

# **Decorating Service Proposal**

Town of Orangetown 26 W Orangeburg Rd, Orangeburg, NY 10962

8/20/2024

Deposits D	ue by October	1	
Description	Location	Color	Total
Install, Maintain, Remove and Store Existing Display that includes:			14,900.00
4 foot pole mount snowflakes on Central ave 5.5 foot pole mount snowflakes on telephone poles at corner of Rte 304 5.5 foot pole mount snowflakes on telephone poles on Middletown Rd Over the street skylines on Central Ave below railroad tracks and at Central Ave field			
Install Mini lights on all decorative light poles in downtown area			
Price includes installation, maintenance, removal and storage			
		Subtotal	\$14,900.00
		Sales Tax (0.0	<b>%)</b> \$0.00
		Total	\$14,900.00
50% deposit or payment in full due prior to ins	tallation. Balance	due upon completio	on of installation.
☐ I would like to 1	make my 50% depo	esit	
☐ I would like to	make my payment	in full	
CC#	Exp Date	Security Code	
Remaining balances	are due upon installa	tion.	
Terms a  Please sign and date in the designated area on the proposal and agree to the policies, terms and conditions outlined on the rev giving written notice to the service pro	verse of this page. Custo	omer has the right to resc	
Installation services begi	n approximately Octob	oer 15th.	
I would prefer my display be taken o	down on or about		
Please note installation dates are on a first come first	serve basis, we will a	lo our best to accomod	late any requests.
Signature:	Date: Prin	t Name:	

PEARRIV-01

**JBENNETT** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/9/2024

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

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

	SUBROGATION IS WAIVED, subjecting certificate does not confer rights	require an endorsem	ent. A	statement on								
PRO	DUCER			RECEIVED	CONTACT NAME:							
	ıry, Donnelly & Parr, Inc. Commerce St.				PHONE (A/C, No, Ext): (410) 685-4625 FAX (A/C, No): (410) 685-307							
	imore, MD 21202				E-MAIL ADDRESS:							
			A	UG <b>26</b> 2024	INSURER(S) AFFORDING COVERAGE							
				20 2024	INSURER A : American Casualty Co. of Reading, PA 20427							
INSU	JRED	TOW	N O	F ORANGETOWN	INSURE	RB:						
	The Pearl River Chamber of P.O. Box 829	F.C.	Men	PEDFPARTATIONN	INSURE	RC:						
	P.O. Box 829 Pearl River, NY 10965			- MINMENT	INSURE	RD:						
	Pearl River, NT 10905				INSURE	RE:						
		ev sassista		1995 S// Valenty 34 - 97 S0	INSURE	RF:						
				E NUMBER:				REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RES	PECT TO	O WHICH THIS				
INSR	XCLUSIONS AND CONDITIONS OF SUCH			BEEN F								
LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		MITS	1,000,000		
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X		4025932540		7/1/2024	7/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PCCT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person	) \$			
	OWNED SCHEDULED AUTOS				BODILY INJURY (Per accider	nt) \$						
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$							LOSD LOTH	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			_		PER OTH- STATUTE ER	*					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOY	EE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMI	T \$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is listed as an additional insured												
					CANC	ELLATION						
CE	RTIFICATE HOLDER  Town of Orangetown 26 W. Orangeburg Road				SHO	ULD ANY OF	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL LY PROVISIONS.				
	Orangeburg, NY 10962				AUTHO	RIZED REPRESE	NTATIVE					

# TOWN OF ORANGETOWN ALCOHOLOC BEVERAGE PERMIT AGREEMENT

By requesting and accepting permission from the Town of Orangetown to dispense alcoholic beverages on Town property in accordance with Town Code §10-4(B), in addition to any other obligation undertaken and assumed by the Applicant/Permittee as part of the application, or otherwise under the law, the Applicant further agrees:

#### **INSURANCE:**

The Permittee shall procure and maintain throughout the period of the Permit insurance coverage, naming the Town of Orangetown, its officers, employees and agents as additional insured thereon, in the following amounts:

 General Liability Insurance in a minimum amount of One Million Dollars (\$1,000,000.00) per individual and Two Million Dollars (\$2,000,000.00) per occurrence for bodily injury, including death;

#### INDEMNIFICATION:

The Applicant/Permittee further agrees, to the fullest extent permitted by law, to indemnify and hold harmless the Town of Orangetown, its officers, employees, and agents, against all claims, suits, actions, liabilities, losses, costs, damages or expenses and costs of every description including reasonable attorney's fees and other costs expenses of litigation arising out of, or directly or indirectly due to, wholly or in part, any act or omission of Applicant/Permittee and/or the Applicant/Permittee's invitees, agents and/except to the extent caused by the negligence and/or willful misconduct of the Town of Orangetown.

The Permittee's obligations under this section shall not be deemed waived, limited or discharged by the procurement or enumeration of any insurance for liability for damages. The termination of this Permit for any reason shall not release Permittee from its obligations under this section.

#### **ENTITY INFORMATION:**

If the Applicant/Permittee is not an individual, the Applicant/Permittee is required to provide proof that the entity is an entity organized and operating under the laws of the State of New York, or another state, and shall provide a Certificate of Good Standing or other such proof satisfactory to the Town that the entity is in good standing at the time of application.

### **COMPLIANCE WITH STATE LIQUOR AUTHORITY:**

The applicant agrees that it will abide by any and all regulations of the New York State Liquor Authority (SLA), including requiring any persons or entities dispensing alcoholic beverages pursuant to this request to have appropriate licenses from the SLA for such purpose, and ensuring they shall abide by all rules and conditions of the SLA with respect to said license and dispensing alcoholic beverages outside of regular establishments.

### **GOVERNING LAW:**

The Applicant/Permittee agrees that in the event of any of any claim, cause of action, lawsuit, loss or any legal action arising out of the activities of the Applicant/Permittee regarding activities related to the issuance of this permit in which the Town is a party or which the Town seeks to name the Applicant/Permittee as a party shall be subject to and conclusively resolved in accordance with the laws of the State of New York, and without giving effect to the conflict of laws provisions thereof. Venue for the resolution of any such dispute shall be the Supreme Court of the State of New York, Rockland County and by signing below, the Applicant/Permittee consents to jurisdiction thereof.

By signing below, the undersigned represents that he/she has the authority to bind the Applicant/Permittee to the terms of the Application and binds the applicant hereto.

APPLICANT/PERMITTEE:

Pearl River Board of Trade

Organization/Entity/Individual Name:

State/Date of Incorporation (If Applicable): N7 1958
Proof of Good Standing provided: Yes No
Signature of Responsible Officer  Michael O Sallivan  (Print Name and Position)
STATE OF NEW YORK )
county of rockland )
On the day of the day
APPROVED:  Carmel Reilly  Notary Public, State of New York  No. 01RE6049859  Qualified in Rockland County  Commission Expires October 23,
Teresa M. Kenny, Town Supervisor Town Board Resolution No

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	9	Units SF	uding Prep (Allowance) - Qty 10,000,
	\$		Amount \$ 18,027.45 \$ 38,193.75 \$
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		-	chell Products) - Qty 30,555,
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	8	\$	Unit Cost \$
	+		%) - Qty 12,222, Units SF
<u> </u>	<b>∞</b> €	<del>\$</del>	\$68. 832.00\$ 53 775.00\$
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	8		\$ 36,000,00 \$ 36,000.00  \$
	↔ 🛠	\$ 5	\$ 3,00 \$ 3.00
	,		uring & edging) - Qty 12,000,
<u> </u> 	<del>⇔</del> €	<del>∽</del> €	Amount \$ 5.714,10 \$ 6,426.00 \$
, Units SF	v) - Qty 630, Units (	g included below) -	New Bunker Construction (including grading, shaping, edging & drainage - lining
	\$	\$	\$\delta \text{Amount} \\$ 43,391.2\\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	\$	8	\$ 1.33 \$ 8.00 \$
		32,625, Units SF	Material Incl Shaping & Tie-in - Qty
<u> </u>	<del>\$</del> 6	<del>⊗</del> €	19648.00
	Ð	9	Perforated (4") N-12 Drain Pipe with Gravel (Allowance) - Qty 800, Units LF
	8	\$	Amount \$ 11,470.00 \\$ 5,000.00 \\$
	\$	\$	5,00 \$
	Ð	9	Bunker Gravel/Pipe Removal & Disposal (Allowance) - Oty 1,000, Units LF
<u> </u>	9 4	9 4	100
	<del>)</del>	0	ch Hole - Qty 62,550, Units
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	<del>2</del>	<del>&gt;</del>	Survey - Qty 1, Units LS  [Init Cost S21 71232 S 000.00 S
	\$	8	Amount \$2162.34
	<b>→ ↔</b>	<b>→ ←</b>	Unit Cost \$ 2162, 500,000,00
	é	ŧ	\$, 000.00
	A 60	A 60	Unit Cost \$23, 990.00 \$ 2,000.00 \$
	-	-	
<u> </u>	<del>\$\frac{\partial}{2}</del>	<del>\$</del>	Amount \$4,380.76 \$40,000.00 \$
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	\		ADDRESS OF TO THE TOTAL
		,	CONTRACTOR STATE OF S
	10/10/24	DATE	BID OPENING TIME 11:00AM
ıf 2	Page 1 of 2		BID ITEM BHGC - BUNKER RENOVATION

615,816.38 (total) \$320,092.12 total = 460,666.05	Unit Cost \$ 1.18 \$ 1.03 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$24,983.55\\$52,931.25\\$  \$ \\ \frac{1}{2} \\	in, 6" max) - Qty 42,345, Units SF	its SF	Amount \$ 86,077,60\$ \$ 6.50	42,345, Units LF	176 18 1.50 8 8 8 1.50 8	Powerwash Better Billy Bunker Liner, remove & dispose of loose gravel & sand - Oty 42,345, Units LF	1.30 \$	\$ <b>8</b> ,000.00 \$ v 42.345 Units SF	\$ Amount \$12,358.00 \$ 2,000.00 \$	358.00 \$ 2.000.00 \$  \$	Amount \$ 369.75 \$	\$ 40 pop po   \$     \$	DS BUNKER LINER REPAIR OPTION	\$ 250.00 \$ \$	12") {Allowance} - Qty 10, Units EA	Unit Cost \$ 21.43 \$ 28.00 \$	* 1, 770.00 * 1,545.00  *	Unit Cost \$ 1.18 \$ 1.03 \$	\$ 11,9 70.00  \$ 12,780.00  \$  \$  \$  \$ Install Rough Grass Sod for Removed Cart Path - Oty 1,500, Units SF	\$ 6.65 \$ 7.10 \$ \$ 1,800, Omis	\$ 3,834,00 \$ 3,600.00 \$ \$ \$ \$	Unit Cost \$ 2,13   \$ 2.00   \$   \$   \$	Amount \$2,505.00 \$ 4,500.00 \$	Remove Existing Base Material & Fill with New Cart Path Excavated Material - Qty 1,500, Units SF  Unit Cost \$ 1.67   \$ 3.50   \$   \$   \$	Amount \$ 2,520.00 \$ 5,625.00 \$ \$	Unit Cost \$ 1.68   \$ 3.75   \$   \$   \$	,500.00	1, Units LS	Amount \$76,700.00 \$66,950.00 \$	Disturbance Including Prep (Allowance) - Qty 65,000	BID ITEM  BHGC - BUNKER RENOVATION  PE	
\			\$	\$	\$ 8	9	9 9	its LF	\$	\$	\$ \$	\$	\$	<del>•</del>	9	2 9	4	8	\$	\$	\$	\$	\$	\$	\$	s SF	\$	-		7	\$	Units SF	Page 2 of 2	

### **Application for Showmobile Use**



# Showmobile Requirements

Applications must be submitted to the Parks & Recreation Office no later than 8 weeks prior to your event in order to be placed on a Town Board agenda.

**There are two pages to this application.** Please read and understand all items listed on page 1 (this page) and upload your certificate of insurance.

Click "next" to advance to page 2 and fill out all requested information.

Upload Certificate of COINyack Chamber of Commerce.pdf Insurance\*

51.61KB

#### Before completing the Showmobile Request Form, please be aware of the following:

- + The total area needed for the Showmobile is a space 50 feet in length, 15 feet in width and 25 feet in height.
- + Showmobile stage measures 28 feet long x 14 feet 7 inches deep x 25 feet high when open. One set of stairs is available with hand railings. (Please note that this measurement does not include the trailer hitch or the tow vehicle).
- + The lights require a 110 volt, 20 amp circuit to plug into within 150 feet of the right front side of the Showmobile. Additional electrical equipment must be plugged into a separate circuit.
- + The Showmobile must be parked in a relatively level space. The placement of the Showmobile is at the discretion of the Orangetown Parks & Recreation staff. Although every effort will be made to meet requests, this equipment does not go off road, over curbing, on uneven ground or over rough terrain.
- + The area must be free of obstructions such as overhanging tree limbs, electrical wires, etc.
- + The tow vehicle must remain with the Showmobile for the duration of the event.
- + In the event of winds in excess of 30 MPH, the stage canopy must be closed.
- + The Town seal is not to be covered and no nails, staples, tacks or tape may be used to attach any items to the Showmobile)
- + The organization will receive an emailed invoice after their event is complete. Payment is expected no later than 14 days after receipt of invoice.
- + A member of the organization renting the unit must be on site at time of arrival for proper set up as well as time of departure to assure all event tasks have been completed (i.e. removal of equipment)
- + Any changes/cancellations (unless otherwise agreed upon) to the event must be made 24 hours in advance by contacting Aric Gorton at agorton@orangetown.com.

#### **Additional Requirements:**

- + Certificate of insurance required. Must name the Town of Orangetown as additionally insured.
- + Rental Costs: \$500.00 plus labor.

# Showmobile Application

# **Event Information Event/Festival**

Nyack Halloween Parade

Name \*

**Event Location** Name \*

Main Street Municipal Parking Lot at Riverspace

Event Address\*

Street Address

Main Street Municipal Parking Lot

Address Line 2

City State / Province / Region

NY Nyack Postal / Zip Code Country 10960 Rockland

10/26/2024 Setup Date & Time \*

12:00:00 PM

Take-Down Date &

Time \*

10/26/2024

09:00:00 PM

Stair Arrangement \*

Right side of stage

Left side of stage

Front of stage

Not Sure

Set-up Info\*

Please describe in detail what the stage will be used for and how you intend to set it up. If you have a rain date, please list it here so long as all the information above is the same.

Village of Nyack Municipal Parking Lot at the old Riverspace Theater, Main Street and Franklin, Bordered by Artopee Way to be positioned on the west side of the lot

facing Main Street.

Placement \*

Pavement

Grass/Field

Other

# Applicant Information

Applicant's Name \* Pam Moskowit

Nyack Chamber of Commerce Organization Name \*

Organization

Address \*

PO Box 677

Organization City\*

Nyack

Organization State\*

Phone (w) \*

845-353-2221

Phone (c)\*

845-494-3408

Email\* pam@nyackchamber.org

Signature\*

Pam Moskowitz

The Permit Holder agrees that it shall be liable and responsible for any property damage to the Showmobile as a result of the Permit Holder's use thereof, and agrees to defend, save, indemnify and hold harmless the Town, and all of its agents, officials, officers, servants and employees, by reason of any claim, suit, action or causes of action, lawsuit or legal proceeding arising out of the Permit Holder's use of the Showmobile, and shall execute a hold harmless agreement to that effect as a condition of the issuance of a permit. The Permit Holder shall procure and maintain general liability insurance and name the Town as an additional insured thereunder, in an amount as shall protect the Town from claims for bodily/personal injury, including accidental death, and from claims for property damage, which may arise from the Permit Holder's use of the Showmobile, and as part of the agreement to defend, indemnify and hold the Town harmless as set forth herein.

By checking this box and submitting this form, I acknowledge I have read, understand, accept, and agree to the above terms and conditions.

\* I accept the terms and conditions

**Date** 6/20/2024

11:11:52 AM



**LDEGENNARO** 

DATE (MM/DD/YYYY) 6/19/2024

### CERTIFICATE OF LIABILITY INSURANCE

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tŀ	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)									
PRO	DUCER				CONTACT Kenya Duckworth										
	isure Insurance Partners Services of I	NY, L	.LC		PHONE (A/C, No			FAX (A/C, No):							
	S. Ridge Street Brook, NY 10573				E-MAIL	oo kduckwa	orth@acrisi	Jre.com							
ıvyc	100K, 141 10373				ADDRE	E-MAIL ADDRESS: kduckworth@acrisure.com  INSURER(S) AFFORDING COVERAGE NAIC									
									Vaul	NAIC#					
							nerican insu	rance Company of New	TOIK	22136					
INSU	JRED				INSURER B:										
	Nyack Chamber of Commerc	ce			INSURE	R C :									
	P.O. Box 677 Nyack, NY 10960				INSURE	R D :									
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^						40/04/0000	40/04/0004	DAMAGE TO RENTED	\$	100,000					
	CLAIMS-MADE X OCCUR	X		MAC0006681-16		10/21/2023	10/21/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000					
								MED EXP (Any one person)	\$	1.000.000					
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	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000					
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000					
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	ANY AUTO							BODILY INJURY (Per person)	\$						
	OWNED SCHEDULED AUTOS ONLY								\$						
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	_						
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$						
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$						
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$						
DES RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI Spring Fest 2024 street fair. 4/14/2024, I 24. SeptemberFest 2024 street fair. 9/8/2	LES (A Farma 2024,	ACORE ers M Hallo	0 101, Additional Remarks Schedu larket. All year, every Thur oween Parade 2024 10/26/2	ıle, may b sday. V 2024 Ra	e attached if mor Vednesday be in date 10/27/	e space is requir efore Thanks (2024. ORAN)	red) giving 11/27/2024, Exotic GETOWN POLICE DEPAR	Car Sh	ow 2024. T IS					
INCI	LÚDEĎ AS ADDITIONAL INSURED UND	ER G	ENE	RAL LIABILITY WHERE RE	QUIRE	D BY WRITTE	:N CONTRAC	т.							
CE	RTIFICATE HOLDER				CANCELLATION										
	ORANGETOWN POLICE DEF TOWN OF ORANGETOWN 26 ORANGEBURG ROAD	PART	ГМЕЛ	ІТ	THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.							
	ORANGEBURG, NY 10962				AUTHO	RIZED REPRESE	NTATIVE								
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**LDEGENNARO** 

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	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	ct to	the	terms and conditions of	the po	licy, certain	policies may					
	DUCER	0 1110	. 0011	moute notice in nea or se	CONTA	ст Kenya D	uckworth					
Acri	sure Insurance Partners Services of	NY, L	LC		PHONE			FAX (A/C, No)				
90 S Rve	S. Ridge Street Brook, NY 10573				(A/C, No	<sub>SS:</sub> kduckwo	orth@acrisi					
,.	5100K, 141 10070				ADDRE			RDING COVERAGE		NAIC #		
					INICIIDE			rance Company of New	/ York	22136		
INSI	JRED				INSURE		nonoun mou	manos company or non	TOIR	22100		
	Nyack Chamber of Commer				INSURE							
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	Nyack, NY 10960				INSURE							
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LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	1,000,000		
Α	X COMMERCIAL GENERAL LIABILITY			MA 00000001 10		40/04/0005	40/04/000:	EACH OCCURRENCE DAMAGE TO RENTED	\$	100,000		
	CLAIMS-MADE X OCCUR	X		MAC0006681-16		10/21/2023	10/21/2024	PREMISES (Ea occurrence)	\$	5,000		
								MED EXP (Any one person)	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident	\$			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
		N/A						E.L. EACH ACCIDENT	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
8/8/2	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Spring Fest 2024 street fair. 4/14/2024, 24, SeptemberFest 2024 street fair. 9/8/ JRED UNDER GENERAL LIABILITY WH	2024	, Hallo	oween Parade 2024 10/26/2	2024 Ra							
CE	RTIFICATE HOLDER				CANCELLATION							
	VILLAGE OF NYACK 9 NORTH BROADWAY NYACK, NY 10960				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE ( IEREOF, NOTICE WILL CY PROVISIONS.				
	*				AUTHO	RIZED REPRESE	NTATIVE					
						$\sim$						

Town of Orangetown
<b>DATE: October 22, 2024</b>

# WARRANT

Warrant Reference	Warrant #	Amount
Approved for payment in the amount of		
	100224	\$ 121,300.64 utilities & other
	100924	\$ 177,086.86 utilities
	102224	\$ 1,452,816.51
		\$ 1,751,204.01

The above listed claims are approved and ordered paid from the appropriations indicated.

Supervisor Teresa M. Kenny

APPROVAL FOR PAYMENT									
AUDI	TING BOARD								
Councilman Gerald Bottari	Councilman Paul Valentine								
-									
Councilman Daniel Sullivan	Councilman Brian Donohue								

# TOWN OF ORANGETOWN FINANCE OFFICE MEMORANDUM

TO: THE TOWN BOARD

FROM: JEFF BENCIK, DIRECTOR OF FINANCE

**SUBJECT: AUDIT MEMO** 

**DATE:** 10/17/24

**CC:** DEPARTMENT HEADS



The audit for the Town Board Meeting of 10/22/2024 consists of 3 warrants for a total of \$1,751,204.01.

The first warrant had 17 vouchers for \$121,300 and was for utilities.

The second warrant had 34 vouchers for \$177,086 and was for utilities.

The third warrant had 147 vouchers for \$1,452,816 and had the following items of interest.

- 1. A+ Technology & Security (p1) \$7,482 for DEME software.
- 2. Bolkema Fuel (p11) \$8,047 for DEME fuel.
- 3. Calgi Construction (p12) \$15,125 for part time construction management services.
- 4. Crown, Castle Fiber (p13) \$6,768 for connectivity.
- 5. Global Montello (p20) \$24,454 for fuel.
- 6. Goosetown Enterprises (p21) \$9,827 Police leases.
- 7. Kuehne Chemical Co (p27) \$14,862 for sewer chemicals.
- 8. Longo Electrical-Mechanical (p28) \$5,630 for repairs to DEME sludge press.
- 9. Miller Energy (p29) \$8,860 for DEME flow meter installation.
- 10. NYPA (p31) \$21,278 for streetlight project.
- 11. NYS Dept. of Civil Service (p32) \$1,038,108 for health care benefits.
- 12. Santiego Worldwide (p38) \$16,968 for relocating Building Dept. to new town hall.
- 13. Savatree (p38) \$134,652 for tree removal at Blue Hill GC.
- 14. Tilcon NY (p44) \$5,686 for Highway materials.

15. Virtuit Systems (p48) - \$23,144 for outside IT consultants.

Please feel free to contact me with any questions or comments.

Jeffrey W. Bencik, CFA 845-359-5100 x2204