

Phone: (845) 679-2113
Ext. 17: Supervisor; Fax: (845) 679-7915
Ext. 14: Town Clerk; Fax: (845) 679-8743
Ext. 11: Assessor
Ext. 13: Building Dept. Code Enforcement
Ext. 16: Planning Board
Ext. 18: Zoning Board of Appeals
Ext. 18: Environmental Commission
Ext. 18: Commission for Civic Design

FAX: (845) 679-8743
Assessor, Bldg. Dept., Planning Board,
Zoning Board of Appeals, CCD, WEC

Incorporated 1787



Colony of the Arts

Highway Department: (845) 679-2805
Fax: (845) 679-2813
Justice Court: (845) 679-6345
Fax: (845) 679-6826
Police/Fire/Emergency: (845) 679-2422
Fax: (845) 679-2009
Water/Sewer Dept.: (845) 679-2356
Fax: (845) 679-0317
Youth Center: (845) 679-2015
Fax: (845) 679-8032

WEBSITE: www.woodstockny.org
E-MAIL: info@woodstockny.org

May 3rd, 2022

Town of Hurley
Attn: Supervisor McKnight
P.O. Box 569
Hurley, NY 12443

Dear Supervisor McKnight

Enclosed are two Original Copies of the Shared Services Agreement between the Town of Woodstock and the Town of Hurley. Please complete the following:

1. Please insert the date of final signature execution on the first page of each copy of the agreement.
2. Please sign where indicated on each of the two (2) Original Copies.
3. Please return 1 completed Original Copy with required insurance certificates to:

Supervisor McKenna
Town of Woodstock
45 Comeau Drive
Woodstock, NY 12498

Please feel free to reach out with any questions.

Sincerely,

Bill McKenna, Supervisor
Town of Woodstock

Shared Services Agreement

THIS AGREEMENT, is entered into by and between the **TOWN OF WOODSTOCK** having its principal place of business at **45 Comeau Drive, Woodstock, New York, 12498** and **TOWN OF HURLEY**, having its principal place of business at **P.O. Box 569, Hurley, NY 12443** (hereinafter referred to as the "Party" or Parties") It is understood that any specific time, one party maybe the "Lender" and the other party maybe the "Borrower" as the case may be.

WHEREAS, this Agreement is made pursuant to Article 5-G of New York General Municipal Law, and Sections 102, 133-a, and 135, of New York Highway Law; and

WHEREAS, the Parties agree that a cooperative arrangement such as is established hereby is in the best interests of the citizens of the respective municipalities; and

WHEREAS, each Party hereto has certain highway, non-highway, specialty equipment and/or skilled personnel (including equipment operators) that may be available from time to time; and

WHEREAS, it is possible to make such equipment and/or personnel available for use by others when it is in the public interest; and

WHEREAS, such cooperative efforts may be for a scheduled short duration of time, an unanticipated event, and/or an emergency; and

WHEREAS, each Party has authorized their respective Highway Superintendent or other appropriate Department Heads to act using their discretion pursuant to this Agreement; and

NOW THEREFORE, it is mutually agreed between the Parties as follows:

1. **SERVICES:** The Parties may loan certain highway, non-highway, specialty equipment and/or skilled personnel (including equipment operators) materials and/or supplies that may be available from time-to-time to the other Party. All such items shall be loaned at the discretion of the respective Highway Superintendent and/or other appropriate Department Head.
2. **TERM OF AGREEMENT:** This Agreement shall take effect on _____ and shall continue in full force and effect for five (5) years from the effective date identified above.
3. **EMPLOYEES:** Each Party shall remain fully responsible for its own employees, including salary, benefits and workmen's compensation insurance. From time to time, machinery and equipment may be loaned under this agreement with an operator. The operator shall be subject to the direction and control of the Highway Superintendent of the Borrower in relationship to the manner in which the work is to be completed. However, the method by which the machine is to be operated shall be determined by the operator. All employees of the Parties are to be treated in accordance with their respective collective bargaining agreements, if any.
4. **MAINTENANCE AND REPAIR:** The Lender shall be responsible for all maintenance and repairs to the machinery and equipment when an operator is provided with the equipment.

If the Lender does not provide an operator with its equipment, the Borrower shall be responsible for maintenance and repairs due to normal wear and tear during the loan period. The Borrower shall be responsible for the repair and/or replacement of the machinery and equipment due a causality loss or negligence by the Borrower during the loan period.

5. **RECORDS AND REPORTS:** The Parties shall maintain full and accurate records of the employees, machinery, equipment, and/or materials loaned.
In the case of an accident involving items covered under this Agreement, the appropriate accident reports and claims shall be filed promptly with the Town Clerk's Office and/or Workmen's Compensation Coordinator of each Party.
6. **INDEMNIFICATION:** Each Party agrees to defend, indemnify and hold harmless the other Party, including its officials, employees and agents, against all claims, losses, damages, liabilities, costs of expenses (including without limitation, reasonable attorney fees and costs of litigation and/or settlement), whether incurred as a result of a claim by a third party or any other person or entity, arising out of its performance pursuant to this Agreement, which either Party, or its officials, employees or agents, may suffer by reason of any negligence, fault, act or omission of the other Party, its employees, representatives, subcontractors, assignees, or agents.
Notwithstanding the foregoing, each Party's obligation to defend, indemnify and hold harmless the other Party shall have no applicability to the extent that such other Party, its officers, agents, servants, employees, contractors or subcontractors contributed to the claims, losses, damages, costs or expenses.
7. **INSURANCE:** The Borrower shall maintain or cause to be maintained, in full force and effect during the term of this Agreement, at its expense, insurance with stated minimum coverages. Such policies are to be in the broadest form available on usual commercial terms and shall be written by insurers of recognized financial standing who have been fully informed as to the nature of the use of the equipment. The Borrower shall provide the Lender at the inception of this Agreement, a Certificate of Insurance evidencing the required General Liability Insurance, Property and Causality Insurance, Automobile Liability Insurance, Workmen's Compensation Insurance, and Disability Coverage. The Lending Party shall be an additional insured on all policies with the understanding that any obligations imposed upon the insured (including without limitation, the liability to pay premiums) shall be the sole obligation of Borrower. The Borrower shall provide the Lender with a new certificate of insurance 30 days prior to the expiration of the original certificate.
8. **EFFECTIVENESS:** The Agreement shall not be effective until approved by a majority vote, as required by section 119-o of the General Municipal Law, of the Town Board of each Party.
9. **TERMINATION:** Either Party may, by written notice to the other Party effective thirty (30) days from mailing, terminate this Agreement in whole or in part at any time.

10. **FILING:** This Agreement shall be filed with the Town Clerk and the Highway Superintendent of each of the Parties and the Office of the Commissioner of the Ulster County Highway Department.
11. **SAFETY PRECAUTIONS:** The Parties shall provide and employ all safety measures, safety equipment, and safety devices appropriate and necessary when operating the equipment. The Parties shall comply with all safety standards, codes, regulations, and laws applicable to their activities under this Agreement.
12. **MODIFICATIONS:** No changes, amendments, or modifications of any of the terms and/or conditions of this Agreement shall be valid unless reduced to writing and signed by the Parties to this Agreement.
13. **ENTIRE AGREEMENT:** The rights and obligations of the Parties and their respective agents, successors and assignees shall be subject to and governed by this Agreement, which supersedes any other understandings or writings between or among the Parties to this Agreement. Agreements between the Parties for the joint purchasing and maintenance of specific pieces of equipment are not modified by this Agreement.
14. **SEVERABILITY:** If any part of this Agreement is declared unenforceable or invalid, the remainder will continue to be valid and enforceable.


SIGNATURES CONTINUED NEXT PAGE

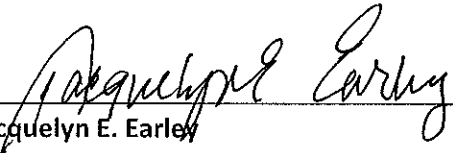
IN WITNESS WHEREOF, this Agreement has been executed on the date set forth by each signature.

By: _____ Date: _____
Melinda McKnight
Supervisor
Town of Hurley

By: _____ Date: _____
Judy S. Mayhon
Town Clerk
Town of Hurley

By: _____ Date: _____
Mike Shultis
Highway Superintendent
Town of Hurley

By:  _____ Date: 5/3/22
Bill McKenna
Supervisor
Town of Woodstock

By:  _____ Date: 5/3/22
Jacquelyn E. Earley
Town Clerk
Town of Woodstock

By:  _____ Date: 5/4/22
Scott Bonestell
Highway Superintendent
Town of Woodstock

Shared Services Agreement

THIS AGREEMENT, is entered into by and between the **TOWN OF WOODSTOCK** having its principal place of business at **45 Comeau Drive, Woodstock, New York, 12498** and **TOWN OF HURLEY**, having its principal place of business at **P.O. Box 569, Hurley, NY 12443** (hereinafter referred to as the "Party" or Parties") It is understood that any specific time, one party maybe the "Lender" and the other party maybe the "Borrower" as the case may be.

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WHEREAS, each Party hereto has certain highway, non-highway, specialty equipment and/or skilled personnel (including equipment operators) that may be available from time to time; and

WHEREAS, it is possible to make such equipment and/or personnel available for use by others when it is in the public interest; and

WHEREAS, such cooperative efforts may be for a scheduled short duration of time, an unanticipated event, and/or an emergency; and

WHEREAS, each Party has authorized their respective Highway Superintendent or other appropriate Department Heads to act using their discretion pursuant to this Agreement; and

NOW THEREFORE, it is mutually agreed between the Parties as follows:

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In the case of an accident involving items covered under this Agreement, the appropriate accident reports and claims shall be filed promptly with the Town Clerk's Office and/or Workmen's Compensation Coordinator of each Party.
6. **INDEMNIFICATION:** Each Party agrees to defend, indemnify and hold harmless the other Party, including its officials, employees and agents, against all claims, losses, damages, liabilities, costs of expenses (including without limitation, reasonable attorney fees and costs of litigation and/or settlement), whether incurred as a result of a claim by a third party or any other person or entity, arising out of its performance pursuant to this Agreement, which either Party, or its officials, employees or agents, may suffer by reason of any negligence, fault, act or omission of the other Party, its employees, representatives, subcontractors, assignees, or agents.
Notwithstanding the foregoing, each Party's obligation to defend, indemnify and hold harmless the other Party shall have no applicability to the extent that such other Party, its officers, agents, servants, employees, contractors or subcontractors contributed to the claims, losses, damages, costs or expenses.
7. **INSURANCE:** The Borrower shall maintain or cause to be maintained, in full force and effect during the term of this Agreement, at its expense, insurance with stated minimum coverages. Such policies are to be in the broadest form available on usual commercial terms and shall be written by insurers of recognized financial standing who have been fully informed as to the nature of the use of the equipment. The Borrower shall provide the Lender at the inception of this Agreement, a Certificate of Insurance evidencing the required General Liability Insurance, Property and Causality Insurance, Automobile Liability Insurance, Workmen's Compensation Insurance, and Disability Coverage. The Lending Party shall be an additional insured on all policies with the understanding that any obligations imposed upon the insured (including without limitation, the liability to pay premiums) shall be the sole obligation of Borrower. The Borrower shall provide the Lender with a new certificate of insurance 30 days prior to the expiration of the original certificate.
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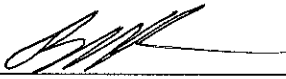
SIGNATURES CONTINUED NEXT PAGE


IN WITNESS WHEREOF, this Agreement has been executed on the date set forth by each signature.


By: _____ Date: _____
Melinda McKnight
Supervisor
Town of Hurley

By: _____ Date: _____
Judy S. Mayhon
Town Clerk
Town of Hurley

By: _____ Date: _____
Mike Shultis
Highway Superintendent
Town of Hurley

By:  _____ Date: 5/3/22
Bill McKenna
Supervisor
Town of Woodstock

By:  _____ Date: 5/3/22
Jacquelyn E. Earley
Town Clerk
Town of Woodstock

By:  _____ Date: 5/4/22
Scott Bonestell
Highway Superintendent
Town of Woodstock



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

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

1a. Legal Name & Address of Insured (use street address only)
TOWN OF WOODSTOCK
45 COMEAU DRIVE
WOODSTOCK, NY 12498
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number of Insured or Social Security Number
146002513

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
Town of Hurley
PO Box 569
Hurley, NY 12443
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
DBL391783
3c. Policy effective period
01/01/2022 to 12/31/2022

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:
ALL EMPLOYEES NOT REQUIRED BY 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 NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 5/2/2022 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 emailed to PAU@wcb.ny.gov or it can 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 4B, 4C or 5B have been checked)

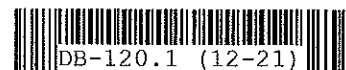
State of New York
Workers' Compensation Board

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(Article 9 of the Workers' Compensation Law) with respect to all of their 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.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled 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 coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

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

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

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

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

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION
COUNTY SELF-INSURANCE PLAN**

1a. Legal name and address of participant in County Self-Insurance Plan TOWN OF WOODSTOCK 45 COMEAU DRIVE WOODSTOCK, NY 12498 1b. Effective date of membership in the Plan <u>3/01/79</u>	1c. Telephone number of participant 845-679-2113 1d. NYS Unemployment Insurance Employer Registration Number of participant 04-609686 1e. Federal Employer Identification Number of participant 14-6002513
2. Name and address of the entity requesting proof of coverage TOWN OF HURLEY PO B OX 569 HURLEY, NY 12443	3. Name and address of County Self-Insurer Ulster County Self-Insurance Plan PO Box 1800 Kingston, NY 12402-1800

This certifies that the participant referenced above is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the County Self-Insurance Plan listed above and participation in such County Self-Insurance Plan is still in force. The County Self-Insurer's Administrator will send this Certificate of Participation to the certificate holder listed in box 2.

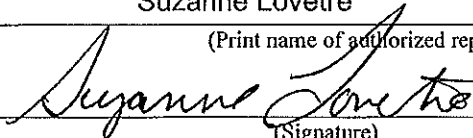
If the membership of the participant listed in box 1a is terminated, the County Self-Insurer's Administrator will notify the certificate holder within 10 days of termination. (These notices may be sent by regular mail.) Otherwise, this certificate is valid for a maximum of one year from the date certified by the county self-insurer.

If this certificate is no longer valid according to the above guidelines and the participant referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the participant must provide the certificate holder either with a new certificate or other authorized proof the participant is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

The County Self-Insurer must file this certificate with the Workers' Compensation Board's Self-Insurance Office. (See reverse.)

Under penalty of perjury, I certify that I am an authorized representative of the County Self-Insurer referenced above and that the participant has the coverage as depicted on this form.

Certified by: Suzanne Lovetre
(Print name of authorized representative of County Self-Insurer)

Certified by:  5/3/2022
(Signature) (Date)

Title: Interim Administrator

Telephone Number: (845) 340-3565

WORKERS' COMPENSATION LAW

Section 57 Restriction on issue of permits and the entering into contracts unless compensation is secured.

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

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

Please Note: This certificate is valid for a maximum of one year from the date this form is approved by the authorized representative of the County Self-Insurance Plan. After that date, if the participant continues to be named on a permit, license or contract issued by the above government entity, the participant must provide that government entity with a new certificate. The participant must also provide a new certificate upon notice of cancellation or change in status of such participation in the County Self-Insurance Plan.

The County Self-Insurer must file a copy of this certificate with the Workers' Compensation Board Self-Insurance Office at the address listed below.

Workers' Compensation Board
Self-Insurance Office-3rd Floor
328 State Street
Schenectady, NY 12305



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2022

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

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

PRODUCER Marshall & Sterling, Inc. 110 Main Street Poughkeepsie NY 12601		CONTACT NAME: Nancy Paino PHONE (A/C, No, Ext): (845) 454-0800 E-MAIL ADDRESS: npaino@marshallsterling.com FAX (A/C, No): (845) 485-7804	
INSURED Town of Woodstock 45 Comeau Drive Woodstock NY 12498		INSURER(S) AFFORDING COVERAGE INSURER A: NYMIR c/o Wright Risk INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2151300681 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPLTWOOD001	05/12/2021	05/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	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			MCATWOOD001	05/12/2021	05/12/2022	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MECTWOOD001	05/12/2021	05/12/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 Town of Hurley PO Box 569 Hurley NY 12443	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 <i>Timothy Janney</i>
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