox"/>	<b>ANNUALLY</b>	<input type="checkbox"/>	<b>SEMI-ANNUALLY</b>	<input type="checkbox"/>	<b>QUARTERLY</b>	<input type="checkbox"/>	<b>MONTHLY</b>

COUNTERSIGNED 03/01/2018 BY \_\_\_\_\_  
 (Date) (Authorized Representative)

**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

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**ITEM TWO**

POLICY NUMBER: PCA 0100715529

**SCHEDULE OF COVERAGES 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.  See ITEM FOUR For Hired Or Borrowed "Autos".	\$66.00
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 FEE			\$10.00
COMPANION POLICY DISCOUNT			-
PREMIUM FOR ENDORSEMENTS			\$0.00
††ESTIMATED TOTAL PREMIUM			\$1,164.00

††This policy may be subject to final audit.

\* 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).

\*\*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.

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

Covered Auto No. <u>101</u>	<b>VEHICLE DESCRIPTION</b>	<b>COVERAGE</b>	<b>LIMIT</b>	<b>DEDUCT</b>	<b>PREMIUM</b>
	Year: 2006	Liability	\$100,000	-	\$779.00
	Make: FORD	Medical Pymts	\$5,000	-	\$2.00
	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
	<b>CLASSIFICATION</b>				
	Size Class: 01189				
Body Type: TRUCKT					
GVW/Seats: 6000					
Radius: Local					
Bus. Use: SR*					
Cost New: \$25,000					
		<b>Total Premium</b>			\$1,164.00
Covered Auto No.	<b>VEHICLE DESCRIPTION</b>	<b>COVERAGE</b>	<b>LIMIT</b>	<b>DEDUCT</b>	<b>PREMIUM</b>
	<b>CLASSIFICATION</b>				
		<b>Total Premium</b>			
Covered Auto No.	<b>VEHICLE DESCRIPTION</b>	<b>COVERAGE</b>	<b>LIMIT</b>	<b>DEDUCT</b>	<b>PREMIUM</b>
	<b>CLASSIFICATION</b>				
		<b>Total Premium</b>			

\* 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), FT/W - Fire, Theft, Windstorm

**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 • preferredmutual.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 0100715529

PREFERRED MUTUAL INSURANCE COMPANY ONE PREFERRED WAY NEW BERLIN, NY 13411	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 04/15/2019 to 04/15/2020 at 12:01 A.M. Standard Time at your mailing address shown above.

**PREVIOUS POLICY NUMBER:** PCA 0100715529

**BUSINESS DESCRIPTION:** GENERAL CONTRACTOR

**FORM OF BUSINESS:**

- CORPORATION
  LIMITED LIABILITY COMPANY
  INDIVIDUAL
  OTHER \_\_\_\_\_
- PARTNERSHIP

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PREMIUM FOR ENDORSEMENTS	\$0.00
*ESTIMATED TOTAL PREMIUM	\$1,112.00

\*This policy may be subject to final audit.

Premium shown is payable:	\$		at inception.
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>
	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>
	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>
	<input type="checkbox"/>	MONTHLY	

COUNTERSIGNED 03/01/2019 BY \_\_\_\_\_  
 (Date) (Authorized Representative)

## 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)







# CERTIFICATE OF LIABILITY INSURANCE

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.

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

<b>PRODUCER</b> William A. Smith & Son, Inc. 380 Broadway Newburgh NY 12550	<b>CONTACT NAME:</b> Jennifer Radford	
	<b>PHONE (A/C No. Ext):</b> 845-561-1706	<b>FAX (A/C No.):</b> 845-561-1697
<b>E-MAIL ADDRESS:</b> jradford@wasmithandson.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> The Cincinnati Insurance Co		10677
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED** PAULNEB-01 **CERTIFICATE NUMBER:** 1436830702 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	EPP 0187057	4/1/2020	4/1/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPROP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	Y		EBA 0187058	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EPP 0187057	4/1/2020	4/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							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 additional insured if required by written contract per form GA233NY0207 on liability and on auto per form AA4171. Waiver of Subrogation applies on General Liability per form GA233NY2007. Includes Contractual Liability per policy forms and there are no labor law exclusions. 30 days notice of cancellation applies per form IA4087.

**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.

AUTHORIZED REPRESENTATIVE

*John A. Smith*

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# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

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

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (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

<b>POLICY NUMBER</b> G2057 715-1	<b>CERTIFICATE NUMBER</b> 843468	<b>POLICY PERIOD</b> 05/01/2019 TO 05/01/2020	<b>DATE</b> 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](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: 821254727

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



SCAN TO VALIDATE  
AND SUBSCRIBE

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

<b>POLICYHOLDER</b> PAUL NEBRASKY PLUMBING, HEATING & COOLING, INC. 1019 ROUTE 17M SUITE 3 MONROE NY 10950
--

<b>CERTIFICATE HOLDER</b> PINE ISLAND BREWING COMPANY 682 COUNTY ROUTE 1, SUITE B PINE ISLAND NY 10969
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<b>POLICY NUMBER</b> G2057 715-1	<b>CERTIFICATE NUMBER</b> 6417	<b>POLICY PERIOD</b> 05/01/2020 TO 05/01/2021	<b>DATE</b> 4/6/2020
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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](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: 1042443287



**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>PAUL NEBRASKY PLUMBING, HEATING &amp; COOLING, INC.</b>  <b>1019 RT. 17M, SUITE #3</b>  <b>MONROE, NY 10950</b></p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured  <b>8457836661</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  <b>13-3648773</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Kraftify LLC</b>  <b>251 State School Road</b>  <b>Warwick, NY 10990</b></p>	<p>3a. Name of Insurance Carrier  <b>Standard Security Life Insurance Company of New York</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  <b>R73088-000</b></p> <p>3c. Policy effective period  <b>1/1/2014</b> to <b>5/4/2020</b></p>

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 5/6/2019 By *Beth J. Appal*  
(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**

**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 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.











STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (Use street address only)  <b>Skyward Electric Co. Inc.</b>  <b>61 Big Island Road</b>  <b>Warwick NY 10990</b></p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap -Up Policy)</p>	<p>1b. Business Telephone Number of Insured  <b>845-986-0334</b></p> <p>1c. NYS Unemployment Insurance Employer Registration</p> <p>1d. Federal Employer Identification Number of Insured</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Kraftify LLC</b>  <b>Kraftify Holdings LLC</b>  <b>251 State School Road</b>  <b>Warwick NY 10990</b></p>	<p>3a. Name of Insurance Carrier  <b>Graphic Arts Mutual Insurance Co.</b></p> <p>3b. Policy Number of entity listed in box "1a"  <b>4982346</b></p> <p>3c. Policy effective period:  <b>9/24/2018</b>  to  <b>9/24/2019</b></p> <p>3d. The Proprietor, Partners or Executive Officers are:   <input type="checkbox"/> included (only check here if all partners/officers included)  <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

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:  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.**



**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>SKYWARD ELECTRIC COMPANY INC</b></p> <p>61 BIG ISLAND ROAD          Warwick, NY 10990  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured          (845) 544-6514 x</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number          27-2394280</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Kraftify LLC</b></p> <p>Kraftify Holdings LLC          251 State School Road          Warwick, NY 10990</p>	<p>3a. Name of Insurance Carrier  <b>SHELTERPOINT LIFE INSURANCE COMPANY</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"          D346265</p> <p>3c. Policy effective period  <u>9/24/2018</u> to <u>9/23/2019</u></p>

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 5/8/2019 By   
(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

**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)**

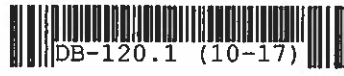
**State of New York  
Workers' Compensation Board**

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 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.*





**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>SKYWARD ELECTRIC COMPANY INC</b></p> <p>61 BIG ISLAND ROAD          Warwick, NY 10990          Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured          (845) 544-6514 x</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number          27-2394280</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Krafty Holdings LLC</b></p> <p>251 State School Road          Warwick, NY 10990</p>	<p>3a. Name of Insurance Carrier  <b>SHELTERPOINT LIFE INSURANCE COMPANY</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"          D346265</p> <p>3c. Policy effective period          9/24/2019 to 9/22/2020</p>

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 Licensed 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.

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)**

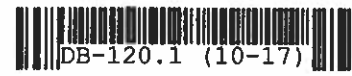
**State of New York  
Workers' Compensation Board**

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 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.*











# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Seely & Durland, Inc. 13 Oakland Ave Warwick NY 10990	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 845-986-1177      FAX (A/C, No): 845-986-0094 E-MAIL ADDRESS: dpinckney@seely-durland.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> THOMWOG-01 Thom Woglom Construction, LLC Thomas E Woglom dbaThom Woglom Thomas E Woglom dbaThom Woglom 585 State Rt. 94 North Warwick NY 10990	<b>INSURER A :</b> Selective Way Insurance Company      316	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 1603647116      **REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	S 1984771	6/25/2019	6/25/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 1984771	6/25/2019	6/25/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							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 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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# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

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

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 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

<b>POLICY NUMBER</b> Z1389 500-8	<b>CERTIFICATE NUMBER</b> 896809	<b>POLICY PERIOD</b> 11/01/2018 TO 11/01/2019	<b>DATE</b> 4/30/2019
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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](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

<b>POLICYHOLDER</b> THOM WOGLOM CONSTRUCTION LLC 827 COUNTY RT. 1 SUITE 4 PINE ISLAND NY 10969		<b>CERTIFICATE HOLDER</b> KRAFTIFY LLC KRAFTIFY HOLDINGS LLC 251 STATE SCHOOL ROAD WARWICK NY 10990	
<b>POLICY NUMBER</b> Z1389 500-8	<b>CERTIFICATE NUMBER</b> 395897	<b>POLICY PERIOD</b> 11/01/2019 TO 11/01/2020	<b>DATE</b> 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](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: 64669808



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
1c. Federal Employer Identification Number of Insured or Social Security Number 26-3377123
2. 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
3b. Policy Number of Entity Listed in Box "1a" D172255
3c. Policy effective period 1/1/2019 to 12/31/2019

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[ ] B. Disability benefits only.
[ ] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS 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.

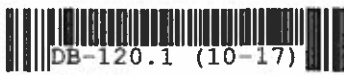
Date Signed 5/13/2019 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number 516-829-8100 Name and Title Richard White - Chief Executive Officer

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 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.





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
827 County Route 1, Suite 4
Pine Island, NY 10969
1b. Business Telephone Number of Insured (845) 987-7577 x
1c. Federal Employer Identification Number of Insured or Social Security Number 26-3377123
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) pine island brewery
682 county rt 1
pine island , ny 10969
3a. Name of Insurance Carrier SHELTERPOINT LIFE INSURANCE COMPANY
3b. Policy Number of Entity Listed in Box "1a" D172255
3c. Policy effective period 1/1/2020 to 12/30/2020

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[ ] B. Disability benefits only.
[ ] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS 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 [Signature]
(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

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 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.









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)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage
3a. Name of Insurance Carrier
3b. Policy Number of Entity Listed in Box "1a"
3c. Policy effective period

4. Policy provides the following benefits:
5. Policy covers:

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.

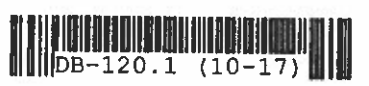
Date Signed 5/1/2019 By [Signature]
Telephone Number 201-743-3937 Name and Title James Iannicelli, AVP Accident & Health

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.

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 \_\_\_\_\_
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.







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

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

[www.loewkebrill.com](http://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. Loewke Brill does not accept exemption requests for companies located within the local labor area.

APPLICANT NAME: Kraftfy LLC
CONTACT: Mike Krcic
PHONE (B) 973-386-7217 PHONE (CELL)
FAX EMAIL Mike@fireislandbeer.com

REASON FOR REQUEST

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. - EXPLAIN
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

Applicant Signature: [Signature] Date: 6/13/14
Amount of Contract Needing Verified Exemption: \$49,905
Number of Workers Needing Verified Exemption(s): 5

Send 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



# PIONEER BUILDINGS

888-448-2505 | PBCBUILDINGS.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:

Date: 4/12/19

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

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.

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## 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 **Clay** 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 **Black** 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

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## **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, HVAC, communications, security

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

### Pioneer Buildings

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Pioneer Buildings Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name) \_\_\_\_\_

**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.

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**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 for 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 than \$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 right, 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 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 Pleas of Pennsylvania. Exclusive venue for the initial filing of any action shall be in the Court of Common Pleas 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  
DE: 2001105056 VA: 2705128610 WV: WV043315

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# CONESTOGA<sup>®</sup> CONSTRUCTION<sup>™</sup>

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](mailto:nickd@triplerd.com)

P:845-591-6152

F:845-985-2418

**Referral: Internet**

**Building Site Address:**

155 State School Road

Warwick, NY

**County:** Orange

**Townshlp:**

**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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DE Lic. #139853132 • WV Cont. #WV035389 • CT HIC#0673058

\_\_\_\_ 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

# CONESTOGA<sup>®</sup> CONSTRUCTION<sup>™</sup>

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DE Lic. #139853132 • WV Cont. #WV035389 • CT HIC#0673058

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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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DE Lic. #139853132 • WV Cont. #WV035389 • CT HIC #0673058

\_\_\_\_ Initials

R09.06.17

Contract# 00-00-00000

## 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

# CONESTOGA<sup>®</sup> CONSTRUCTION<sup>™</sup>

CB Structures, Inc.

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

\_\_\_\_ Initials

R09.06.17

Contract# 00-00-00000

**Please Note: This quote is valid for 30 days.**

**Building Price** **\$59,327**

### PAYMENT SCHEDULE

Due upon signing of contract:	\$12,000
Due upon delivery of material:	\$39,827
Due upon completion of building shell:	\$6,000
Due upon installation of overhead door	\$1,500

**TOTAL** **\$59,327**

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](mailto:jdobosh@cbstructuresinc.com)  
Phone: 717-368-0847

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. For a copy of your rights call: Bureau of Protection's Toll Free # (888) 520-6680.

\*Estimated Start of Construction: \_\_\_\_\_ \*Estimated Date of Completion: \_\_\_\_\_

Conestoga Buildings maintains Personal Injury and Property Damage Insurance in excess of \$50,000 each.

**Note: Start of Construction will commence 4-6 weeks after confirmation of all government approvals; receipt of all required permits; and completion of any and all customer responsibilities to the site preparation. Prior to beginning construction, Conestoga Buildings must have received all required pre-construction scheduled payments. Date of Completion may be delayed due to unforeseen circumstances (Acts of God) and/or weather conditions outside 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](http://www.ConestogaBuildings.com)

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

# CONESTOGA<sup>®</sup> CONSTRUCTION<sup>™</sup>

CB Structures, Inc.

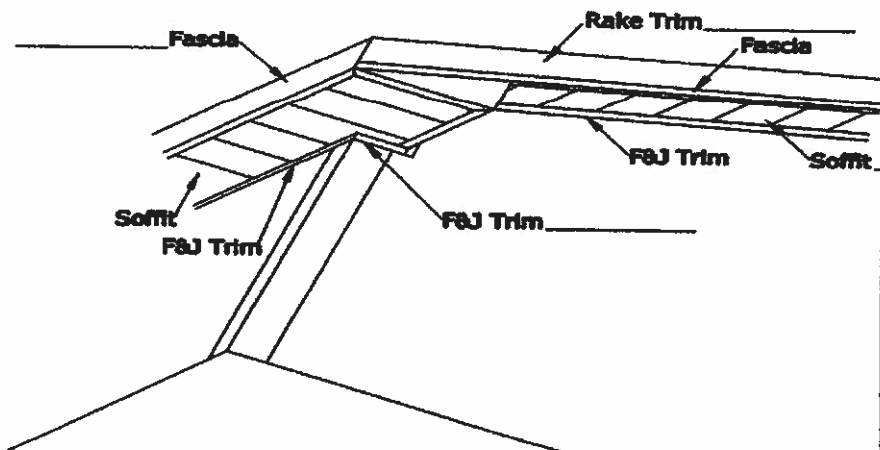
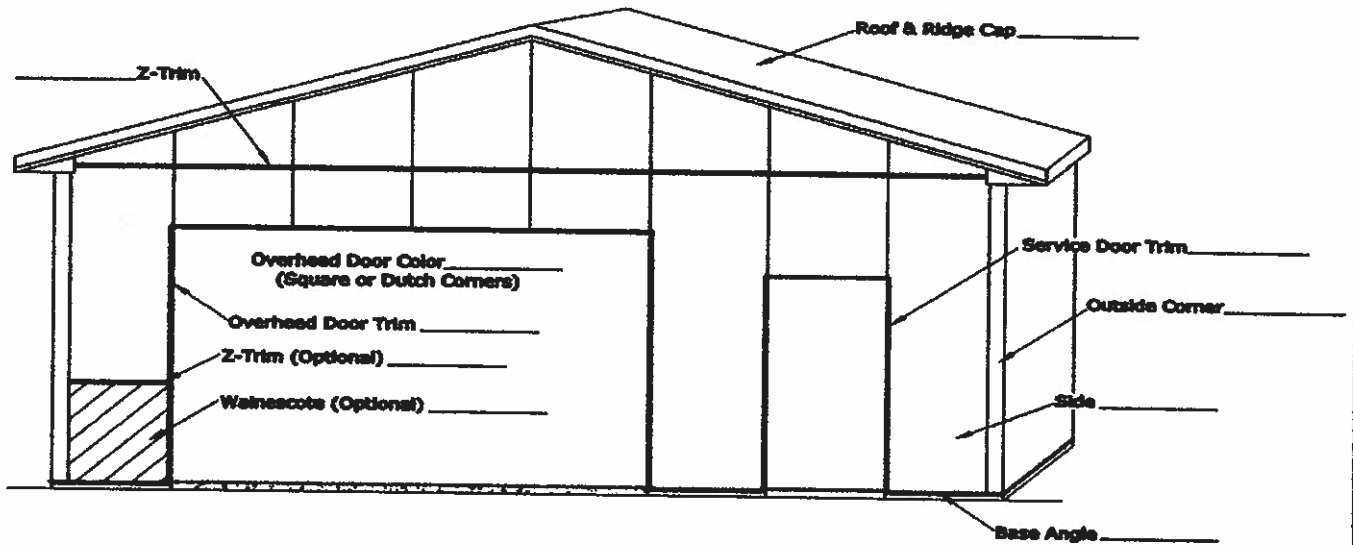
PA HIC #PA005160 • MD HIC #134002 • NJ HIC #13VH00462800 • VA Cont. #2705071304 • NY Lic. #23-3035039  
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\_\_\_\_ Initials

R09.06.17

Contract# 00-00-00000

## Conestoga Buildings Color Selection Sheet



**Overhang Diagram**  
**\*For Informational Purposes Only\***

Window Shutters Color _____
Cupola Color Selection Roof _____ Sides _____ Base/Flashing _____ Weathervane Style _____
Slider Color Selection Track Door/Trim _____ Side Rails _____ <small>Available in (White, Green, Gray, Black, Copper)</small> Track Door Panel _____
Gutter Color Selection Gutter Color _____ Downspout Color _____

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

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www.ConestogaBuildings.com

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# CONESTOGA<sup>®</sup> CONSTRUCTION<sup>™</sup>

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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 Void 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 hereto, 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 liable 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.



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DE Lic. #139853132 • WV Cont. #WV035389 • CT HIC#0673058

\_\_\_\_ Initials

R09.06.17

Contract# 00-00-00000

\_\_\_\_ Initial | The Contractor shall not be held responsible for any unforeseen costs incurred in drilling and/or pouring foundation due to rock, other underground obstruction, mud, sand, or any other unstable soil conditions, and any additional cost incurred by the Contractor will be approved by Owner and embodied in a written Change Order.

#### TERMS AND CONDITIONS CONT'D

\_\_\_\_ Initial | The Contractor accepts no liability for inadequate soil bearing, local setbacks or height restrictions. Dry-mix footers will be used unless stated otherwise. If the township subsequently requires wet pour footings and it is not included in the specifications an additional charge of \$48 per post will be added.

\_\_\_\_ Initial | The Contractor also accepts no liability for damage caused by construction equipment to the yard or driveway.

Should excavation and/or the preparation of a concrete base be arranged by the Purchaser(s) and is not part of this contract, the Contractor also accepts no liability for cracking concrete or additional costs in connection with off grade issues (including additional stone, concrete, and/or skirt board). If the contract specifications relating to concrete include the base preparation, a minimum of 4 inches of 3/4 inch clean stone will be provided as a base before pouring. The Contractor will make every attempt to provide a satisfactory surface. The Purchaser(s) however acknowledges that even with a properly prepared base, cracking may occur. Excess materials may be delivered to your site for bracing and Other functions, this material remains the property of Conestoga Buildings.

This contract is for materials and labor to construct building. If pre completion payment(s) are not made as agreed in the specifications, the Contractor may delay construction and alternative payment terms may be required at the Contractor's option. If payment on substantial completion of building is specified, minor work or adjustments to be done shall not be reason to consider the building incomplete or grounds for delaying payment beyond agreed dates. The Contractor warrants compliance with all regulatory insurance requirements. The Purchaser(s) agrees to pay all costs of collection, including reasonable attorney fees of the Contractor in the event the Contractor turns over collection to an attorney or third party for any amount due under this Agreement. The Purchaser(s) agrees that under no circumstances shall the Contractor be responsible for consequential damages.

NO \_\_\_\_\_ YES | Conestoga Buildings may place an end cap on the gable ends of my building. The end caps shall be metal with off-white background with the word "CONESTOGA" in black letters. (Applies only to metal sided buildings)

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.

202 Orian Road  
New Holland, PA 17557  
1.800.544.9484 • Fax 717.355.9170

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4199 E Winchester Road  
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540.364.8181 • Fax 540.364.8231



Mike Kraal <mike@pineislandbeer.com>

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## Building quote

2 messages

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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

Oaksid const co ltd

845-471-1225

242 diddell rd,poughkeepsie ny 12603

Sent from my iPhone

---

Pine Island Brewery <mike@pineislandbeer.com>  
To: pete@oaksidepolebarns.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: <b>Pine Island Brewery</b>	PHONE	DATE <b>06/19/2019</b>
ADDRESS:	JOB NAME	
<b>Pine Island, NY</b>	JOB LOCATION	
We hereby submit specifications and estimates for <b>66' x 30' x 14' -26' pole building.</b>		

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.

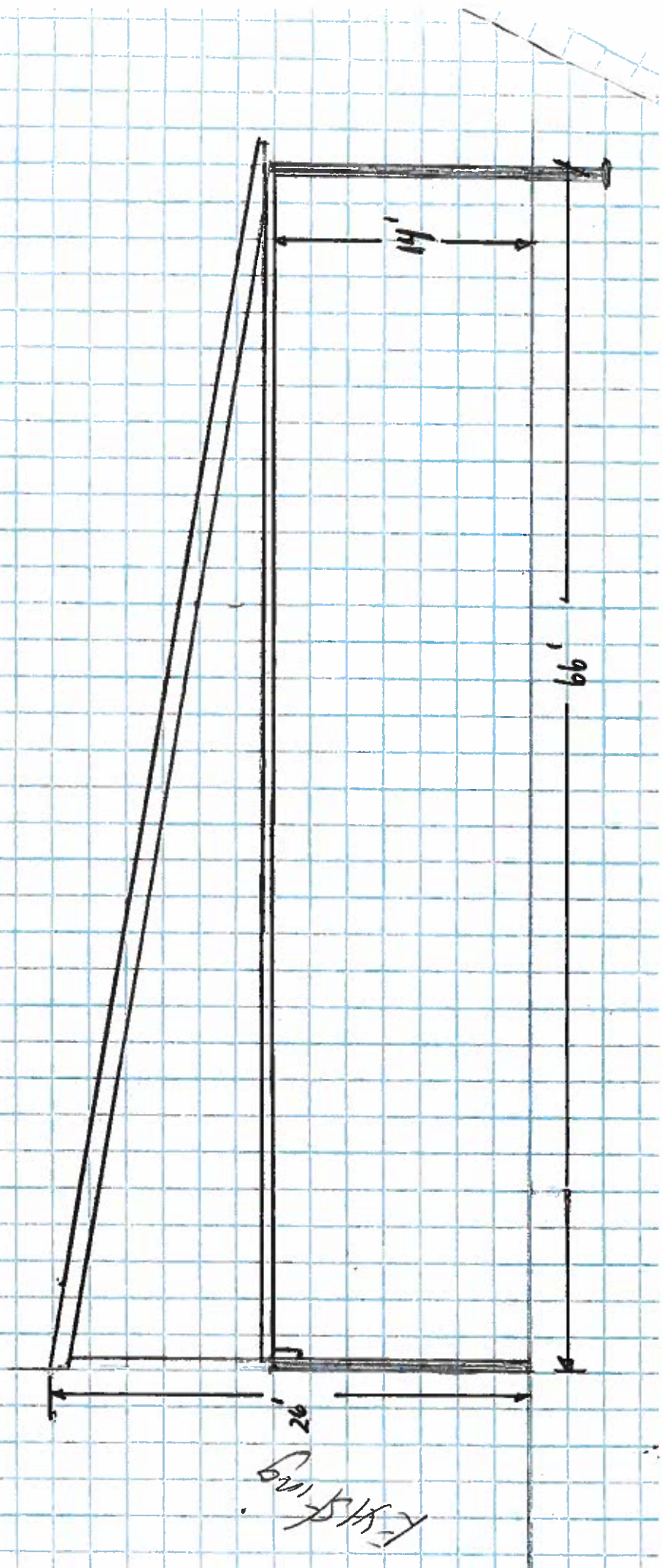
*We Propose* hereby to furnish material, labor and equipment to complete in accordance with above specification, for the sum of:

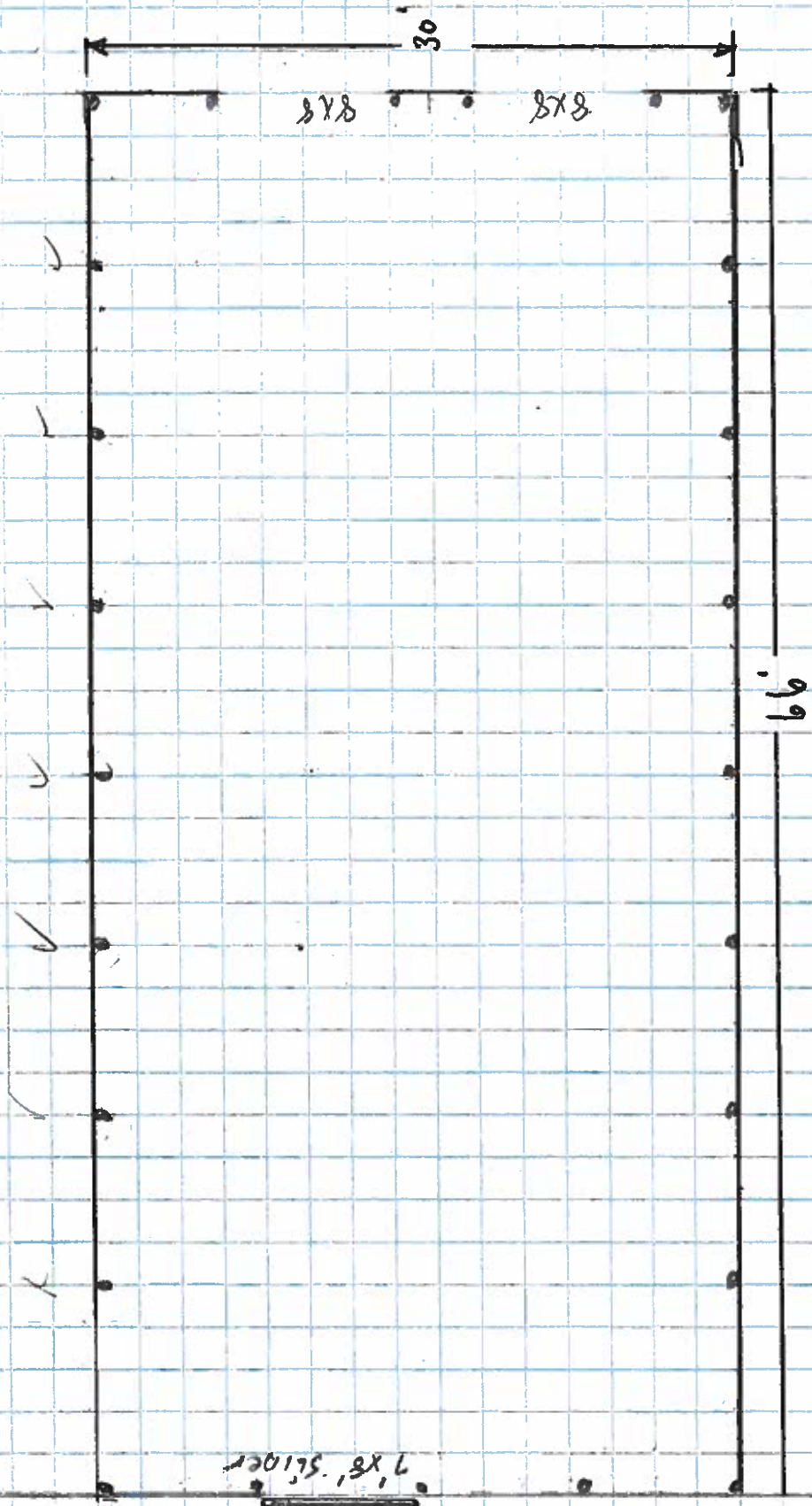
**Seventy-Two Thousand Three Hundred Five Dollars (\$ 72,305.00)**

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

9 pss. - 66' span. 1' OH.

40 lb gravel.





Existing

**Tom Golden**

---

**To:** Roland Kern  
**Subject:** 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](mailto:tgolden@pioneerpolebuildings.com)

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

*Thomas Golden*  
6/14/2019



**PIONEER BUILDINGS**  
888-448-2505 | [PBCBUILDINGS.COM](http://PBCBUILDINGS.COM)

716 South Route 183  
Schuylkill Haven, PA 17972  
[www.pioneerpolebuildings.com](http://www.pioneerpolebuildings.com)



Kevin Loewke <kevin@loewkebrill.com>

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## Pole barn specification

2 messages

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**Pine Island Brewery** <mike@pineislandbeer.com>

Fri, Jun 14, 2019 at 11:23 AM

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

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>

Fri, Jun 14, 2019 at 12:04 PM

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]







Workers' Compensation Board

## 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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)          PIONEER POLE BUILDING INC          716 S ROUTE 183          SCHUYLKILL HAVEN, PA 17872</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured          (570) 739-0078</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number          232-94-4586</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)          KAFTIFY          251 STATE SCHOOL RD          WARWICK, NY 10990</p>	<p>3a. Name of Insurance Carrier          New York State Insurance Fund (NYSIF)</p> <p>3b. Policy Number of Entity Listed in Box "1a"          DBL 5655 22 - 1</p> <p>3c. Policy effective period  <u>09/18/2007</u> to <u>09/18/2019</u></p>

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 5/13/2019 By   
(Signature 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.

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 \_\_\_\_\_  
(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.*





**NYSIF** **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**

\*\*\*\*\* 824011523  
GEORGE THOMPSON AGENCY  
2708 STATE ROUTE 52  
PO BOX 667  
PINE BUSH NY 12566



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> TRUGREEN ENERGY, INC. DBA FOAM BOYS 136 DUBOIS STREET PINE BUSH NY 12566	<b>CERTIFICATE HOLDER</b> KRAFTIFY LLC AND KRAFTIFY HOLDINGS LLC 251 STATE SCHOOL ROAD WARWICK NY 10990
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<b>POLICY NUMBER</b> W2437 439-9	<b>CERTIFICATE NUMBER</b> 909865	<b>POLICY PERIOD</b> 02/14/2019 TO 02/14/2020	<b>DATE</b> 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-TRUEEGREEN 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

U-26.3



Workers' Compensation Board

## 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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>TRUGREEN ENERGY, INC.</b>  <b>DBA: FOAM BOYS</b>  <b>136 DUBOIS STREET</b>  <b>PINE BUSH, NY 12566</b></p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured  <b>8453947935</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  <b>82-4011523</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Kraffy LLC and Kraffy Holdings LLC</b>  <b>251 STATE SCHOOL HOUSE RD</b>  <b>WARWICK, NY 10990</b></p>	<p>3a. Name of Insurance Carrier  <b>Standard Security Life Insurance Company of New York</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  <b>81018-00</b></p> <p>3c. Policy effective period  <u>2/14/2018</u> to <u>5/14/2020</u></p>

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 5/16/2019 By *Beth J. Schipail*  
(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

**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 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.*













# CERTIFICATE OF LIABILITY INSURANCE

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(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).

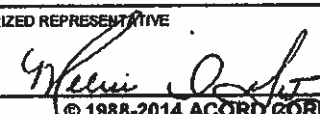
<b>PRODUCER</b>  NBS Insurance Agency, Inc. PO Box 182500 Columbus, OH 43218	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): _____ FAX (A/C No): _____ E-MAIL ADDRESS: _____	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: PROPERTY & CASUALTY INS CO HARTFORD INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  OED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y    N/A	33#ECRO3560	04/14/2019	04/14/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 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, KRAFTIFY HOLDINGS LLC AND MICHAEL KRAAI

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

ACORD 25 (2014/01)  
DS#30449615

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# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
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.

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 <b>VOGEL &amp; MOORE AGENCY INC</b> 13 Wheeler Ave Warwick, NY 10990	CONTACT NAME:	
	PHONE (A/C No. Ext.):	(845) 986-9190
	FAX (A/C No.):	(845) 986-6770
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A:	Nationwide Mutual Insurance Co.
	INSURER B:	Hartford Casualty Ins.Co.
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED **Green Mountain Services Inc.**  
9 Cortland Drive  
Warwick, NY 10990

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBAF5405328436	1/24/2019	1/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	33WECRO3580	04/14/2019	04/19/2020	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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 Compension policy includes Waiver of Subrogation

This certificate of insurance is issued subject to all policy terms, conditions, limitations, exclusions and language.

CERTIFICATE HOLDER	CANCELLATION
Kraftify LLC 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 <i>Brian Marie Moore</i>

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**CERTIFICATE OF INSURANCE COVERAGE**  
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**

<p><b>1a. Legal Name &amp; Address of Insured (use street address only)</b> GREEN MOUNTAIN SERVICES INC 9 CORTLAND DRIVE  WARWICK NY 10990 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p><b>1b. Business Telephone Number of Insured</b> 201-650-9707  <b>1c. Federal Employer Identification Number or Social Security Number</b> 134140212</p>
<p><b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b> KRAFTIFY LLC, KRAFTIFY HOLDINGS LLC MICHAEL KRAAI 251 STATE SCHOOL ROAD WARWICK, NY 10990</p>	<p><b>3a Name of Insurance Carrier</b> HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY  <b>3b Policy Number of Entity Listed in Box "1a"</b> LNY-783908  <b>3c Policy effective period</b> 01/01/2019 to 12/31/2019</p>

**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 05/13/2019 *Elizabeth Tello*  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

**PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)**

**State of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(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.*





Workers' Compensation Board

# CERTIFICATE OF INSURANCE COVERAGE

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

<b>PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier</b>	
<p><b>1a. Legal Name &amp; Address of Insured (use street address only)</b></p> <p>GREEN MOUNTAIN SERVICES INC 9 CORTLAND DRIVE WARWICK, NY 10990</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p><b>1b. Business Telephone Number of Insured</b></p> <p>201-650-9707</p> <p><b>1c. Federal Employer Identification Number of Insured or Social Security Number</b></p> <p>134140212</p>
<p><b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p> <p>KRAFTIFY LLC, KRAFTIFY HOLDINGS LLC MICHAEL KRAAI 251 STATE SCHOOL ROAD WARWICK, NY 10990</p>	<p><b>3a Name of Insurance Carrier</b></p> <p>HARTFORD LIFE AND ACCIDENT</p> <p><b>3b Policy Number of Entity Listed in Box "1a"</b></p> <p>LNY783908</p> <p><b>3c Policy effective period</b></p> <p>01-01-2020 to 12-31-2020</p>
<p><b>4. Policy provides the following benefits:</b></p> <p><input checked="" type="checkbox"/> A. Both disability and paid family leave benefits.</p> <p><input type="checkbox"/> B. Disability benefits only.</p> <p><input type="checkbox"/> C. Paid family leave benefits only.</p> <p><b>5. Policy covers:</b></p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p>	
<p>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.</p> <p>Date Signed <u>01-17-2020</u> <span style="float: right;"><i>Elizabeth Tello</i></span></p> <p style="text-align: center; font-size: small;">(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</p> <p>Telephone Number (212) 553-8074 <span style="float: right;">Name and Title: Elizabeth Tello - Assistant Director, Statutory Services</span></p>	
<p><b>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.</b></p> <p style="text-align: center;">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.</p>	
<p><b>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)</b></p> <p><b>State of New York</b> <b>Workers' Compensation Board</b></p> <p>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.</p> <p>Date Signed _____ By _____</p> <p style="text-align: center; font-size: small;">(Signature of Authorized NYS Workers' Compensation Board Employee)</p> <p>Telephone Number _____ Name and Title _____</p>	

*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)



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2019

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.

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

<b>PRODUCER</b> Automatic Data Processing Insurance Agency, Inc.  1 Adp Boulevard Roseland NJ 07068		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  S DEVRIES CONCRETE INC 3084 Route 52  Pine Bush NY 12566		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> NorGUARD Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 31470	

**COVERAGES**

CERTIFICATE NUMBER: 1167501

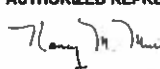
REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/PROP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		SDWC050457	05/28/2019	05/26/2020	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Kraftify LLC & 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 
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New York State Insurance Fund

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

<b>POLICYHOLDER</b> S DEVRIES CONCRETE INC 3084 STATE ROUTE 52 PINE BUSH NY 12566
--

<b>CERTIFICATE HOLDER</b> DROWNED LANDS BREWERY 251 STAE SCHOOL ROAD WARWICK NY 10990
--

<b>POLICY NUMBER</b> W2499 686-0	<b>CERTIFICATE NUMBER</b> 168009	<b>POLICY PERIOD</b> 01/31/2020 TO 05/26/2020	<b>DATE</b> 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.

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

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

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



New York State Insurance Fund

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

<b>POLICYHOLDER</b> S DEVRIES CONCRETE INC 3084 STATE ROUTE 52 PINE BUSH NY 12566
--

<b>CERTIFICATE HOLDER</b> DROWNED LANDS BREWERY 251 STAE SCHOOL ROAD WARWICK NY 10990
--

<b>POLICY NUMBER</b> W2499 686-0	<b>CERTIFICATE NUMBER</b> 168010	<b>POLICY PERIOD</b> 05/26/2020 TO 05/26/2021	<b>DATE</b> 4/24/2020
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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](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: 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)
S DEVRIES CONCRETE INC
43 KONEFAL AVE
PINE BUSH, NY 12566
1b. Business Telephone Number of Insured
845-283-4289
1c. Federal Employer Identification Number of Insured or Social Security Number
465554715
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
KRAFTIFY LLC & KRAFTIFY HOLDINGS LLC
251 State School Road, Warwick, NY, 10990
3a Name of Insurance Carrier
HARTFORD LIFE AND ACCIDENT
3b Policy Number of Entity Listed in Box "1a"
LNY432477
3c Policy effective period
04-01-2019 to 03-31-2020

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 05-20-2019
Elizabeth Tello
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074
Name and Title: Elizabeth Tello - Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
(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)



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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

1a. Legal Name & Address of Insured (use street address only)
S DEVRIES CONCRETE INC
3084 STATE ROUTE 52
PINE BUSH, NY 12566
1b. Business Telephone Number of Insured
845-283-4289
1c. Federal Employer Identification Number of Insured or Social Security Number
465554175
2. Name and Address of Entity Requesting Proof of Coverage
DROWNED LANDS BREWERY
251 State School Road
Warwick, NY 10990
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL614533
3c. Policy effective period
04/29/2020 to 04/28/2021

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[ ] B. Disability benefits only.
[ ] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS 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 4/29/2020 By [Signature]
(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

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 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.







# CERTIFICATE OF LIABILITY INSURANCE

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.

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

<b>PRODUCER</b> Hudson Valley Agents 99 West Main St  Walden NY 12586		<b>CONTACT NAME:</b> KATHY <b>PHONE (A.C. No. Excl):</b> (845) 778-2141 <b>FAX (A.C. No.):</b> <b>EMAIL ADDRESS:</b> kathy@hvagents.com	
<b>INSURED</b> Copper Works Mechanical LLC 15 Shinhollow Rd  Port Jervis NY 12771		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> MERCHANTS MUTUAL	
		<b>INSURER B:</b> FIRST REHABILITATION	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

MARK LTR	TYPE OF INSURANCE	ADDL SUBR (NSD / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	BOPI093987	02/17/2018	02/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WCA9100544	02/17/2018	02/17/2019	PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	NEW YORK STATE DISABILITY		D511263	08/18/18	08/18/2019	

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 VIE ENDORSEMENT AS RESPECTS TO WORK PERFORMED BY THE NAMED NSURED ON THEIR BEHALF. A WAIVER OF SUBROGATION APPLIES IN THE FAVOR OF KRAFTIFY LLC AND KRAFTIFY HOLDINGS LLC. EMPLOYEES ARE COVERED UNDER WORKERS COMP

<b>CERTIFICATE HOLDER</b>  KRAFTIFY LLC  251 SCHOOL ROAD WARWICK, NY 10990	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>David J. Bonne</i>
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# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Hudson Valley Agents 99 West Main St  Walden NY 12586		<b>CONTACT NAME:</b> KATHY <b>PHONE (A/C No, Ext):</b> (845) 778-2141 <b>EMAIL:</b> kathy@hvagents.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Copper Works Mechanical LLC 15 Shinbollow Rd  Port Jervis NY 12771		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> MERCHANTS MUTUAL <b>INSURER B:</b> FIRST REHABILITATION <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	BOPI093987	02/17/2019	02/17/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCA9100544	02/17/2019	02/17/2020	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	NEW YORK STATE DISABILITY			DS11263	08/18/18	08/18/2019	

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 VIE ENDORSEMENT AS RESPECTS TO WORK PERFORMED BY THE NAMED NSURED ON THEIR BEHALF. A WAIVER OF SUBROGATION APPLIES IN THE FAVOR OF KRAFTIFY LLC AND KRAFTIFY HOLDINGS LLC. EMPLOYEES ARE COVERED UNDER WORKERS COMP

**CERTIFICATE HOLDER**

KRAFTIFY LLC

251 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

*David J. Bonne*



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

**Company Code**  
320

**Name & Address of Insurer**  
State Farm Mutual Automobile Insurance Company  
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:



**POLICY NUMBER**

234 6460-C08-52  
COPPERWORKS MECHANICAL, LLC  
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

Year Make

2015 FORD

Vehicle Identification Number

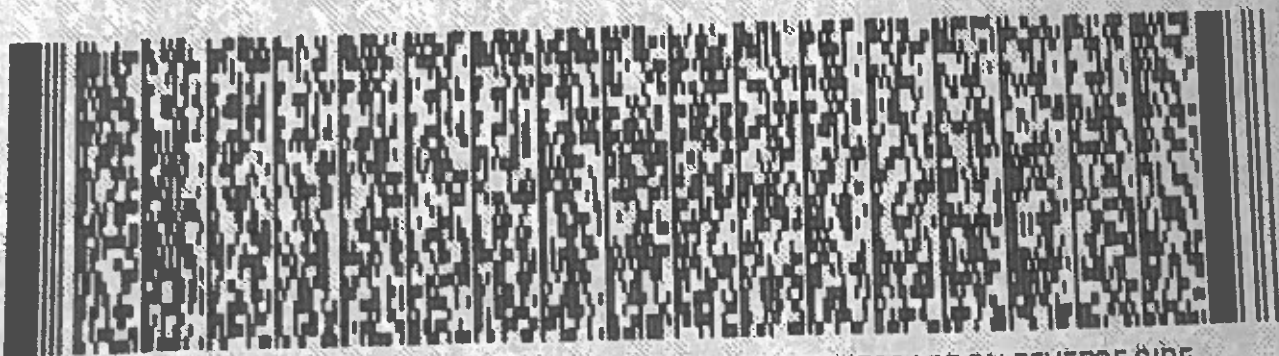
1FD9X3HT3FEA78133

9529-B49

NAIC

25178

AGENT PHONE # (845)856-7512



SEE IMPORTANT MESSAGE ON REVERSE SIDE

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1353 6

NEW YORK STATE INSURANCE IDENTIFICATION CARD

Name & Address of Insurer

State Farm Mutual Automobile Insurance Company  
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:



POLICY NUMBER

6460-C08-52  
PERWORKS;MECHANICAL,LLC  
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

Year Make

2015 FORD

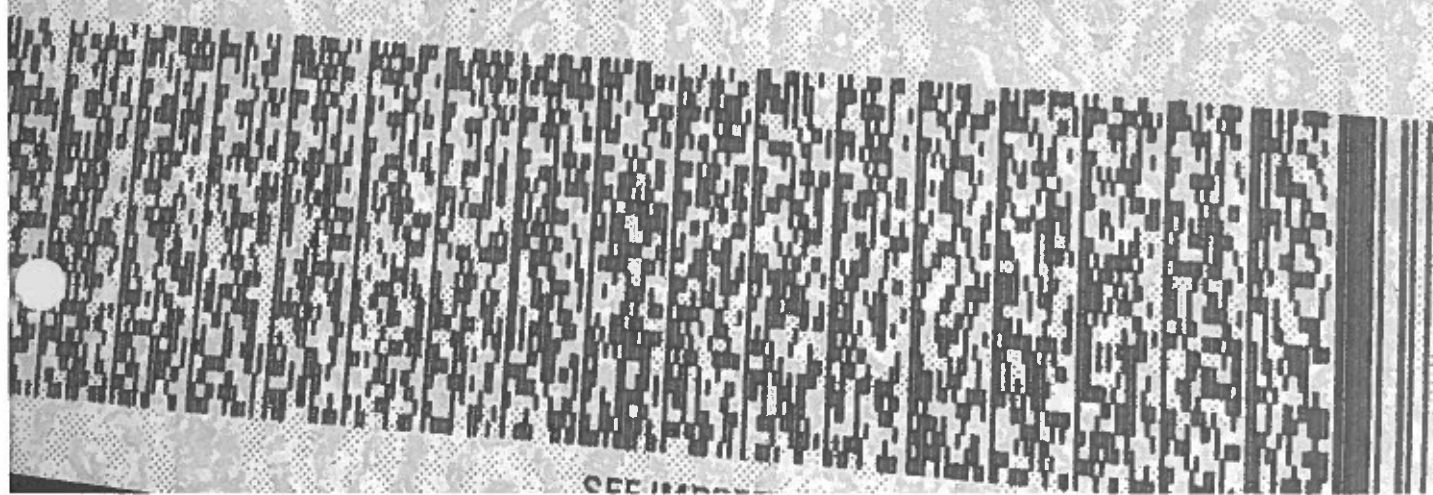
Vehicle Identification Number

1FD8X3HT3FEA78133

AGENT PHONE # (845)856-7512

9529-B49

NAIC 25178





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

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

<p>1a. Legal Name &amp; Address of Insured (use street address only) <b>COPPERWORKS MECHANICAL LLC</b></p> <p>15 SHINHOLLOW ROAD PORT JERVIS, NY 12771</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured <b>845-499-8662</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number <b>473547766</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) <b>KRAFTY LLC</b></p> <p>251 SCHOOL ROAD WARWICK, NY 10990</p>	<p>3a. Name of Insurance Carrier <b>ShelterPoint Life Insurance Company</b></p> <p>3b. Policy Number of Entity Listed in Box "1a" <b>DBL563957</b></p> <p>3c. Policy effective period <u>09/13/2019</u> to <u>09/12/2020</u></p>

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 9/16/2019 By   
(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

**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 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.







# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Seely & Durland, Inc. 13 Oakland Ave Warwick NY 10990	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 845-986-1177      FAX (A/C, No): 845-986-0094 E-MAIL ADDRESS: amcpherson@seely-durland.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> AMP Masonry Inc. 11 Edsall Lane Pine Island NY 10969	<b>INSURER A :</b> Main Street America Assurance Company      NAIC # 29939	
	<b>INSURER B :</b> NGM Insurance Company      14788	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 1862138927**      **REVISION NUMBER:**

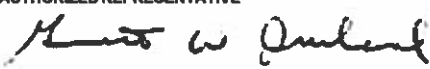
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	MPU7595Q	2/20/2019	2/20/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	Y	Y	B1U7595Q	2/20/2019	2/20/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUU7595Q	2/20/2019	2/20/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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

Kraftify LLC 251 State 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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# 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	CERTIFICATE NUMBER	POLICY PERIOD	DATE
W2007 814-3	986706	12/12/2018 TO 12/12/2019	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](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 Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name &amp; Address of Insured (use street address only) AMP MASONARY INC  11 EDSALL LANE PINE ISLAND, NY 10969</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured 845-258-6028</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 202230614</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Kraftify LLC  251 State Road  Warwick NY 10990</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL300785</p> <p>3c. Policy effective period 07/22/2018 to 07/21/2020</p>

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 5/30/2019 By   
(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

**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 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.









# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> VERO AGENCY INC 145 MAIN STREET P O BOX 520 CHESTER, NEW YORK 10918	<b>CONTACT NAME:</b> JOHN S. VERO <b>PHONE (A/C, No. Ext):</b> 845-469-4344 <b>FAX (A/C, No):</b> 845-469-9057 <b>E-MAIL ADDRESS:</b> jsvero@frontiernet.net														
<b>INSURED</b> TELGEN KNAPP CONSTRUCTION CO INC DBA RAYNOR OVERHEAD DOOR SALES P O BOX 91 SUGAR LOAF, NEW YORK 10981	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Selective Insurance Company of the Southeast</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance Company of the Southeast		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		S1825873	08/01/2018	08/01/2019	EACH OCCURRENCE \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Any one person) \$ 10,000. PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 3,000,000. PRODUCTS - COMPOP AGG \$ 3,000,000. \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	X		S1825873	08/01/2018	08/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000.	X		S1825873	08/01/2018	08/01/2019	EACH OCCURRENCE \$ 1,000,000. AGGREGATE \$ 1,000,000. \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NYSIF CERT ATTACHED			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**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.

<b>CERTIFICATE HOLDER</b> KRAFTIFY LLC & KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD WARWICK, NEW YORK 10990	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

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

<b>PRODUCER</b> VERO AGENCY INC 145 MAIN STREET P O BOX 520 CHESTER, NEW YORK 10918	<b>CONTACT NAME:</b> JOHN S. VERO <b>PHONE (A/C, No. Ext):</b> 845-469-4344 <b>E-MAIL ADDRESS:</b> jsvero@frontiernet.net		<b>FAX (A/C, No):</b> 845-469-9057
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> TELGEN KNAPP CONSTRUCTION CO INC DBA RAYNOR OVERHEAD DOOR SALES P O BOX 91 SUGAR LOAF, NEW YORK 10981	<b>INSURER A:</b> Selective Insurance Company of the Southeast		<b>NAIC #</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		S1825873	08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000.	X		S1825873	08/01/2019	08/01/2020	EACH OCCURRENCE \$ 1,000,000. AGGREGATE \$ 1,000,000. \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NYSIF Certificate attached			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**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.

<b>CERTIFICATE HOLDER</b> KRAFTIFY LLC & KRAFTIFY HOLDINGS 251 STATE SCHOOL ROAD WARWICK, NEW YORK 10990	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only) TELGEN KNAPP CONSTRUCTION CO INC T/A RAYNOR OVERHEAD DOOR SALES</p> <p>PO BOX 91 SUGAR LOAF, NY 10981</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-469-4664</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 141483087</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Kraftify LLC &amp; Kraftify Holdings 251 State School Road Warwick, New York 10990</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL53561</p> <p>3c. Policy effective period 01/01/2019 to 12/31/2019</p>

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 5/28/2019 By   
(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

**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)**

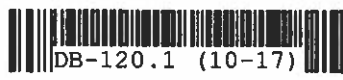
**State of New York  
Workers' Compensation Board**

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 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.





# 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

\*\*\*\*\* 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](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



# 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

<b>POLICY NUMBER</b> W 389 323-7	<b>CERTIFICATE NUMBER</b> 102364	<b>POLICY PERIOD</b> 07/06/2019 TO 07/06/2020	<b>DATE</b> 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](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.**

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NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 603160451





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

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



491 Elmgrove Rd, Ste 2, Rochester, NY 14606

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



[www.loewkebrill.com](http://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. Loewke Brill does not accept exemption requests for companies located within the local labor area.

APPLICANT NAME: Krestity LLC
CONTACT: Mike Krestin
PHONE (B) PHONE (CELL) 973-286-7217
FAX EMAIL Mike@piversbrill.com

REASON FOR REQUEST

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. - EXPLAIN
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

Applicant Signature: [Signature] Date: 5/15/14

Amount of Contract Needing Verified Exemption: approx 55K - 70K

Number of Workers Needing Verified Exemption(s): 2, possibly 3

Send 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



May 19, 2019

Orange County IDA

**Hector D. Muñoz-Baras**

28 Front St.  
Port Jervis, NY 12771

vox (845) 856-2020

[hector@vbaras.com](mailto:hector@vbaras.com)  
[www.vbaras.com](http://www.vbaras.com)

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



RE: 251 State School Rd., Warwick, NY

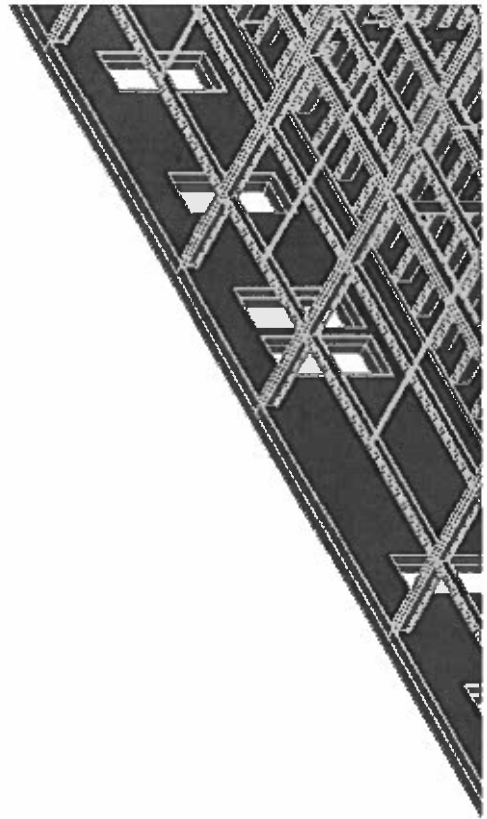
Dear Sir, or Madam,

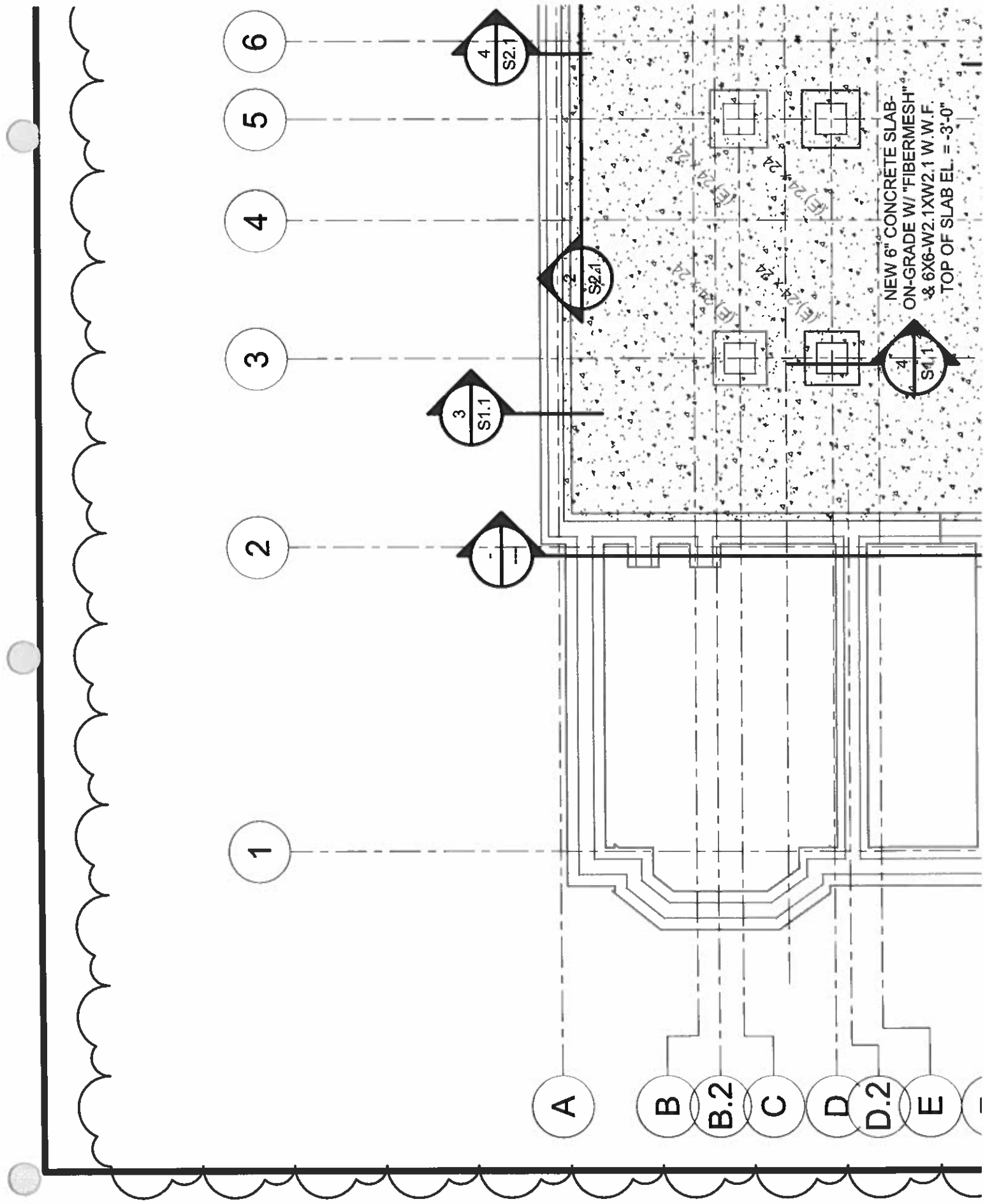
The work to be performed by VanGrouw Welding, at the above referenced location, is specialized heavy steel and structural work. This type of work requires an extensive amount of machinery and tools, as well as expertise relating to structural engineering and steel construction. The contractor must also 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.

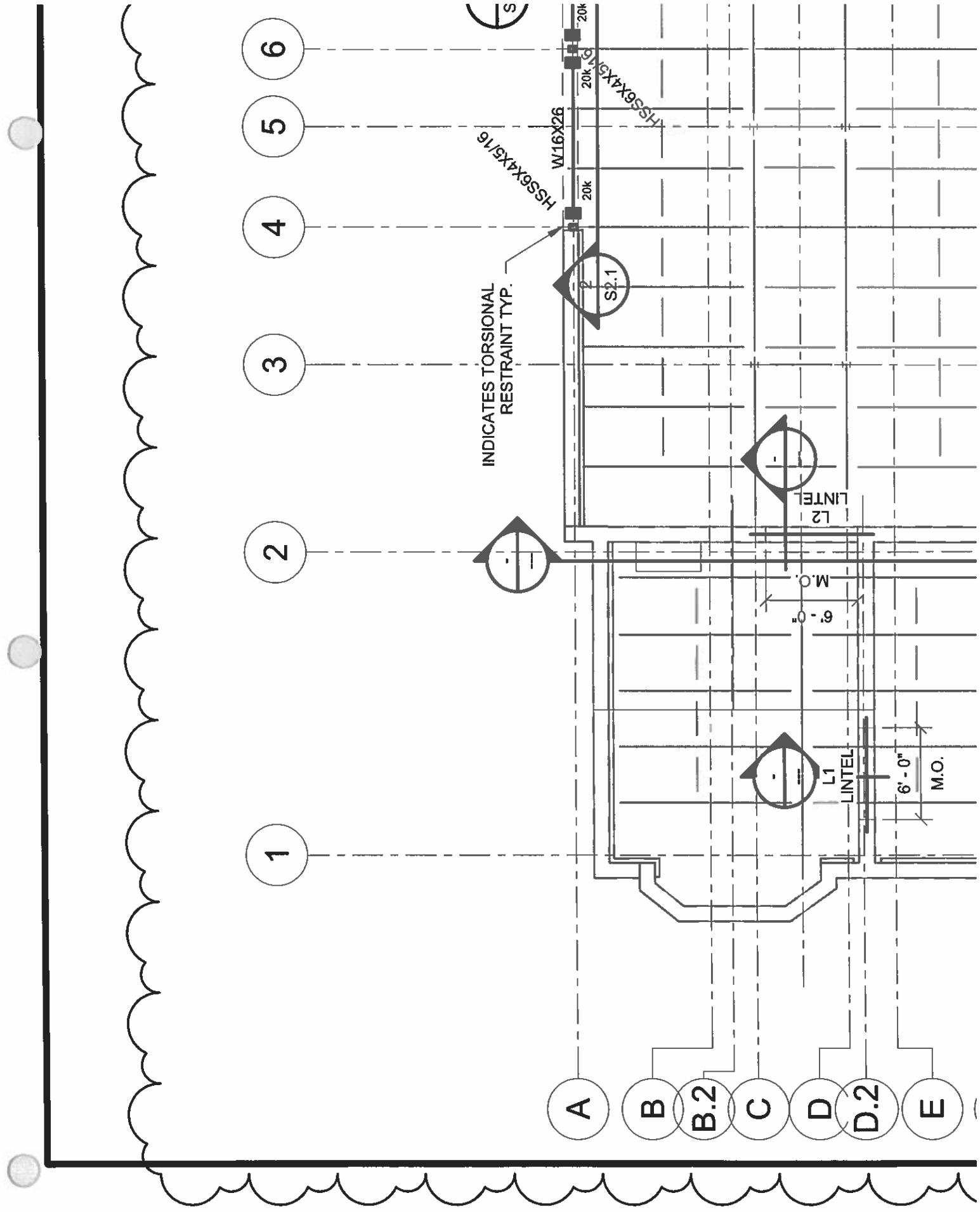
With regards,

date 05/19/19

**Hector D. Muñoz-Baras**, AIA, LEEDap



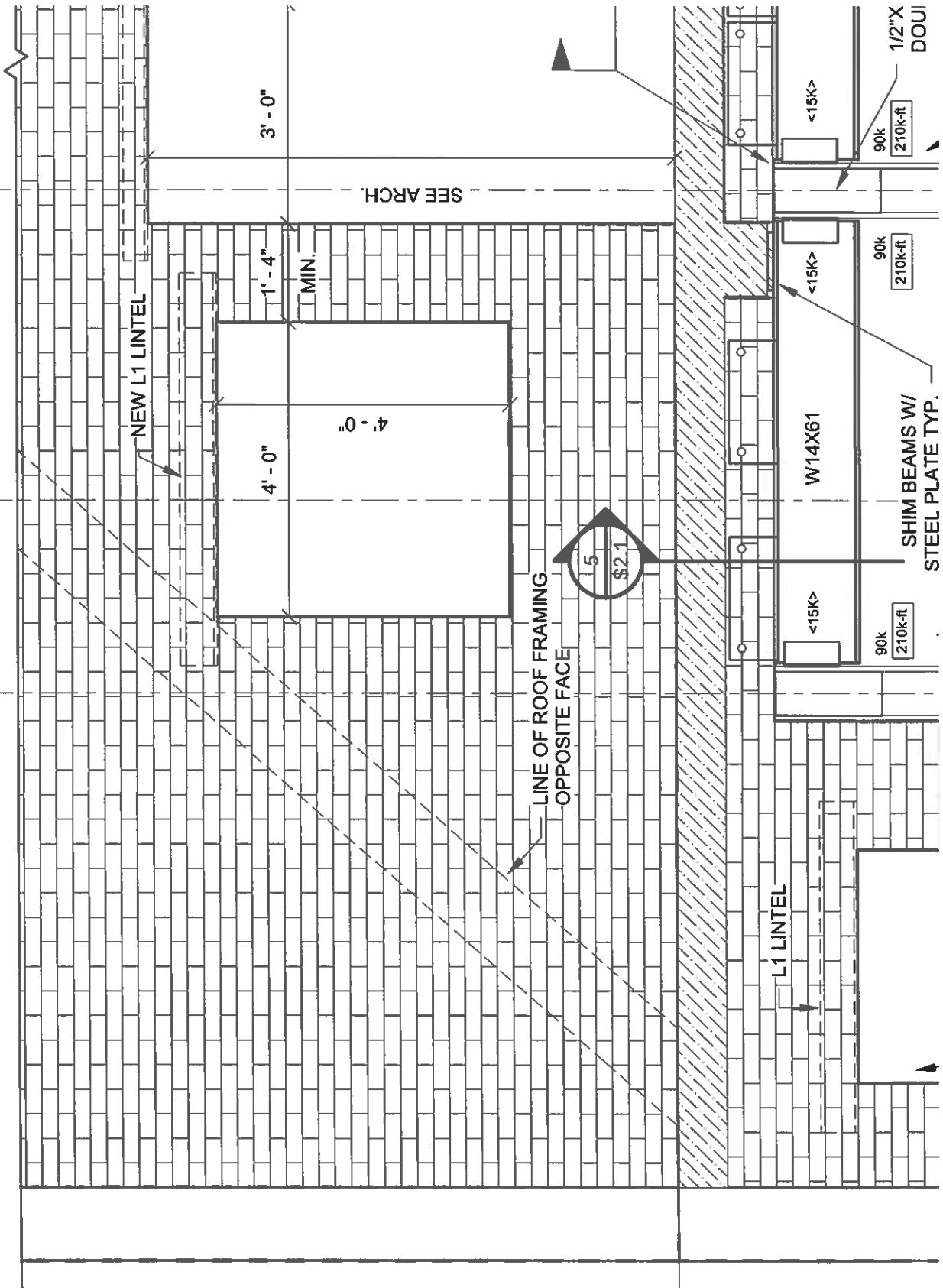




C.8

E

E.4



## 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

CONCRETE (STRENGTH DESIGN) MINIMUM COMPRESSIVE STRENGTH IN 28 DAYS:

FOOTINGS	F'C=3,500PSI
INTERIOR SLABS ON GRADE, GRADE BEAMS, WALLS, INTERIOR STRUCTURAL FRAME, AND CONCRETE ON METAL DECK	F'C=4,000PSI
CONCRETE SUBJECT TO FREEZING AND THAWING	F'C=4,000PSI
LEAN CONCRETE, FOR USE WITH OVER-EXCAVATIONS	F'C=1,500PSI
REINFORCING BARS (ASTM A615 OR ASTM A706, GRADE 60)	FY=60,000PSI
WELDED WIRE REINFORCEMENT (ASTM A185)	FS=30,000PSI
STRUCTURAL STEEL W AND S SHAPES (ASTM A992 OR ASTM A572/50)	FY=50,000PSI
STRUCTURAL STEEL OTHER SHAPES (ASTM A36)	FY=36,000PSI
ANCHOR RODS (F1554, GRADE 36) UNLESS OTHERWISE NOTED	FY=36,000PSI
HOLLOW STRUCTURAL SECTIONS (ASTM A500, GRADE B)	FY=46,000PSI
RECTANGULAR	FY=42,000PSI
ROUND	F'M=1,500PSI
MASONRY	TYPE M OR S
LOAD-BEARING CMU (ASTM C55 OR C90)	3,000 PSI
BRICK (ASTM C216 GRADE SW)	2,000 PSF
MORTAR	
GROUT (ASTM C476)	
SOIL BEARING PRESSURE FOR FOUNDATIONS	

## CONCRETE CONSTRUCTIC

1. ALL CONCRETE CONSTRUCTION SHALL COMPLY WITH THE FOLLOWING REQUIREMENTS FOR REINFORCEMENT AND REINFORCING STEEL:

- 2.1. CONCRETE SHALL BE PLACED AND FINISHED IN ACCORDANCE WITH THE CONTRACT DRAWINGS AND SPECIFICATIONS.
- 2.2. FORMWORK SHALL BE DESIGNED TO SUPPORT THE FULL WEIGHT OF THE CONCRETE AND ALL OTHER LOADS.
- 2.3. FORMWORK SHALL BE STRUTTED AND BRACED TO PREVENT DEFLECTIONS EXCEEDING 1/16" PER FOOT.
- 2.4. FORMWORK SHALL BE CLEANED AND OILED BEFORE USE.
- 2.5. FORMWORK SHALL BE REMOVED AT THE PROPER TIME TO PREVENT DAMAGE TO THE CONCRETE.

3. WELDED WIRE REINFORCEMENT SHALL BE USED IN ALL CONCRETE EXCEPT WHERE SHOWN OTHERWISE.

4. REINFORCING STEEL SHALL BE PROVIDED IN ACCORDANCE WITH THE CONTRACT DRAWINGS AND SPECIFICATIONS.

5. PROVIDE PLASTIC OR PAPER COVERING UNDER ALL CONCRETE TO PREVENT MOISTURE LOSS AND CRACKING.

6. PROVIDE PIPE SLEEVES FOR ALL PENETRATIONS THROUGH CONCRETE.

7. UNLESS NOTED OTHERWISE:  
7.1. SLAB ON GROUND SHALL BE FINISHED TO A FINISH ELEVATION OF 1/4" BELOW THE FINISH FLOOR ELEVATION.  
7.2. WALLS: #4 @ 16" O.C.

8. CONSTRUCTION JOINTS SHALL BE PROVIDED IN ACCORDANCE WITH THE CONTRACT DRAWINGS AND SPECIFICATIONS. THE RATIO OF LENGTH TO WIDTH SHALL BE NOTED BY THE CONTRACTOR FOR THE ENGINEER'S LAYOUT.

9. WELDING REBAR SHALL BE IN ACCORDANCE WITH AWS D1.4.

10. PROVIDE HORIZONTAL REBAR IN ALL FOOTINGS. MINIMUM 1/2" DIA. UNLESS OTHERWISE SHOWN OTHERWISE.

11. ALL EXPOSED CORNERS SHALL BE CHAMFERED 45° UNLESS OTHERWISE NOTED.

12. UNLESS NOTED OTHERWISE, ALL CONCRETE SHALL BE FINISHED TO A FINISH ELEVATION OF 1/4" BELOW THE FINISH FLOOR ELEVATION.



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

## Exemption Form

**Pine Island Brewery** <mike@pineislandbeer.com>

Fri, May 24, 2019 at 5:49 AM

To: Kevin Loewke <kevin@loewkebrill.com>

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.

Starting 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 architectural drawings for dimension drawings per request



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

[Quoted text hidden]

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



Nick Del Grosso &lt;nickd@triplerd.com&gt;

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**Pine Island Brewery Proposal**

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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](http://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.LibertyIronWorks.com](http://www.LibertyIronWorks.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](mailto: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](http://www.LibertyIronWorks.com)

---

**From:** Nick Del Grosso <[nickd@triplerd.com](mailto:nickd@triplerd.com)>  
**To:** Joseph2061 <[joe@libertyironworks.com](mailto: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](mailto: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](http://www.LibertyIronWorks.com)

---

**From:** Nick Del Grosso <[nickd@triplerd.com](mailto:nickd@triplerd.com)>  
**To:** Joseph2061 <[joe@libertyironworks.com](mailto: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](mailto: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](mailto: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.LibertyIronWorks.com](http://www.LibertyIronWorks.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](http://www.LibertyIronWorks.com)

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**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.

Joseph Siegel  
Liberty Iron Works  
12 Asthalter Rd  
Liberty, NY 12754  
Ph# 845-292-4611  
[www.LibertyIronWorks.com](http://www.LibertyIronWorks.com)

---

**From:** Nick Del Grosso <[nickd@triplerd.com](mailto:nickd@triplerd.com)>  
**To:** Joseph2061 <[joe@libertyironworks.com](mailto: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](mailto: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](mailto:nickd@triplerd.com)  
P: (845) 591-6152  
F: (845) 985-2418

--  
**Best,  
Nicholas DelGrosso**



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

--  
**Best,  
Nicholas DelGrosso**



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**Best,  
Nicholas DelGrosso**



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**Best,  
  
Nicholas DelGrosso**



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F: (845) 985-2418



--  
**Best,**

**Nicholas DelGrosso**



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**Best,**

**Nicholas DelGrosso**



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**Best,**

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**Best,**

**Nicholas DelGrosso**



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**Best,**

**Nicholas DelGrosso**



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**Best,**

**Nicholas DelGrosso**



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

--  
**Best,**

**Nicholas DelGrosso**



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

--  
**Best,**

**Nicholas DelGrosso**



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



**ORANGE COUNTY  
IRONWORKS, LLC**

36 Maybrook Road  
Montgomery, NY 12549

Phone: 845.769.3000  
Fax: 845.457.1079  
www.ocilc.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

**Please 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.ocilc.com



November 15, 2018

**Pine Island Brewery**  
**Statement of Qualifications and Exclusions**

**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 continuous erection, 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 quoted 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.
10. Hung lintels to be set by others for final connection by OCIW.



**ORANGE COUNTY  
IRONWORKS, LLC**

36 Maybrook Road  
Montgomery, NY 12549

Phone: 845.769.3000  
Fax: 845.457.1079  
[www.ocillc.com](http://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](http://www.ocillc.com)



VANGR-1

OP ID: SK

**CERTIFICATE OF LIABILITY INSURANCE**

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

<b>PRODUCER</b> G&S Financial Services LLC 290 Lafayette Avenue Hawthorne, NJ 07508 David Smolenski	<b>CONTACT NAME:</b> PHONE (A/C No, Ext): 973-423-1900 E-MAIL: ADDRESS:	FAX (A/C No): 973-423-1918
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> MK Enterprises Inc. t/a Van Grouw Welding 430 West Main Street Wyckoff, NJ 07481	<b>INSURER A : Harleysville Ins. Co.</b>	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION RIGHTS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Owner/Cont Prot</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	MPA00000075243A	12/19/2018	12/19/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 50,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000-		CMB00000096329Z	12/19/2018	12/19/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

**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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**NOTEPAD:**

HOLDER CODE **KRAFT01**  
INSURED'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.



**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

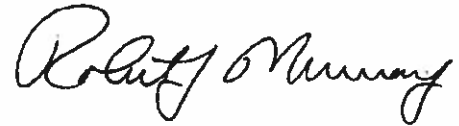
**EFFECTIVE** 10/22/2018

**EXPIRING** 10/22/2019

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

Policy No. C 875919-3

Effective 05/20/2019

Expiring 12/19/2019

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.
- ♦ 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**

Agent

## 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



# 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**

<p>1a. Legal Name &amp; Address of Insured (use street address only) MK Enterprises, Inc. 430 W. Main St. Wyckoff, NJ 07481</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 973-396-7217</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 20-0203818</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Kraftify LLC; Kraftify Holdings LLC 5 Missonellie Court Hawthorne, NJ 07506</p>	<p>3a. Name of Insurance Carrier AmGUARD Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DB04069065.1</p> <p>3c. Policy effective period <u>06/07/2019</u> to <u>06/07/2020</u></p>

4. Policy provides the following benefits:

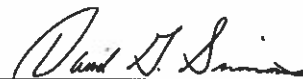
- A. Both disability and paid family leave benefits.
- B. Disability benefits only.
- C. Paid family leave benefits only.

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 06/12/2019 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

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

**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)**

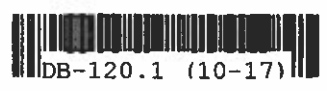
**State of New York  
Workers' Compensation Board**

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 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.*





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: Krawitz LLC

CONTACT: Mike Krawitz

PHONE (B) PHONE (CELL) 973-396-7217

FAX EMAIL Mike@krawitz.com

REASON FOR REQUEST

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. - EXPLAIN
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

Applicant Signature: [Signature] Date: 5/15/14

Amount of Contract Needing Verified Exemption: approx 55K - 70K

Number of Workers Needing Verified Exemption(s): 2, possibly 3

Send 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



May 19, 2019

Orange County IDA

**Hector D. Muñoz-Baras**

28 Front St.  
Port Jervis, NY 12771

vox (845) 856-2020

[hector@vbaras.com](mailto:hector@vbaras.com)  
[www.vbaras.com](http://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 D. Muñoz-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

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 &lt;kevin@loewkebrill.com&gt;

---

**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

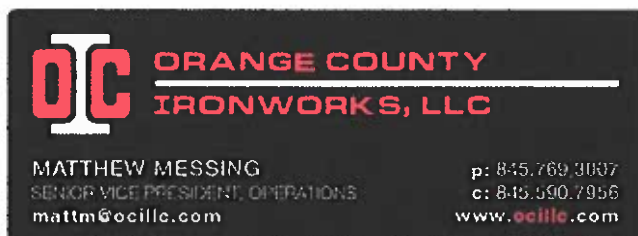
***Michael Gaydos******Business Manager/Financial Secretary/Treasurer*****Ironworkers Local 417****583 Route 32****Wallkill, NY 12589****845-566-8417****914-443-4991 Cell**

---

**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](http://www.ocillc.com)Follow us on Instagram: [orangecountyironworksllc](https://www.instagram.com/orangecountyironworksllc)



**From:** Michael Gaydos <[gator417@verizon.net](mailto:gator417@verizon.net)>  
**Sent:** Tuesday, May 21, 2019 9:20 AM  
**To:** [mattm@ocillc.com](mailto: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](mailto:kevin@loewkebrill.com)>  
**Sent:** Tuesday, May 21, 2019 8:31 AM  
**To:** Michael Gaydos <[gator417@verizon.net](mailto:gator417@verizon.net)>  
**Subject:** Structural Steel Exemption Request - Kraftify

Please see attached







WARWVAL-01

BLAUDATO

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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.

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

<b>PRODUCER</b> Durkin Agency, Inc. 106 Grand Avenue Suite 360 Englewood, NJ 07631	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (201) 567-3700      FAX (A/C, No): (201) 567-7472 E-MAIL ADDRESS:														
<b>INSURED</b>  Warwick Valley Iron and Wood LLC 15 Southern Lane Warwick, NY 10990	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Hanover Insurance Company</td> <td style="text-align: center;">22292</td> </tr> <tr> <td>INSURER B : Hartford Accident and Indemnity Company</td> <td style="text-align: center;">22357</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hanover Insurance Company	22292	INSURER B : Hartford Accident and Indemnity Company	22357	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			OHYA735638	9/18/2019	9/18/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	13WECAD5KZR	6/25/2019	6/25/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)

**CERTIFICATE HOLDER****CANCELLATION**

<b>Kraftify LLC</b> 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 
---	---

ACORD 25 (2016/03)

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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  
WASHINGTON, DC 20076-0001**

**1-800-841-3000**

<b>Policy Number</b> 4111384337	<b>Effective Date</b> 04/16/2019 12:01 a.m.	<b>Expiration Date</b> 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:

**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**



<b>Year</b> 2002	<b>Make</b> FORD
---------------------	---------------------



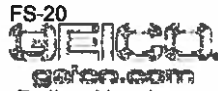
**Important Information**

Here are your Policy Identification Cards. Two cards have been provided for each vehicle insured. One ID card must be physically located in the proper insured vehicle. 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](http://geico.com) or call us at 1-800-841-3000.



Policy Number  
4111-38-43-37

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

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

Expiration Date  
04-16-2020 (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:

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

EWALD,ALEXANDER,E

Applicable with respect to the following Motor Vehicle:

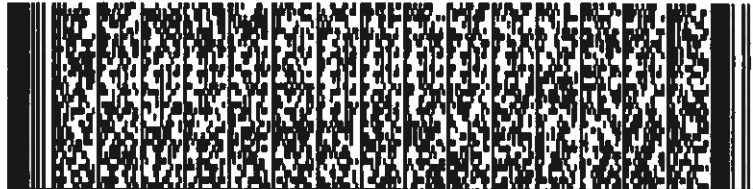
15 SOUTHERN LN  
WARWICK NY 10990

2002 FORD F250 SPDTY  
Year Make Model  
1FTNX21FX2EB49117

Name & Address of issuer:

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

Vehicle Identification Number  
Company Code: 148



ALEXANDER EWALD  
15 SOUTHERN LN  
WARWICK NY 10990-1907

FAX: Scannable Bar Code

**FAX INSTRUCTIONS**

(If the ID Card Page needs to be faxed)

1. The entire page must be faxed.
2. 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.
4. DMV will not accept a faxed ID card without a scannable barcode.



**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.



Policy Number  
4111-38-43-37

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

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

Expiration Date  
04-16-2020 (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:

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

EWALD,ALEXANDER,E

Applicable with respect to the following Motor Vehicle:

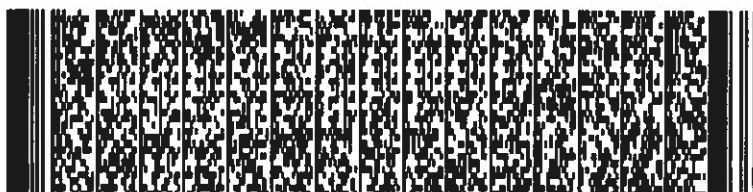
15 SOUTHERN LN  
WARWICK NY 10990

2002 FORD F250 SPDTY  
Year Make Model  
1FTNX21FX2EB49117

Name & Address of issuer:

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

Vehicle Identification Number  
Company Code: 148



**GEICO** 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

WASHINGTON, DC 20076-0001

1-800-841-3000

Policy Number	Effective Date	Expiration Date
4111384337	04/16/2020 12:01 a.m.	10/16/2020 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:

Insured EWALDALEXANDERE

[View All Operators](#)

15 SOUTHERN LN  
WARWICK NY 10990-1907

Applicable with respect to the following Motor Vehicle:

Vehicle Identification Number  
1FTND21FX2EB49117



Year  
2002

Make  
FORD



1 of 1





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)
WARWICK VALLEY IRON AND WOOD LLC
116 STATE SCHOOL ROAD
WARWICK, NY 10990
1b. Business Telephone Number of Insured
843-467-7245
1c. Federal Employer Identification Number of Insured or Social Security Number
814952576
2. Name and Address of Entity Requesting Proof of Coverage
Kraftify LLC
251 State School Rd Warwick, NY 10990
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL558983
3c. Policy effective period
06/26/2019 to 06/25/2020

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[ ] B. Disability benefits only.
[ ] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[ ] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 6/26/2019 By [Signature]
(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

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 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.









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).

<b>PRODUCER</b> Durkin Agency, Inc. 106 Grand Avenue Suite 360 Englewood, NJ 07631	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (201) 567-3700		FAX (A/C, No): (201) 567-7472	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b>  Craig West Designs 127 South St Extension Warwick, NY 10990	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Hanover Insurance Company</b>		<b>22292</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			OHYA832289	1/25/2019	1/25/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person)	\$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PERSONAL & ADV INJURY	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Location: 118 State School Road, Warwick, NY 10990

### CERTIFICATE HOLDER

### CANCELLATION

sample for info purposes	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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CRAIWES-01

BLAUDATO

# 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.

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**PRODUCER**  
Durkin Agency, Inc.  
106 Grand Avenue  
Suite 360  
Englewood, NJ 07631

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** (201) 567-3700      **FAX (A/C, No):** (201) 567-7472  
**E-MAIL ADDRESS:**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Hanover Insurance Company	22292
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**INSURED**  
Craig West Designs  
127 South St Extension  
Warwick, NY 10990

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			OHYA832289	1/25/2020	1/25/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
			PROPERTY DAMAGE (Per accident)	\$				
				\$				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
								\$
							PER STATUTE	
							OTH-ER	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A				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

Pine Island Beer  
Warwick, NY

### 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

# FS-20 NEW YORK STATE INSURANCE IDENTIFICATION CARD

478 Allstate Property and Casualty Insurance Company

Name & Address of Issuer:

Allstate Property & Casualty Ins. Co

Policy Number  
**000000933639526**



**Allstate.**  
You're in good hands.

1125 RXR Plaza, Suite 1100E  
Uniondale, NY 11556

(800) 255-7828

Applicable with respect to the following Motor Vehicle:

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:

Year/Make  
2012 FORD

Vehicle Identification Number  
2FMDK4KC4CBA09440

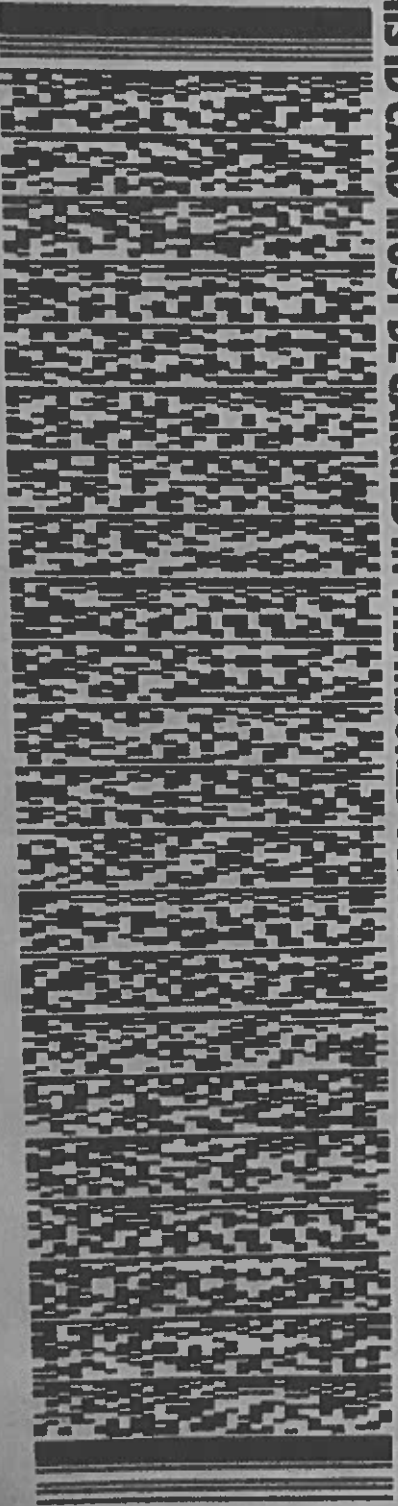
**WETTSTEN, CRAIG, M**  
**127 SOUTH STREET EXT**  
**WARWICK NY 10990-1802**

Effective Date (12:01 a.m.): **03/04/2019**

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

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

**THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND.**





# FS-20 NEW YORK STATE INSURANCE IDENTIFICATION CARD

**478 Allstate Property and Casualty Insurance Company**  
Name & Address of Issuer:  
**Allstate Property & Casualty Ins. Co**



**Allstate**  
You're in good hands.

Policy Number  
**000000933639526**

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

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:

Applicable with respect to the following Motor Vehicle

Year/Make  
**2012 FO/TR**

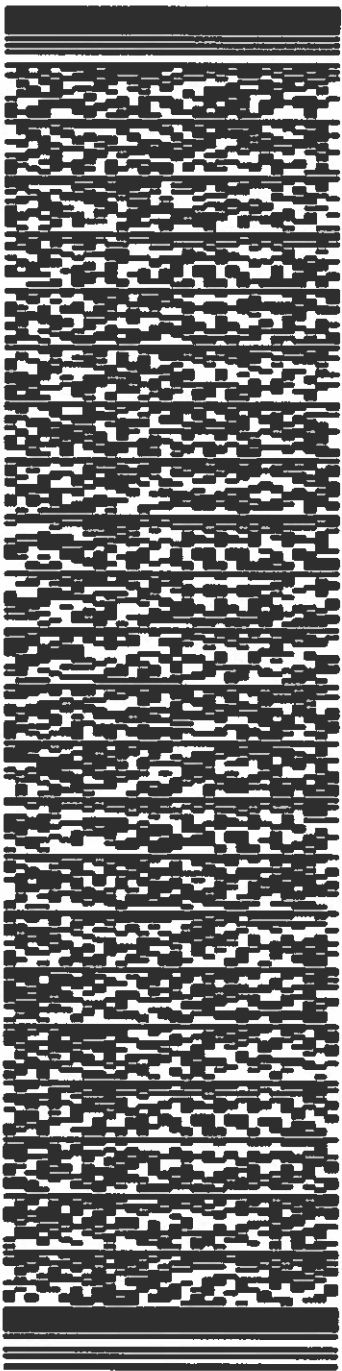
Vehicle Identification Number  
**ZFMDKAKCACBA09440**

**WETSTEIN CRAIG M**  
**127 SOUTH STREET EXT**  
**WARWICK NY 10990**

Effective Date (12:01 am.): **09/04/2019**

⚠️ Not acceptable to obtain registration after 45 days from effective date)  
Expiration Date (12:01 am.): **03/04/2020**

**THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND.**



**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

Policy Number  
**000000933639526**



**Allstate.**  
You're in good hands.

Applicable with respect to the following Motor Vehicle:

Year/Make  
**2010 FO/TR**

Vehicle Identification Number  
**1FTFW1E87AFA90478**

**WETTSTEIN, KELLY, A**  
**127 SOUTH STREET EXT**  
**WARWICK NY 10990**

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**

**THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND.**





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





**BOARD OF DIRECTORS**

**Mary Ellen Rogulski**  
- CHAIRMAN

**John Steinberg, Jr.**  
- VICE CHAIRMAN

**Stephen Brescia**  
- SECRETARY

**Edward A. Diana**  
- ASSISTANT SECRETARY

**Robert J. Schreibels, Sr.**

**James DiSalvo**

**Michael Gaydos**

August 20, 2019

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

Dear Mr. Kraai:

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.

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)

**Joel Kleiman**  
- CHIEF FINANCIAL  
OFFICER

**Kevin T. Dowd**  
- ATTORNEY

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.

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

Sincerely,



**Laurie Villasuso**  
Chief Operating Officer &  
Executive Vice President

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.

APPLICANT NAME: Kraftify LLC

CONTACT: Mike Kraci

PHONE (B) 973-346-7217 PHONE (CELL) /

FAX / EMAIL Mike.C.Kraci@kraftify.com

REASON FOR REQUEST

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. - EXPLAIN
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

Applicant Signature: [Signature] Date: 7/23/19

Amount of Contract Needing Verified Exemption: 20,000

Number of Workers Needing Verified Exemption(s): 3-4

Send 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



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

---

## 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 copper 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 debris/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 3/4 inch lines. They also did 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, the 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

 2019-07-23\_163719.pdf  
815K

 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

29 HILLCREST DRIVE • WAYNE, NEW JERSEY • 07470-5732  
PHONE: 973-872-9578 • FAX: 973-872-9578

**MSP Industrial Refrigeration Service LLC****QUOTATION****29 Hillcrest Drive****Wayne, New Jersey 07470-5732 USA****Phone 973-872-9578****Email mspall1@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 being uninsulated low temperature hose, 1" with one actuator installed and 2 ball valves to isolate each tank.	\$ 14,500.00
Startup service 1 days which includes filling glycol, startup of chiller and setting up full operation of each tank	\$ 1,000.00
MSP will assist in final placement of each tank as they should not be secured into place until we have our piping done.	
Propylene Glycol 55 gallon drums 45% (2 required) @ \$ 700.00 per drum	\$ 1,400.00
9 Belimo Actuators \$300.00 per	\$ 2,700.00
Additional ports for the Pilot System will be installed	\$ 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	
<b>TOTAL before taxes</b>	<b>\$ 19,900.00</b>

***If you have any questions concerning this quotation contact Mark Pallito 973-872-9578  
Cell # 973-393-7933***

**THANK YOU FOR YOUR BUSINESS**



# CERTIFICATE OF LIABILITY INSURANCE

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

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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<b>PRODUCER</b> Allwood Fortenza Insurance PO Box 11029  Fairfield NJ 07004		<b>CONTACT NAME:</b> Pam Nardella <b>PHONE (A/C, No, Ext):</b> (973) 256-5500 <b>FAX (A/C, No):</b> (973) 882-5601 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> MSP Industrial Refrigeration Service, LLC 29 Hillcrest Drive  Wayne NJ 07470		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A :</b> Hartford Insurance CO <b>INSURER B :</b> Palisades Insurance <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
		<b>NAIC #</b> 30104 10791	

**COVERAGES**      **CERTIFICATE 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			13SBATZ8087	09/02/2018	09/02/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$								
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PAC00001060278	09/02/2018	09/02/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000								
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	13WBCIB3063	08/12/2018	08/12/2019	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
PER STATUTE	OTHER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000														
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)

<b>CERTIFICATE HOLDER</b>  Kraftify LLC 251 State School Road  Warwick NY 10990	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**Workers' Compensation Board**

**CERTIFICATE OF INSURANCE COVERAGE**  
under the NYS DISABILITY 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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>MSP INDUSTRIAL REFRIGERATION SERVICE LLC</b>  <b>29 HILLCREST DR</b>  <b>WAYNE, NEW JERSEY 07470</b></p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured  <b>973-672-7933</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  <b>20-1334709</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>THE DROWNED LANDS BREWERY</b>  <b>251 STATE SCHOOL RD</b>  <b>WARWICK, NY 10990</b></p>	<p>3a. Name of Insurance Carrier  <b>Guardian Life Insurance Co of America</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  <b>938875-0000</b></p> <p>3c. Policy effective period  <b>07/31/2019</b> to <b>07/30/2020</b></p>

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 07/31/2019 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 964-2150 Name and Title Dan Saltzman - President

**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**

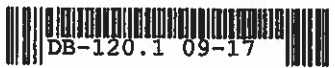
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

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

Telephone Number \_\_\_\_\_ Name and 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)













# CERTIFICATE OF LIABILITY INSURANCE

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(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 Joy Insurance Agency, Inc 639 E Main St Middletown, NY 10940	CONTACT NAME: Lorraine DiBella	PHONE (A/C No. Ext): (845) 342-4888	FAX (A/C No): (845) 342-9117
	E-MAIL ADDRESS: lorrained@joyinsurance.com		
INSURED Dwayne's Glass Works Llc And Clark Pockets Llc 8 Bridge St Florida, NY 10921	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: BERKSHIRE HATHAWAY LIFE INS CO NE		62345
	INSURER B: ERIE INSURANCE COMPANY		26263
	INSURER C: UNITED STATES LIABILITY INS CO		25895
	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.

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			DWBP002275	03/29/2019	03/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q01-7630204	01/28/2019	01/28/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10,000			CUP1560801	03/21/2019	03/21/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 Kraftify 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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New York State Insurance Fund

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

<b>POLICYHOLDER</b> DWAYNES GLASS WORKS LLC 8 BRIDGE STREET - SUITE A FLORIDA NY 10921		<b>CERTIFICATE HOLDER</b> KRAFTIFY LLC 251 STATE SCHOOL ROAD WARWICK NY 10990	
<b>POLICY NUMBER</b> W1439 766-5	<b>CERTIFICATE NUMBER</b> 205528	<b>POLICY PERIOD</b> 12/22/2018 TO 12/22/2019	<b>DATE</b> 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](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



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)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage
3a. Name of Insurance Carrier
3b. Policy Number of Entity Listed in Box "1a"
3c. Policy effective period

4. Policy provides the following benefits:
5. Policy covers:

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]
(Signature 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.
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
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.





## 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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)                  DWAYNE'S GLASS WORKS LLC                  8 BRIDGE ST STE A                  FLORIDA, NY 10921</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured                  (845) 651-1800</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number                  202806876</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)                  KRAFTIFYLLC                  251 STATE SCHOOL ROAD                  WARWICK, NY 10990</p>	<p>3a. Name of Insurance Carrier                  New York State Insurance Fund (NYSIF)</p> <p>3b. Policy Number of Entity Listed in Box "1a"                  DBL 5567 71 - 5</p> <p>3c. Policy effective period                  10/01/2019 to 10/01/2020</p>

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 10/14/2019 By *Melissa Jensen*  
(Signature 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.

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 \_\_\_\_\_  
(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.*





# CERTIFICATE OF LIABILITY INSURANCE

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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


<b>PRODUCER</b> Safetynet Insurance Agency, Inc. 200 ROUTE 32 STE 214  CENTRAL VALLEY NY 10917-3663		<b>CONTACT NAME:</b> Scott Dickson <b>PHONE (A/C No. Ext):</b> (845) 827-6900 <b>FAX (A/C No.):</b> (845) 827-6903 <b>E-MAIL ADDRESS:</b> safetynetins@optonline.net	
<b>INSURED</b> A. Prokosch & Sons Sheet Metal Inc 772 South St  Newburgh NY 12550		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> OHIO CAS INS CO NAIC # 24074 <b>INSURER B:</b> WEST AMER INS CO 44393 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	BKO53791669	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAO53791669	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		USO53791669	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	XWWW53791669	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)  
 THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED WITH RESPECT TO THE COMMERCIAL GENERAL LIABILITY FOR THE WORK BEING PERFORMED BY THE NAMED INSURED WHEN REQUIRED IN A WRITTEN AGGREETMENT BETWEEN ALL PARTIES.

<b>CERTIFICATE HOLDER</b>  KRAFTIFY LLC  251 STATE SCHOOL RD WARWICK NY 10990	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only) A PROKOSCH &amp; SONS SHEET METAL INC.  772 SOUTH ST NEWBURGH, NY 12550</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 845-562-4211</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 141512450</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Kraftify LLC 251 State School Road  Warwick NY 10990</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL51958</p> <p>3c. Policy effective period 10/01/2018 to 09/30/2020</p>

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 9/24/2019 By   
(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

**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 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.







# CERTIFICATE OF LIABILITY INSURANCE

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.

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


<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 4000 Midlantic Drive Suite 200 Mount Laurel NJ 08054	<b>CONTACT NAME:</b> Diana Steiner, AAI, CISR <b>PHONE (A/C, No, Ext):</b> 856-866-3288 <b>FAX (A/C, No):</b> 856-274-3663 <b>E-MAIL ADDRESS:</b> diana_steiner@ajg.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Campbell Fire Protection Inc. 43 Chestnut Street Suffern NY 10901	<b>INSURER A:</b> Crum & Forster Specialty Insurance Co <b>NAIC #</b> 44520
	<b>INSURER B:</b> ACE American Insurance Company <b>NAIC #</b> 22667
	<b>INSURER C:</b> Everest National Insurance Company <b>NAIC #</b> 10120
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER: 555291440**      **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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GLO-583276	5/11/2019	5/11/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		N10837881-008	5/11/2019	5/11/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 PROD/COMP OPS \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	5300000743-191	5/11/2019	5/11/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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)

<b>CERTIFICATE HOLDER</b>  Kruffy LLC 251 State School Road Warwick NY 10990	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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 INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> <b>State Farm</b> VIC TAFRO AGENCY STATE FARM INSURANCE 841 FRANKLIN AVE, STE 1 FRANKLIN LAKES NJ 07417	<b>CONTACT NAME:</b> VIC TAFRO <b>PHONE (AG No. Ext):</b> 201-848-5555 <b>FAX (AG No.):</b> 201-848-8333 <b>E-MAIL ADDRESS:</b> vic@victafro.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Indemnity Insurance Company NAIC # 43786 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> CAMPBELL FIRE PROTECTION INC PO BOX 59 MAHWAH, NJ 07430	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR) (WORD)	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		112 1551-A11-30	07/11/2019	07/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Krafty LLC 251 State School Rd Warwick, NY 10990	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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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

1a. Legal Name & Address of Insured (use street address only)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of Entity Requesting Proof of Coverage
3a. Name of Insurance Carrier
3b. Policy Number of Entity Listed in Box "1a"
3c. Policy effective period

4. Policy provides the following benefits:
5. Policy covers:

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 1/11/2019 By [Signature]
(Signature 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, Acting Head 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.
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 (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.



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

<b>PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier</b>	
<b>1a. Legal Name &amp; Address of Insured (use street address only)</b> CAMPBELL FIRE PROTECTION INC P.O. BOX 389 SUFFERN, NY 10901	<b>1b. Business Telephone Number of Insured</b> (845) 357-1441
<b>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</b>	<b>1c. Federal Employer Identification Number of Insured or Social Security Number</b> 223-41-5309
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  Krafty LLC 251 State School Road Warwick, NY 10990	<b>3a. Name of Insurance Carrier</b> New York State Insurance Fund (NYSIF) <b>3b. Policy Number of Entity Listed in Box "1a"</b> DBL 5388 70 - 2 <b>3c. Policy effective period</b> 01/06/2005 to 01/06/2021
<b>4. Policy provides the following benefits:</b> <input checked="" type="checkbox"/> A. Both disability and paid family leave benefits <input type="checkbox"/> B. Disability benefits only <input type="checkbox"/> C. Paid family leave benefits only <b>5. Policy covers:</b> <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law <input type="checkbox"/> B. Only the following class or classes of employer's employees:  <hr/> <hr/>	
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 <u>1/11/2020</u> By <u><i>Melissa Jensen</i></u> <small>(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</small> Telephone Number <u>(866) 697-4332</u> Name and Title <u>Melissa Jensen, Acting Head of Disability Insurance Unit</u>	
<b>IMPORTANT:</b> 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.  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	
<b>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)</b>	
<p align="center"><b>State of New York Workers' Compensation Board</b></p> <p>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.</p>	
Date Signed _____ By _____ <small>(Signature of Authorized NYS Workers' Compensation Board Employee)</small>	
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 530546







Workers' Compensation Board

**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only) ELECTROLOCK, INC D/B/A SUFFERN LOCKSMITH &amp; ALARM 87 LAFAYETTE AVENUE SUFFERN, NY 10901</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured  0000000000</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  13-3928925</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Drowned Lands Brewery 251 State School Road Warwick, NY 10990</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" 66122-00</p> <p>3c. Policy effective period 1/1/2014 to 11/24/2020</p>

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 11/26/2019 By *Bela J. Shapiro*  
(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

**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 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)





Workers' Compensation Board

**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**

<p>1a. Legal Name &amp; Address of Insured (use street address only) ELECTROLOCK, INC D/B/A SUFFERN LOCKSMITH &amp; ALARM 87 LAFAYETTE AVENUE SUFFERN, NY 10901</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 0000000000</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 13-3928925</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Drowned Lands Brewery 251 State School Road Warwick, NY 10990</p>	<p>3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York</p> <p>3b. Policy Number of Entity Listed in Box "1a" 66122-00</p> <p>3c. Policy effective period 1/1/2014 to 11/24/2020</p>

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 11/26/2019 By *Bela J. Spasnik*  
(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

**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 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)





# **LOEWKE BRILL**

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

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](http://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.

APPLICANT NAME: Kraftify LLC
CONTACT: Mike Krcan
PHONE (B) 973-346-7217 PHONE (CELL) ''
FAX EMAIL Mike@paveisbrewery.com

REASON FOR REQUEST

- 1) Warranty issues related to installation of specialized equipment whereby the manufacturer requires installation by only approved installers. - EXPLAIN
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

Applicant Signature: [Signature] Date: 12/11/19
Amount of Contract Needing Verified Exemption: 12,000
Number of Workers Needing Verified Exemption(s): 23

Send 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

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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 <jperez@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 (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

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

# JB INSULATION & DRYWALL

56 Spruce Street, Oakland, NJ 07436 • (201)485-8990  
License Number: 13VH09052600

## PROPOSAL

**Client #** 1912096227  
Kraai, Mike  
Drowned Lands Brewery  
251 State School Rd  
Warwick,

**Job #** 1903251862  
251 State School Rd - Drywall  
Drowned Lands Brewery  
Warwick, NY

Contact:  
(973)396-7217 (phone)

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

Patch & Repair As Needed

Over existing plaster walls on first floor by front foyer and bathrooms. To be screwed and glued.

First Floor Ceiling

Bath Walls & Ceilings

General Areas Ceilings & Walls

#### Material

1/4" Drywall

5/8" Drywall

1/2" Moisture Resistant

Level 3 Finish - 3 Coats & Sand

Terms: 50% deposit & balance due upon completion

### Second floor

#### Work Area

Bath Walls & Ceilings

#### Material

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 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**

<p>1a. Legal Name &amp; Address of Insured (use street address only)                  JB INSULATION &amp; DRYWALL LLC                  56 SPRUCE ST # 2                  OAKLAND, NJ 07436-1830</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured                  (201) 485-8990</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number                  473782982</p>
--	---

<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)                  KRAFTIFY LLC, KRAFTIFY HOLDINGS LLC                  251 STATE SCHOOL ROAD                  WARWICK, NY 10990</p>	<p>3a. Name of Insurance Carrier  <b>New York State Insurance Fund (NYSIF)</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"                  DBL 6643 41 - 6</p> <p>3c. Policy effective period                  07/04/2019 to 07/04/2020</p>
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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 12/23/2019 By   
(Signature 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.

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 \_\_\_\_\_  
(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.





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



011 Allstate Insurance Company  
Name & Address of Issuer:  
Allstate Insurance Company

Policy Number  
**000000013416521**

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

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:

Applicable with respect to the following Motor Vehicle:

Year/Make  
2019 RA/VA

Vehicle Identification Number  
3C6TRVAG1KE535240

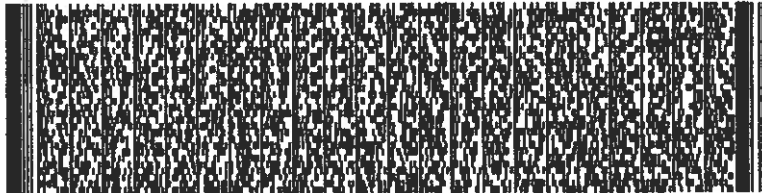
**WETTSTEIN, MICHAEL  
21 SOUTHERN LANE  
WARWICK NY 10990**

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 WORKERS' COMPENSATION INSURANCE**



SCAN TO VALIDATE  
AND SUBSCRIBE

\*\*\*\*\* 141548410  
LOVELL SAFETY MGMT CO., LLC  
110 WILLIAM STREET 12TH FLR  
NEW YORK NY 10038

<b>POLICYHOLDER</b> ALLIED EXCAVATING INC 71 WATERBURY ROAD WARWICK NY 10990		<b>CERTIFICATE HOLDER</b> KRAFTIFY, LLC 251 STATE SCHOOL ROAD WARWICK NY 10990	
<b>POLICY NUMBER</b> Z2252 190-0	<b>CERTIFICATE NUMBER</b> 981704	<b>POLICY PERIOD</b> 04/01/2019 TO 04/01/2020	<b>DATE</b> 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](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

**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

<b>POLICYHOLDER</b> ALLIED EXCAVATING INC 71 WATERBURY ROAD WARWICK NY 10990		<b>CERTIFICATE HOLDER</b> KRAFTIFY, LLC 251 STATE SCHOOL ROAD WARWICK NY 10990	
<b>POLICY NUMBER</b> Z2252 190-0	<b>CERTIFICATE NUMBER</b> 981705	<b>POLICY PERIOD</b> 04/01/2020 TO 04/01/2021	<b>DATE</b> 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](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 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) ALLIED EXCAVATING INC 71 WATERBURY RD WARWICK, NY 10990 1b. Business Telephone Number of Insured 845-986-3516 1c. Federal Employer Identification Number of Insured or Social Security Number 141548410 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Kraftify, LLC 251 State School Road Warwick, NY 10990 3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL53550 3c. Policy effective period 01/01/2020 to 12/31/2020

4. Policy provides the following benefits: [X] A. Both disability and paid family leave benefits. [ ] B. Disability benefits only. [ ] C. Paid family leave benefits only. 5. Policy covers: [X] A. All of the employer's employees eligible under the NYS 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 3/19/2020 By [Signature] (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

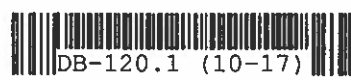
Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

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 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.





**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, Oriskany NY 13424  
 Mail Address - P.O. Box 851, Utica, NY 13503-0851

Direct Billed - Insured

Policy Number: **ART 5125766 01**  
 Renewal of Number:

**NAMED INSURED AND MAILING ADDRESS** (Number Street, Town or City, County, State, Zip Code)  
 LAKESTATION REPAIR &  
 RENOVATIONS, DANIEL CRANDALL  
 6 LAKESTATION RD (DBA)  
 WARWICK NY 10990

Agent 2598031  
 FTP INC  
 131 WHITE OAK LANE  
 OLD BRIDGE, NJ 08857

**POLICY PERIOD:** 12:01 A.M. Standard Time at the Location of Designated Premises.  
 03/01/20 To 03/01/21

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.

**LIABILITY INSURANCE**

COVERAGE	LIMITS	ANNUAL PREMIUM
Each Occurrence Limit	\$ 1,000,000 /per occurrence	Included
Medical Payment Limit	\$ 5,000 /per person	
General Aggregate Limit (other than Products/Completed Work)	\$ 2,000,000	
Aggregate Limit (Products/Completed Work)	\$ 2,000,000	
Fire Legal Liability	\$ 100,000 /per occurrence	
Personal and Advertising Injury	\$ 1,000,000 /per occurrence	
Property Damage Deductible	\$ 0	

**PROPERTY INSURANCE**

COVERAGE	DEDUCTIBLE	LIMIT	AUTOMATIC INCREASE %	REPLACEMENT COST	ACV	PROTECTIVE DEVICES	ANNUAL PREMIUM
Building							
Business Personal Property							
Loss of Income							
Business Personal Property- Off Premises							

**FORMS AND ENDORSEMENTS SEE FORMS INVENTORY PAGE**

FORM NUMBER	DESCRIPTION	ANNUAL PREMIUM
BAI-1	Blanket Additional Insured (Contractors)	Included

\$150 Minimum Retained Premium

Name and Address of Mortgagee:

	ANNUAL
SUB TOTAL	\$1,075.00
NYS Fire Fee	\$ 0.00
POLICY TOTAL	\$1,075.00

*[Signature]*

Our Authorized Representative  
 Countersignature Date 12/30/19





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

<b>PRODUCER</b> Edgewood Partners Insurance Center P. O. Box 1689  Pearl River NY 10965		<b>CONTACT NAME:</b> Susan Hanley <b>PHONE (A/C, No, Ext):</b> (201) 661-2000 <b>E-MAIL ADDRESS:</b> susan.hanley@epicbrokers.com <b>FAX (A/C, No):</b> (201) 661-2489	
<b>INSURED</b>  Kraftify LLC DBA: Pine Island Brewing 682 County Route 1 Pine Island NY 10969		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> America Fire and Casualty Co	<b>NAIC #</b> 24086
		<b>INSURER B:</b> Ohio Security Insurance Co	24082
		<b>INSURER C:</b> The Ohio Casualty Insurance Company	24074
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 20-21 Master**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	SUBR	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					BKA56345513	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BAS56345513	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					USO56345513	03/01/2020	03/01/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y/N	XWA59490613	03/07/2020	03/07/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000
A					N/A	BKA56345513	03/01/2020	03/01/2021	

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

Evidence of Insurance

**CERTIFICATE HOLDER****CANCELLATION**Kraftify LLC DBA Pine Island Brewing  
682 Route 1 Suite B

Pine Island

NY 10969

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



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)
KFAFTIFY LLC.
DBA: PINE ISLAND BREWING
682 COUNTY ROUTE 1
PINE ISLAND, NY 10969
1b. Business Telephone Number of Insured
9733967217
1c. Federal Employer Identification Number of Insured or Social Security Number
47-1392536
2. Name and Address of Entity Requesting Proof of Coverage
Kraftify LLC
DBA Pine Island Brewing
682 County Route 1
Pine Island, NY 10969
3a. Name of Insurance Carrier
Standard Security Life Insurance Company of New York
3b. Policy Number of Entity Listed in Box "1a"
R15408-000
3c. Policy effective period
3/7/2016 to 5/19/2021

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 5/20/2020 By [Signature]
(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

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 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.

