



# TOWN OF NEWBURGH

13 B

1496 Route 300, Newburgh, New York 12550

PERSONNEL DEPT.

PH: 845-566-7785  
Fax: 845-564-2170

March 13, 2014

To: Gil Piaquadio, Deputy Supervisor ✓  
Town Board Members

Cc: Jackie Calarco, Accountant

From: Charlene M Black, Personnel (CW)

Re: Part Time Animal Shelter Helper

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Chantel Haight, Animal Control Supervisor, is presenting Jennifer Cronk for approval, as a part time Animal Shelter Helper to replace Guy Venezke who resigned. As always approval will be pending the outcome of her pre-employment physical, PPD and Drug/alcohol testing and paperwork. Enclosed please find her application and employee request form. If you have any questions please feel free to call me or Chantel Haight.



TOWN OF NEWBURGH ANIMAL CONTROL &  
SHELTER

645 GIDNEY AVE. NEWBURGH, NY 12550

(845)561-3344

FAX: (845)561-2220

[animalcontrol@hvc.rr.com](mailto:animalcontrol@hvc.rr.com)

To: Town Board  
From: Chantel Haight, Animal Control Supervisor  
Date: March 12, 2014  
Re: Animal Shelter Helper Position

After interviewing Jennifer Cronk, Chief Clancy and I have selected her for the position of Animal Shelter Helper. If the Town Board is in agreement we would like to move forward with the necessary procedures. Attached please find the required Employee Request Form.

Thank you in advance for your assistance.

CC: Mike Clancy, Police Chief  
Charlene Black, Personnel

# TOWN OF NEWBURGH

## EMPLOYMENT REQUEST FORM

To: Personnel Department

NAME OF CANDIDATE: Jennifer Cronk

DEPARTMENT: Animal Control

TITLE OF POSITION: Animal Shelter Helper

FULL TIME OR PART TIME: ( )

HOURLY RATE: 10.00

IS POSITION FUNDED IN CURRENT BUDGET:  YES OR NO

FUND APPROPRIATION NUMBER: 3510-0100

PROPOSED HIRE DATE: \_\_\_\_\_  
NOTE: CANDIDATE CANNOT BEGIN WORK WITHOUT PRE-EMPLOYMENT PHYSICAL AND COMPLETION OF ALL REQUIRED PAPERWORK.

PG / S  
DEPARTMENT HEAD SIGNATURE

3.12.14  
DATE

**ORIGINAL APPLICATION SHOULD BE ON FILE IN THE PERSONNEL DEPARTMENT**

COPY TO ACCOUNTING DEPARTMENT  
11/15/2010



100  
130

**TOWN OF NEWBURGH ANIMAL CONTROL & SHELTER**

645 Gidney Ave. Newburgh, NY 12550

To: Town Board  
From: Chantel Haight, Animal Control Supervisor  
Date: March 5, 2014  
Subject: Authorization to Pay Veterinarian Services Utilizing T-94 Account

I am requesting authorization to use the T-94 account to pay for canine and feline veterinarian services from Newburgh Veterinary Hospital for the months of January and February. The total amount of these vouchers is \$1588.

Thank you.

Cc: Accounting

# INVOICE

## Newburgh Veterinary Hospital

1716 Route 300  
Newburgh, NY 12550  
845 564-2660

"Your pet is part of our family too." Visit us at [www.newburghvet.com](http://www.newburghvet.com)

**FOR:** Town of Newburgh - canine  
645 Gidney Ave  
Newburgh, NY 12550  
(845) 561-3344

**Printed:** 03-04-14 at 2:45p  
**Date:** 02-24-14  
**Account:** 19984  
**Invoice:** 568707

Date	For	Qty	Description	Price	Discount	Net Price	
02-15-14	Juno	40	Cephalexin 500mg individual caps	39.55	19.77	19.78	**
02-15-14		10	Vetprofen Tablets 100mg #178988	25.95	12.97	12.98	**
02-15-14		1	CANINE RABIES / 1YEAR	25.00	12.50	12.50	**
02-15-14		1	Canine Dist/A2/PI/Parvo/Lepto1YR	26.00	13.00	13.00	**
Your pet has been vaccinated with Pfizer's new 5 in 1 DA2PPI, the best available protection against Distemper, Adenovirus, Parvovirus, Parainfluenza, and Leptospirosis							
02-15-14		1	Lyme, HW, Ehrlichia Accu Plus4(AC)			49.50	
02-15-14		1	Skin Scraping (in oil x mites) in hos	26.00	13.00	13.00	**
02-15-14		1	Fungassay(In Hosp)	38.50	19.25	19.25	**
02-15-14		1	Skin Cytology (Bact, Yeast) antech	37.50	18.75	18.75	**
02-15-14		1	OHE Canine > 4 YRS.	259.50	129.75	129.75	**
Your pet has been spayed. This eliminates the risk of uterine infection and lowers the risk of breast tumors when she gets older. Expect her to be quiet and not as active for few days. Restrict exercise for the next two weeks. This receipt certifies that your pet has been spayed. Please keep this with your pet's health records.							
02-15-14		1	-Isoflurane Gas Anesthesia			0.00	
02-15-14		1	Recommend elizabethan collar			0.00	
02-16-14		1	4DX Elisa Negative			0.00	
02-17-14		1	Veterinarian's Notes			0.00	
02-24-14	Strays	1	CANINE RABIES / 1YEAR	25.00	12.50	12.50	**

Total charges, this invoice... 301.01

\*\*Total discount included: 251.49

Your invoice total reflects our **13 Stray Cat Accounts** discount.

# TOWN OF NEWBURGH

1496 Route 300  
Newburgh, New York 12550  
(845) 564-4552

DEPARTMENT \_\_\_\_\_

CLAIMANT'S  
NAME  
AND  
ADDRESS

**NEWBURGH VETERINARY HOSPITAL**  
1716 Route 300  
Newburgh, NY 12550  
Tel: (845) 564-2660  
www.newburghvet.com

TERMS

Net 30 Days

*Canine*

DO NOT WRITE IN THIS BOX

Date Voucher Received		VOUCHER NO.
FUND - APPROPRIATION	AMOUNT	
Total		
Abstract #		

Invoice # \_\_\_\_\_

Dates	Quantity	Description of Materials or Services	Unit Price	Amount
2/3/14	567487			41.90
2/13/14	568052			16.25
2/24/14	568707			301.01
			<b>TOTAL</b>	<b>359.16</b>
				- 14.25
				<b>344.91</b>

### CLAIMANT'S CERTIFICATION

I, Doram Cast

certify that the above account in the amount of \$ 359.16 is true and correct; that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt, are not included; and that the amount claimed is actually due.

3-14-14  
DATE

Doram Cast  
SIGNATURE

Bookkeeper  
TITLE

(Space below for municipal use)

### DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.

\_\_\_\_\_  
Date Authorized Official

### APPROVAL FOR PAYMENT

This claim is approved and ordered for paid from the appropriations indicated above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Auditing Board

# INVOICE

## Newburgh Veterinary Hospital

1716 Route 300  
Newburgh, NY 12550  
845 564-2660

"Your pet is part of our family too." Visit us at [www.newburghvet.com](http://www.newburghvet.com)

**FOR:** Town of Newburgh - canine  
645 Gidney Ave  
Newburgh, NY 12550  
(845) 561-3344

**Printed:** 03-04-14 at 2:44p  
**Date:** 02-03-14  
**Account:** 19984  
**Invoice:** 567487

Date	For	Qty	Description	Price	Discount	Net Price
02-01-14	Juno	1	FECAL (ParasiteScreen) T808 #17	29.50	14.75	14.75 **
02-02-14		1	No Ova Seen			0.00
02-03-14		40	Pro Pectalin Tabs #178599			<del>27.15</del> 27.15
02-03-14		1	Veterinarian's Notes			0.00

Total charges, this invoice... 41.90

\*\*Total discount included: 14.75

Your invoice total reflects our **13Stray Cat Accounts** discount.

Reminders for: Juno	Last done
02/15 lyme,HW,Ehrlichia Accu Plus4(A)	02-15-14
02/15 CANINE RABIES / 3 YEAR	
02/15 CanineDist/Aden/Para/Parvo/Lep	
08/14 Canine Kennel Cough Vacc -1 ye	
08/14 FECAL EXAM	02-01-14
04/14 Wellness Blood Screen (SA040)	
02/12 <b>CONSULT/EXAM - Annual Wellness</b>	

LIKE US ON FACEBOOK.COM!

GOING AWAY?...BOOK YOUR PETS BOARDING RESERVATION TODAY!

In compliance with New York State law, all medications are non-refundable. We regret any inconveniences.

Reminders for: <b>Juno</b>		Last done
02/15	lyme,HW,Ehrlichia Accu Plus4(A	02-15-14
02/15	CANINE RABIES / 3 YEAR	
02/15	CanineDist/Aden/Para/Parvo/Lep	
08/14	Canine Kennel Cough Vacc -1 ye	
08/14	FECAL EXAM	02-01-14
04/14	Wellness Blood Screen (SA040)	
02/12	<b>CONSULT/EXAM - Annual Wellness</b>	

### **Doctor's Instructions**

#### **OHE Canine > 4 YRS.**

Your dog has been surgically spayed. Please watch the incision site for swelling or redness, and give antibiotics as indicated. If there are skin sutures, please make an appointment to have them removed in 10 days.

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645 Gidney Ave  
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(845) 561-3344

**Printed:** 03-04-14 at 2:45p  
**Date:** 02-13-14  
**Account:** 19984  
**Invoice:** 568052

Date	For	Qty	Description	Price	Discount	Net Price
02-04-14	Juno	1	Resi keto chlor Leave-on Condition	32.50	16.25	16.25 **
02-04-14		1	Veterinarian's Notes			0.00

Total charges, this invoice... 16.25

\*\*Total discount included: 16.25

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02/15 lyme,HW,Ehrlichia Accu Plus4(A	02-15-14
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(845) 561-3344

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2051

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Net 30 Days

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*Canine*

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*Doram Cast*  
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Bookkeeper  
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(Space below for municipal use)

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\_\_\_\_\_  
Date Auditing Board

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02-03-14		1	Veterinarian's Notes			0.00
Total charges, this invoice...						41.90

\*\*Total discount included: 14.75

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LIKE US ON FACEBOOK.COM!

GOING AWAY? BOOK YOUR PETS BOARDING RESERVATION TODAY!

In compliance with New York State law, all medications are non-refundable. We regret any inconveniences.

13 A

**MUNICIPAL SHELTER INSPECTION REPORT - DL-90**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **3/4/14 11:30 am**

**NEWBURGH TOWN DOG SHELTER  
645 GIDNEY AVE  
NEWBURGH NY 12550**

Inspector: **Joyce Amels**

Inspector #: **67**

Inspector: **Eloise Herrman**

Inspector #: **18**

These are the findings of an inspection of your facility on the date(s) indicated above:

- |  |                |
|--|----------------|
| <b>1. Shelter is structurally sound</b>  | Yes            |
| <b>2. Housing area and equipment is sanitized regularly</b><br><i>Bleach and water</i>                                       | Yes            |
| <b>3. Repairs are done when necessary</b><br><i>All kennel floors recently resurfaced.</i>                                   | Yes            |
| <b>4. Dogs are handled safely</b>  | Yes            |
| <b>5. Adequate space is available for all dogs</b>   | Yes            |
| <b>6. Light is sufficient for observation</b>  | Yes            |
| <b>7. Ventilation is adequate</b>  | Yes            |
| <b>8. Drainage is adequate</b>   | Yes            |
| <b>9. Temperature extremes are avoided</b>   | Yes            |
| <b>10. Clean food and water is available and in ample amount</b>   | Yes            |
| <b>11. Veterinary care is provided when necessary</b><br><i>Flannery Animal Hospital and/or Newburgh Veterinary Hospital</i> | Yes            |
| <b>12. Dogs are euthanized humanely, by authorized personnel</b>   | Yes            |
| <b>13. Complete intake and disposition records are maintained for all seized dogs</b>  | Yes            |
| <b>14. Dogs transferred for purposes of adoption in compliance with Article 7</b>  | Yes            |
| <b>15. Redemption period is observed before adoption, euthanasia or transfer</b>   | Yes            |
| <b>16. Owners of identified dogs are properly notified</b>   | Yes            |
| <b>17. Redeemed dogs are licensed before release</b>   | Yes            |
| <b>18. Proper impoundment fees paid before dogs are released</b>   | Yes            |
| <b>19. Written contract or lease with municipality</b>   | Not Applicable |

Town - City - Village Information for Inspection:

**TCV CODE TCV NAME**

3314 Town of Newburgh

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Shontalle Haight**  
TITLE: **ACO/ MAnager**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **03/05/2014**

**DOG CONTROL OFFICER INSPECTION REPORT - DL-89**

Rating: **Satisfactory365**

Purpose: **Inspection**

DATE/TOA: **3/4/14 11:30 am**

**Chantel Haight**  
c/o Town of Newburgh  
645 Gidney Avenue  
Newburgh NY 12550

Inspector: **Joyce Amels**

Inspector #: **67**

Inspector: **Eloise Herrman**

Inspector #: **18**

These are the findings of an inspection of your facility on the date(s) indicated above:

- 1. Equipment is available for proper capture and holding Yes
- 2. Dogs are held and transported safely Yes  
*Newburgh shelter*
- 3. Equipment maintained in clean and sanitary condition Yes
- 4. Veterinary care is provided when necessary Yes  
*Flannery Animal Hospital or Newburgh Veterinary Hospital*
- 5. Dogs are euthanized humanely Yes
- 6. Complete seizure and disposition records are maintained for all seized dogs Yes
- 7. Dogs transferred for purposes of adoption in compliance with Article 7 Yes
- 8. Redemption period is observed before adoption, euthanasia or transfer Yes
- 9. Owners of identified dogs are properly notified Yes
- 10. Redeemed dogs are licensed before release Yes
- 11. Proper impoundment fees paid before dogs are released Yes

Town - City - Village Information for Inspection:

TCV CODE	TCV NAME
3314	Town of Newburgh

Additional Information for Inspection:

**Number of Dogs Seized:**

Number of dogs seized since previous inspection: 140

REMARKS:

REPRESENTATIVE PRESENT FOR INSPECTION: **Chantel Haight**  
TITLE: **DCO**

REVIEWED BY: **Eloise Herrman**  
REVIEWED DATE: **03/05/2014**

Ha



**TOWN OF NEWBURGH RECREATION DEPARTMENT**

311 ROUTE 32, NEWBURGH, NY 12550

Robert J. Petrillo  
Commissioner of Parks, Recreation & Conservation

845-564-7815  
FAX: 845-564-7827

March 13, 2014

TO: Town Board Members  
FROM: Robert J. Petrillo, Commissioner  
RE: Pre-Demolition Asbestos Survey

We have received two quotes for asbestos surveys on the Baxter property (located at 617 Route 32) as noted below.

	<u>Hudson Valley Environmental</u>	<u>Quest Environmental</u>
Asbestos Inspection	\$2,245	\$4,395
Variance	<u>\$1,420</u>	
	\$3,665	

Hudson Valley Environmental has the lowest quote for this project. Hudson Valley Environmental quoted an estimated price of \$2,245 for the inspection and determined a New York State variance was need at an estimated cost of \$1,420. The variance is needed before we can secure quotes for the asbestos abatement. The funds for this project would be taken from the Water District budget.

Regards,

Robert J. Petrillo  
Commissioner

/attachment



# Hudson Valley Environmental

Monroe, NY  
845.249.1987

To: Robert Petrillo  
From: Seth Piker

Date: February 24, 2014

Hi Rob

Thank you for the opportunity to submit this proposal for 617 Rt. 300, Newburgh, NY.  
The proposal includes buildings listed above

Hudson Valley Environmental's pricing is \$400 for the asbestos inspection plus samples. The sampling and sampling analysis are conducted as per New York State Code Rule 56 (from here on in will be referred to as CR56), with standard turn-around time. **Details of Sampling listed in the summary table below.**

Samples will be collected as per New York State CR56 guidelines by a Lic. NYS Asbestos Inspector (#089-01429), and analyzed by an New York State ELAP certified Laboratory (NY ELAP #11480, AIHA #102843).

The inspection will include the pipe insulation in the basement, which if it comes out positive a variance will be needed to complete the abatement. Also observed was vermiculite in the attic which

## TABLE OF ESTIMATED COSTS\*

ITEM	UNIT COST	UNITS	TOTAL
ASBESTOS INSPECTION	\$400.00	1	\$400.00
FRIABLE SAMPLES	\$29.00	27	\$783.00
NOB SAMPLES	\$59.00	18	\$1,062.00
<b>ESTIMATED TOTAL</b>			<b>\$2,245.00</b>

Thank You,  
Seth Piker M.S.  
Hudson Valley Environmental  
#089-01429  
845.249.1987  
[seth@hudsonvalleyenviornmental.co](mailto:seth@hudsonvalleyenviornmental.co)  
[www.hudsonvalleyenvironmental.co](http://www.hudsonvalleyenvironmental.co)





# Hudson Valley Environmental

Monroe, NY  
845.249.1987

To: Robert Petrillo  
From: Seth Piker

Date: February 24, 2014

Hi Rob

Thank you for the opportunity to submit this proposal for 617 Rt. 300, Newburgh, NY.  
The proposal includes buildings listed above

Hudson Valley Environmental's pricing is \$900 for the asbestos variance plus samples. The sampling and sampling analysis are conducted as per New York State Code Rule 56 (from here on in will be referred to as CR56), with standard turn-around time. **Details of Sampling listed in the summary table below.**

Samples will be collected as per New York State CR56 guidelines by a Lic. NYS Asbestos Inspector (#089-01429), and analyzed by an New York State ELAP certified Laboratory (NY ELAP #11480, AIHA #102843).

## TABLE OF ESTIMATED COSTS\*

ITEM	UNIT COST	UNITS	TOTAL
VARIANCE INSPECTION and PREPARATION (INCL. NYS DOL FEE)	\$900.00	1	\$900.00
AIR SAMPLES	\$80.00	4	\$320.00
MICROVAC SAMPLES	\$100.00	2	\$200.00
<b>ESTIMATED TOTAL</b>			<b>\$1,420.00</b>

Thank You,  
Seth Piker M.S.  
Hudson Valley Environmental  
#089-01429  
845.249.1987  
[seth@hudsonvalleyenviormental.co](mailto:seth@hudsonvalleyenviormental.co)

14 B



**TOWN OF NEWBURGH RECREATION DEPARTMENT**

311 ROUTE 32, NEWBURGH, NY 12550

Robert J. Petrillo  
Commissioner of Parks, Recreation & Conservation

845-564-7815  
FAX: 845-564-7827

March 12, 2014

TO: Wayne Booth, Supervisor  
Town Board Members

CC: Andrew Zarutskie, Town Clerk

FROM: Robert J. Petrillo, Commissioner

RE: 2014 Community Day Fireworks

The Recreation Department is requesting the Board's approval to select the vendor for the 2014 Community Day fireworks based on the quotes received in 2012.

We are recommending Legion Fireworks even though they do not represent the lowest bid. There is a \$100 difference between Legion's quote and the lowest quote by Young Explosives. (Attached for your review are the 2012 quotation details.) Our choice of Legion is based on our positive experience with them over the last three years as well as the high quality of the display.

Upon approval of Legion Fireworks, we would like approval to increase the contract amount by an additional \$1,500.00. As done last year the increase will allow for additional fireworks.

Thank you for your consideration.

Regards,

Robert J. Petrillo  
Commissioner

Section V

TOWN OF NEWBURGH  
SUMMARY OF QUOTATION FORM

REQUESTED BY: R. PETRILLO

DATE PREPARED: 1/18/12

ITEM/SERVICE PURCHASED: FIREWORKS (3 YEAR @ OPTION OF TOWN)

VENDOR NAME: Bay Fireworks

young explosives

LEGION FIREWORKS

ADDRESS: 400 BROADHOLLOW RD

P.O. Box 18653

10 LEGION LANE

CITY/STATE/ZIP: FARMINGDALE N.Y 11735

ROCHESTER N.Y 14618

WAPPINGER FALLS N.Y.

PHONE #: 631.390.8620

800.747.1781

831 8328

CONTACT PERSON: CHARLES RARNA

ROBERT A. KESEL

FRANK COLUCCIO

PRICE QUOTED 2012: \$ 12,000

\$ 9000

\$ 9000

PRICE FOR 2013: \$ 12,300

\$ 9000

\$ 9100

PRICE FOR 2014: \$ 12,600

\$ 9100

\$ 9200

\*NOTE: If the vendor you wish to purchase from did not give the lowest quote, state reason why you did not purchase from the lowest cost vendor.

I would choose LEGION FIREWORKS. LEGION DID THE SHOW LAST YEAR ON SHORT NOTICE AND THE SHOW WAS ONE OF OUR BEST. THE QUOTE PACKAGE INCLUDED THE ATTACHED SHELL COUNT FROM 2011 FIREWORK SHOW



DEPARTMENT HEAD SIGNATURE

DATE: 1/18/12

(ATTACH ANY WRITTEN QUOTES IF REQUIRED)

Insurance Companies, the NY Compensation Insurance Rating Board (NYCIRB), the NY Workers' Compensation Board (NY WCB) and the Department of Financial Services (DFS) are all involved in determining Workers' Compensation premium charges each year. As a refresher, WC insurance rates in NY are determined first by individual class code's loss cost. This is actuarially determined each year by NYCIRB and is subject to review and approval by DFS. On May 29, 2013 NYCIRB had filed for an average loss cost increase of 16.9% based on anticipated cost of loss and loss adjustments. On July 16, 2013 the DFS revised this filing and approved an average increase of 9.5%. This comes one year after the DFS denied a proposed 11.5% increase by NYCIRB leaving loss costs unchanged. These Loss Cost increases still don't seem to satisfy the claim expenses incurred by Insurance Companies. Many insurance companies have opted to move some policies into higher Loss Cost Multiplier (LCM) companies in order to generate premiums that are more actuarially sound. Self-insured pools are also not immune to the increasing costs of Workers' Compensation claims. The option to increase contributions may help stabilize financials as many of these groups have failed to achieve an operating profit in years.

In order to assist our members in budgeting for their upcoming fiscal years, below are some of the changes you should expect to see on your 2014 WC renewal:

- **Loss Costs:** As outlined above, class code loss costs have increased an average of 9.5% from last year.
- **Loss Cost Multiplier (LCM):** This is the insurance company specific factor multiplied to the loss costs to generate the rate. NYSIF will be increasing this factor from 1.43 to 1.53. This is effective 1/1/14.
- **NYS Assessment charge (payroll based policies):** The NYS Assessment Charge is a statutory charge on all policies to pay NY Workers' Compensation Board expenses. For non-NYSIF policies, this charge will be decreasing from 18.8% to 13.8%. For all current NYSIF policyholders, the NYS Assessment charge on payroll based policies will remain at 9.2% for 2 more years.

**Class Code Rate Changes (2014 Policy renewals)**

Based on the information above, here are some common Public Entity class codes and their respective rate changes you will see at renewal.

# Glatfelter Brokerage Services

A Division of

# Glatfelter Insurance Group

A Tradition of Service, Founded on Trust.

Class Code	Description	2013 rate	2014 rate	Percentage Change
5506	Street & Road Construction	19.93	25.03	+27%
7520	Waterworks Operations	8.84	8.43	-5%
7580	Sewer Plant Operations	5.06	7.34	+45%
7710	Paid Firefighters	5.29	6.18	+17%
7720	Police	2.06	2.00	-3%
8391	Mechanic	5.68	6.56	+15%
8394	Auto-Bus-Livery	7.21	9.87	+37%
8810	Clerical	0.26	0.31	+19%
8838	Library Professional	0.53	0.81	+53%
9026	Building Operations	4.89	5.80	+19%
9063	YMCA or YWCA/Recreation	1.29	1.42	+10%
9102	Parks	4.10	3.99	-3%
9402	Street & Road Cleaning	9.02	10.74	+19%
9410	Municipal Employee	4.60	6.78	+47%

52 Corporate Circle, Suite 210  
Albany, NY 12203

Office: (800) 833-8822  
Fax: (717) 747-7014

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**Glatfelter Brokerage Service**

**About**

Glatfelter Brokerage Services (GBS) is located in Albany, NY and is a division of Glatfelter Insurance Group. Glatfelter Insurance Group is one of the largest privately owned insurance brokers in the United States. We have 500 associates and 4,500 independent brokers serving 25,000 clients. GBS currently manages over 550 New York State Insurance Fund Workers' Compensation policies comprised primarily of public entities.

**Services Provided**

- Dedicated staff to handle Claims, Underwriting and Audit support
- Direct access to NYSIF computer system to easily assist in customer support
- Claims analysis and review
- Experience mod analysis, review and forecasting
- Provide Certificates of Insurance
- Policy analysis and review every renewal cycle
- Safety and Risk Control Resources
  - Library of online materials and videos geared specific to Public Entity safety
  - Availability of on-site Safety assistance by a GBS Associate
  - Quarterly newsletter geared specifically to NY Public Entities

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
(888) 875-5790

Document Type: <b>INFORMATION PAGE</b>	Group No: <b>090</b>	Period Covered: * <b>04/01/2013 TO 04/01/2014</b>	R.B. File No:
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REPRESENTATIVE: 909515

INSURED: W 2268 013-6

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

Policy No: <b>W 2268 013-6</b>
Date: <b>11/04/2013</b>
Document Number: <b>r663 427</b>
<b>MP 2000</b>

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME  
TYPE OF BUSINESS: POLITICAL SUBDIVISION

**REVISED**

## INFORMATION PAGE REVISED

5506 STREET OR RD CONSTR PAVE&DRVRS-U	1,517,756	19.93	302,488.77
9127 TERRITORY 2 DIFFERENTIAL 0.0%			
7520 WATER WORKS OPERATION & DVRS - U	488,894	8.84	43,218.23
7580 SEWAGE DISPOSAL PLANT OPER&DRVRS-U	162,600	5.06	8,227.56
7720 POLICEMEN-INCLUDING DRIVERS	4,865,945	2.06	100,238.47
8385 TAXI, BUS OR LIVERY OPER-GARAGE EML	274,277	11.73	32,172.69
8394 AUTO-BUS-LIVERY-ALL OTHER EMP&DVR-U	75,164	7.21	5,419.32
8810 CLERICAL OFFICE EMPLOYEES NOC-U	2,503,059	0.26	6,507.95
8831 HOSPITALS - VETERINARY -INC DRIVERS	93,026	2.10	1,953.55
9026 BUILDING OPERATION-COMMERCIAL-ETC-U	188,203	4.89	9,203.13
9102 PARKS NOC-ALL EMPLOYEES INC DRVRS-U	408,013	4.10	16,728.53
9410 MUNICIPAL TOWNSHIP ETC NOC EML--U	243,362	4.60	11,194.65
1. SIF MANUAL RATE PREMIUM . . . . .			537,352.85
2. EXPENSE CONSTANT . . . . .			250.00
3. SIF BASE PREMIUM . . . . .			537,602.85
4. TERRORISM PREMIUM . . . . .			5,842.96
5. NATURAL DISASTER AND CATASTROPHE PREMIUM . . . . .			1,190.23
6. TOTAL TERRORISM PREMIUM(TERRORISM + DISASTER) . . . . .			7,033.19
7. SIF BASE PREMIUM + TOTAL TERRORISM PREMIUM . . . . .			544,636.04
8. STATE FUND DIFFERENTIAL 25% OF ITEM 1. . . . .			134,338.21
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM . . . . .			678,974.25
10. ASSESSMENT CHARGE 9.2% OF (ITEM 7 LESS ITEM 2) . . . . .			50,083.52
11. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT . . . . .			729,057.77
12. DEPOSIT REQUIRED 8.33% OF ITEM 11. . . . .			60,730.51
13. LESS DEPOSIT FOR THIS PERIOD PREVIOUSLY BILLED . . . . .			59,671.32CR
14. NET STATE FUND PREMIUM FOR THIS PERIOD . . . . .			1,059.19

THIS GIVES CREDIT FOR PREVIOUS DEPOSIT BILL.

THE REMAINING BALANCE CAN BE PAID IN 11 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

SUB. 11-13-13



# TOWN OF NEWBURGH

1496 Route 300, Newburgh, New York 12550

10

PERSONNEL DEPT.

PH: 845-566-7785  
Fax: 845-564-2170

To: Deputy Supervisor Piaquadio ✓  
Councilman George Woolsey  
Councilwoman Betty Greene  
Councilman Paul Ruggiero

Cc: Jackie Calarco, Accountant

From: Charlene M Black, Personnel

Date: March 12, 2014

Re: Workers Compensation

Attached please find our new, New York State Insurance Fund (Workers's Compensation) coverage for April, 2014 to April, 2015. The total for the year is \$816,312.47 with a credit of \$46,365.00 for a temporary assessment which they will do during the year. The deposit for the new policy year is \$67,998.83.

Also, please approve any tail claims, which is with FCS, to have three signatures on the voucher, as we have done in the past, so it does not have to be board approved each time I receive a new bill.

Thank you in advance.



# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
(888) 875-5790

Document Type: <b>INFORMATION PAGE</b>	Group No: <b>090</b>	Period Covered: <b>04/01/2014 TO 04/01/2015</b>	R.B. File No:
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INSURED: W 2268 013-6

REPRESENTATIVE: 909515

TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

Policy No: W 2268 013-6
Date: 02/25/2014
Document Number: r749 172
MP 2000

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: POLITICAL SUBDIVISION

## INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSURED. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

CLASS RATES FOLLOWED BY THE LETTER A MAY BE TENTATIVE AND ARE SUBJECT TO CHANGE BY THE COMPENSATION INSURANCE RATING BOARD.

IN CONSIDERATION OF THE PREMIUM PAID, THIS POLICY IS APPLICABLE TO ALL POLICEMEN NOT NORMALLY COMING WITHIN THE SCOPE OF THE WORKMENS COMPENSATION LAW BUT WHOM THE EMPLOYER HAS ELECTED TO BRING UNDER SUCH LAW. IT DOES NOT, HOWEVER, AFFORD INSURANCE UNDER PAR. 1B OF THE POLICY WITH RESPECT TO ANY LIABILITY IMPOSED UNDER SECTIONS 207C, 208B, AND 208C OF THE GENERAL MUNICIPAL LAW.

# 67

04/01/2013

AN ELECTION WAS MADE IN ACCORDANCE WITH THE PROVISIONS OF THE NEW YORK WORKERS COMPENSATION LAW ON BEHALF OF EACH PERSON DESCRIBED IN THE SCHEDULE TO BE SUBJECT TO THE LAW. THE PREMIUM BASIS FOR THE POLICY INCLUDES THE REMUNERATION OF SUCH PERSONS.

### SCHEDULE:

ALL PAID AND NON-PAID ELECTED  
AND/OR APPOINTED OFFICIALS

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.  
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY  
(SEE REVERSE SIDE FOR CONDITIONS)

PAGE 1 CONT.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

**THE STATE INSURANCE FUND**  
 105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
 (888) 875-5790

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INSURED: W 2268 013-6

REPRESENTATIVE: 909515

TOWN OF NEWBURGH  
 1496 ROUTE 300  
 NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
 52 CORPORATE CIRCLE  
 SUITE 210  
 ALBANY NY 12203

Policy No: W 2268 013-6
Date: 02/25/2014
Document Number: r749 172
MP 2000

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME  
 TYPE OF BUSINESS: POLITICAL SUBDIVISION

**INFORMATION PAGE RENEWAL POLICY**

THIS POLICY COVERS THE FOLLOWING ENTITY

TOWN OF NEWBURGH 1 EFF: 04/01/2013

THIS POLICY COVERS THE FOLLOWING LOCATIONS

1496 ROUTE 300 NEWBURGH NY 12550	1 EFF: 04/01/2013
1702 RT 300 NEWBURGH NY 12550	1-1 EFF: 04/01/2013
311 RT 32 NEWBURGH NY 12550	2-9 EFF: 04/01/2013
343 RT 32 NEWBURGH NY 12550	3-7 EFF: 04/01/2013
645 GIDNEY AVE NEWBURGH NY 12550	4-5 EFF: 04/01/2013
90 GARDNERTOWN RD NEWBURGH NY 12550	5-2 EFF: 04/01/2013
88 GARDNERTOWN RD NEWBURGH NY 12550	6-0 EFF: 04/01/2013
308 GARDNERTOWN RD NEWBURGH NY 12550	7-8 EFF: 04/01/2013
300 GARDNERTOWN RD NEWBURGH NY 12550	8-6 EFF: 04/01/2013

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
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**THE STATE INSURANCE FUND**  
 105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
 (888) 875-5790

Document Type: <b>INFORMATION PAGE</b>	Group No: <b>090</b>	Period Covered: * <b>04/01/2014 TO 04/01/2015</b>	R.B. File No:
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REPRESENTATIVE: 909515

TOWN OF NEWBURGH  
 1496 ROUTE 300  
 NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
 52 CORPORATE CIRCLE  
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Policy No: W 2268 013-6
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 TYPE OF BUSINESS: POLITICAL SUBDIVISION

**INFORMATION PAGE RENEWAL POLICY**

7720 POLICEMEN-INCLUDING DRIVERS	4,865,945	2.00	97,318.90
5506 STREET OR RD CONSTR PAVE&DRVRS-U	1,517,800	25.03	379,905.34
9127 TERRITORY 2 DIFFERENTIAL 0.0%			
7520 WATER WORKS OPERATION & DVRS - U	488,900	8.43	41,214.27
9102 PARKS NOC-ALL EMPLOYEES INC DRVRS-U	408,100	3.99	16,283.19
8385 TAXI,BUS OR LIVERY OPER-GARAGE EMPL	274,300	12.32	33,793.76
9410 MUNICIPAL TOWNSHIP ETC NOC EMPL--U	243,400	6.78	16,502.52
9026 BUILDING OPERATION-COMMERCIAL-ETC-U	188,300	5.80	10,921.40
7580 SEWAGE DISPOSAL PLANT OPER&DRVRS-U	162,600	7.34	11,934.84
8831 HOSPITALS - VETERINARY -INC DRIVERS	93,100	2.33	2,169.23
8394 AUTO-BUS-LIVERY-ALL OTHER EMP&DVR-U	75,200	9.87	7,422.24
8810 CLERICAL OFFICE EMPLOYEES NOC-U	2,503,100	0.31	7,759.61

1. SIF MANUAL RATE PREMIUM. . . . .	625,225.30
2. EXPENSE CONSTANT . . . . .	250.00
3. SIF BASE PREMIUM . . . . .	625,475.30
4. TERRORISM PREMIUM. . . . .	6,276.03
5. NATURAL DISASTER AND CATASTROPHE PREMIUM . . . . .	1,298.49
6. TOTAL TERRORISM PREMIUM(TERRORISM + DISASTER). . . . .	7,574.52
7. SIF BASE PREMIUM + TOTAL TERRORISM PREMIUM . . . . .	633,049.82
8. STATE FUND DIFFERENTIAL 20% OF ITEM 1. . . . .	125,045.06
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM. . . . .	758,094.88
10. ASSESSMENT CHARGE 13.8% OF (ITEM 9 LESS ITEM 2). . . . .	104,582.59
11. TEMPORARY ASSMT CREDIT (SEE ASSMT NOTICE). . . . .	46,365.00CR
12. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT . . . . .	816,312.47
13. DEPOSIT REQUIRED 8.33% OF ITEM 12. . . . .	67,998.83

THE REMAINING BALANCE CAN BE PAID IN 11 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

# An Explanation of Key NYSIF Workers' Compensation Premium Charges for 2014-2015

For non-payroll classes the premium for terrorism is calculated as a percentage, multiplied by the non-payroll class premium.

## Natural Disaster and Catastrophe Premium

Natural Disaster and Catastrophe Premium is a charge on all workers' compensation policies to account for possible natural disasters and catastrophes not otherwise considered in the computation of premium. The total payroll is divided by 100 and multiplied by the rate for Natural Disasters and Catastrophic Industrial Accidents. For non-payroll classes the premium is calculated as a percentage, multiplied by the non-payroll class premium.

## State Fund Discount or Differential

A credit or debit applied to manual rate premium based on underwriting evaluation of an insured's risk.

## Assessment Charge

An amount assessed by the Workers' Compensation Board to cover the costs of the Board in administering the workers' compensation system and in financing various special funds that the Board administers. A separate notice provides further explanation of this charge.

## Temporary Assessment Credit

Due to the changes in the Workers' Compensation Law, assessments are now being calculated under a new formula. The temporary assessment credit offsets any increase you would have been required to pay NYSIF, for the Board's assessments, had the prior calculation methodology been used. This credit does not apply to policies which were inceptioned January 1, 2014, or after. If your policy was inceptioned prior to 2014 please see the separate notice for further information.

For a detailed explanation of all premium components find the Policyholder section under Products & Services at nysif.com, click "About WC Premium and Billing" and go to "WC Premium Components."

If you would like to speak to a customer service representative please call **888-875-5790** Monday through Friday from 8:00 a.m. to 5:00 p.m.

### THE STATE INSURANCE FUND

139 CHURCH STREET, NEW YORK, N.Y. 10007  
888-875-5790

Document Type: INFORMATION PAGE	Group No:	Period Covered:	* R.B. File No:
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Policy No:
Date:
Document Number:

SAMPLE

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

### INFORMATION PAGE RENEWAL POLICY

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

CODE	CLASSIFICATION DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
7219	TRUCKMEN-NOC-ALL EMPL INCL DRVRS-U	102,300	16.65	17,032.95
1.	SIF MANUAL RATE PREMIUM			17,032.95
2.	EXPENSE CONSTANT			250.00
3.	SIF BASE PREMIUM			17,282.95
4.	TERRORISM PREMIUM			59.33
5.	NATURAL DISASTER AND CATASTROPHE PREMIUM			12.28
6.	TOTAL TERRORISM PREMIUM(TERRORISM + DISASTER)			71.61
7.	SIF BASE PREMIUM + TOTAL TERRORISM PREMIUM			17,354.56
8.	STATE FUND DIFFERENTIAL 15% OF ITEM 1			2,554.94
9.	EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM			19,909.50
10.	ASSESSMENT CHARGE 13.8% OF (ITEM 9 LESS ITEM 2)			2,713.01
11.	TEMPORARY ASSESSMENT CREDIT (SEE ASSESSMENT NOTICE)			1,139.39CR
12.	EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSESSMENT			21,483.12
13.	DEPOSIT REQUIRED 25% OF ITEM 12			5,370.78

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

## Expense Constant

A policy fee charged on every workers' compensation policy, regardless of premium size, to compensate for the basic costs of administering the policy.

## Terrorism Premium

Terrorism Premium is a charge on all workers' compensation policies to account for possible terrorist acts not otherwise considered in the computation of premium. The total payroll is divided by 100 and multiplied by the terrorism rate.

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
(888) 875-5790

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INSURED: W 2268 013-6

TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

REPRESENTATIVE: 909515

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

Policy No: W 2268 013-6
Date: 02/25/2014
Document Number:

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

## Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
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INSURED:           W 2268 013-6

REPRESENTATIVE:           909515

TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

Policy No: <b>W 2268 013-6</b>
Date: <b>02/25/2014</b>
Document Number: <b>r749 172</b>
<b>MP 2000</b>

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: **POLITICAL SUBDIVISION**

## IMPORTANT NOTICE TO CONSTRUCTION EMPLOYERS

The Construction Employment Payroll Limitation Law, enacted under Senate Bill S7744 and Assembly Bill A11294, provides a more equitable distribution of premium between high wage paying and low wage paying employers in the construction industry. The Law applies to employers with an anniversary rating date on or after October 1, 1999. One or more of the classification codes applicable to your policy may be subject to the Payroll Limitation Law (See reverse side for eligible classification codes). The Law does not, however, apply to employments engaged in the construction of one or two family residential housing.

Your overall premium may increase or decrease depending upon geographic territories and/or payroll limitations. The actual weekly payroll of each employee performing employments subject to an eligible classification code is subject to the following limitations:

\* A maximum of the greater of \$1,204.81 or the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2013;

Construction Employment Geographic Territories and Rate Differentials (Surcharges)		
Territory 1	Counties of The Bronx, Kings, New York, Queens and Richmond .....	0.0%
Territory 2	Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester .....	0.0%
Territory 3	All other counties within the State .....	0.0%

Construction of One or Two Family Housing - All Territories ..... Payroll Limitation and Differential Not Applicable

(OVER)

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
(888) 875-5790

Document Type: <b>INFORMATION PAGE</b>	Group No: <b>090</b>	Period Covered: * <b>04/01/2014 TO 04/01/2015</b>	R.B. File No:
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INSURED:           W 2268 013-6

REPRESENTATIVE:                   909515

TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

Policy No: <b>W 2268 013-6</b>
Date: <b>02/25/2014</b>
Document Number: <b>r749 172</b>

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: POLITICAL SUBDIVISION

MP 2000

## CONSTRUCTION EMPLOYMENT PAYROLL LIMITATION ENDORSEMENT

The Construction Employment Payroll Limitation Law (S7744/A11294) requires a payroll limitation and territory premium differential on policies for all employers subject to the Law with an anniversary rating date on or after October 1, 1999.

The code(s) currently on your policy may be subject to the law.

The requirements of the Law may be applied during the policy period or may be applied at time of audit.

For policies with rating anniversary dates on or after July 1, 2013 with eligible construction classifications only, an employee's actual weekly pay, for premium computation purposes, is subject to a maximum of the greater of \$1,204.81 or the weekly wage upon which the maximum weekly workers' compensation benefit is based.

Territory In Which Work is Performed	Rate Differential Surcharge Applicable on Renewal and/or on Audit
1. Counties of The Bronx, Kings, New York, Queens and Richmond	0.0%
2. Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester	0.0%
3. All other counties within the State	0.0%

**Exception:** The above payroll limitation and territorial rate differentials do not apply to the payroll or employees engaged in the construction of one or two family housing.

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
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Document Type: <b>NOTICE OF RATE CHANGE</b>	Group No: <b>090</b>	Period Covered: * <b>04/01/2014 TO 04/01/2015</b>	R.B. File No:
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## NOTICE OF RATE CHANGE

An overall loss cost level increase of 9.5%, which includes an increase of 9.9% in the average manual loss cost level and no change in the loss costs for terrorism and natural disasters and catastrophic industrial accidents, has been approved by the New York State Department of Financial Services to become effective on October 1, 2013.

**Loss Experience** - The latest two policy years of experience produced a 9.1% increase in the overall loss cost level.

**Legislative and Regulatory Changes** - This revision includes an estimate of the latest cost of the increases in the maximum weekly benefits that were set forth in the 2007 Workers Compensation Reform legislation. In addition, the 2013 enacted New York State Budget provides for the elimination of the Reopened Case Fund and for the increase in the minimum weekly benefits. The combined overall impact of these changes is an increase of 5.3% in manual loss costs.

**Loss Adjustment Expenses** - A review of the latest data available resulted in a 1.4% decrease in the Loss Adjustment Expense provision.

**Future Trends** - The latest analysis of New York claim severity and claim frequency indicates a continuing small decrease in claim frequency and an upward trend in both indemnity and medical claim costs. Combined with a projected wage trend, the resulting net trend factor is -2.3%.

**Catastrophe Provision** - This revision contains no changes in the loss cost for terrorism and in the loss cost for natural disasters and catastrophic industrial accidents.

**Classification Loss Costs** - Although the average manual loss cost level is increasing by 9.9%, individual classification loss cost changes are based on the most recently available loss experience for each classification. Both increases and decreases from the current loss costs have been actuarially calculated for each class. This process ensures that each classification loss cost reflects the appropriate level relative to the experience of the other classifications.

FOLLOWING ARE THE RATES THAT WILL APPLY TO YOUR 04/01/2014 RENEWAL AND THE PERCENTAGE OF CHANGE FROM YOUR LAST RENEWAL:

5506	STREET OR RD CONSTR PAVE&DRVRS-U	\$ 25.03	25.60% INCREASE
7520	WATER WORKS OPERATION & DVRS - U	\$ 8.43	4.60% DECREASE
7580	SEWAGE DISPOSAL PLANT OPER&DRVRS-U	\$ 7.34	45.10% INCREASE
7721	POLICEMEN-INCLUDING DRIVERS	\$ 2.00	2.90% DECREASE
8385	TAXI, BUS OR LIVERY OPER-GARAGE EMPL	\$ 12.32	5.00% INCREASE
8394	AUTO-BUS-LIVERY-ALL OTHER EMP&DVR-U	\$ 9.87	36.90% INCREASE
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$ 0.31	19.20% INCREASE
8831	HOSPITALS - VETERINARY -INC DRIVERS	\$ 2.33	11.00% INCREASE
9026	BUILDING OPERATION-COMMERCIAL-ETC-U	\$ 5.80	18.60% INCREASE
9102	PARKS NOC-ALL EMPLOYEES INC DRVRS-U	\$ 3.99	2.70% DECREASE
9410	MUNICIPAL TOWNSHIP ETC NOC EMPL--U	\$ 6.78	47.40% INCREASE

(CONTINUED ON NEXT PAGE)



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TYPE OF BUSINESS: POLITICAL SUBDIVISION

(CONTINUED)

@ MANUAL RATE FOR EACH \$100 OF PAYROLL

THE ABOVE RATES WILL BE SUBJECT TO A 20% DIFFERENTIAL BY THE STATE INSURANCE FUND.

PLEASE READ THE NOTICE REGARDING THE ASSESSMENT CHARGE ON THE REVERSE SIDE.

# THE STATE INSURANCE FUND

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## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

### Definitions:

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014 as applicable.

### Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

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## CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

This premium charge does not provide funding for Certified Acts of Terrorism Contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (TRI04), attached to this policy.

For purposes of this endorsement, the following definitions apply:

**CATASTROPHE:** (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.

**EARTHQUAKE:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.

**NONCERTIFIED ACT OF TERRORISM:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:

- a. It is an act that is violent or dangerous to human life, property, or infrastructure;
- b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
- c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**CATASTROPHIC INDUSTRIAL ACCIDENT:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below:

### SCHEDULE

Rate per \$100 of Remuneration \$.012

Non-Payroll Base Exposure \$.007 of the State Fund Manual Rate Premium

# THE STATE INSURANCE FUND

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## NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.



# THE STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK NY 10007



## WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY

**THIS IS YOUR POLICY, PLEASE READ IT.**

**Retain it with your important records.**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer or employers named in the Information Page) and us (THE STATE INSURANCE FUND). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### C. Workers' Compensation Law

Workers' Compensation Law means the Workers' Compensation Law of the State of New York except as otherwise provided by endorsement. It includes any amendments to that law which are in effect during the policy period. It does not include the provisions of any law that provide non-occupational disability benefits and, except as provided by endorsement to this policy, any federal workers' compensation law or occupational disease law.

#### B. Who Is Insured

You are insured if you are an employer named in the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### D. Locations

This policy covers all of your workplaces in the state of New York except as excluded by endorsement.

### PART ONE - WORKERS' COMPENSATION INSURANCE

#### A. How This Insurance Applies

This workers' compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.

2. Bodily injury by disease must be caused or aggravated by the conditions of your employment.

The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

#### B. We Will Pay

We will pay promptly when due the benefits required of you by the Workers' Compensation Law.

#### C. We Will Defend

We have the right and duty to defend at our expense any claim or proceeding against you for benefits payable by this insurance. We have the right to investigate and settle these claims or proceedings.

We have no duty to defend a claim or proceeding that is not covered by this insurance.

#### D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim or proceeding we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;

2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;

3. litigation costs taxed against you;

4. interest on an award as required by law until we offer the amount due under this insurance; and

5. expenses we incur.

#### E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

#### F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the Workers' Compensation Law including those required because:

1. of your serious and willful misconduct;

2. you employ an employee in violation of law;

3. you fail to comply with a health or safety law or regulation; or

4. you discharge, coerce or otherwise discriminate against any employee.

If we make any payments in excess of the benefits regularly provided by the Workers' Compensation Law on your behalf, you will reimburse us promptly.

#### G. Recovery From Others

We have your rights and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

#### H. Statutory Provisions

These statements apply where they are required by law.

#### **D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### **E. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

#### **F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

#### **G. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

#### **H. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. you have complied with all the terms of this policy ; and
2. the amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part after an injury occurs while this policy is in force for you.

### **PART THREE - YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here:

1. Provide for immediate medical and other services required by the Workers' Compensation Law.
2. Give us the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.

5. Do nothing after an injury occurs that might interfere with our right to recover from others.

6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

### **PART FOUR - PREMIUM**

#### **A. Our Manuals**

All premium for this policy will be determined by manuals of rules, rates, rating plans and classifications we use. The manuals or their content may be changed. Any changes will be applied to this policy as authorized by law, rule or a governmental agency regulating this insurance.

#### **B. Variation of State Fund Manual Rates**

We may apply premium rates to the policy that are in excess of or less than State Fund manual rates. Variation of State Fund manual rates will be determined by us according to our appraisal of you and your business operations as a risk.

#### **C. Classifications**

The Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy. You must notify us promptly of any change in the nature of the work performed by your employees so that we can assign proper classifications.

#### **D. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and

2. all other persons engaged in work that could make us liable under Part One (Workers' Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof which we deem sufficient to establish that the employers of these persons lawfully secured their workers' compensation obligations. You must notify us promptly of any change in the number of your employees or in the payroll or other remuneration paid to your employees so that we can apply the correct premium basis.

#### **E. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of the Workers' Compensation Law is not valid. You are liable jointly and severally with all other insureds, for all premiums allocable for the period of time you are insured.

Premium includes all amounts that we bill to you including but not limited to terrorism premium, catastrophe premium and assessment charges.

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## INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSURED. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

CLASS RATES FOLLOWED BY THE LETTER A MAY BE TENTATIVE AND ARE SUBJECT TO CHANGE BY THE COMPENSATION INSURANCE RATING BOARD.

IN CONSIDERATION OF THE PREMIUM PAID, THIS POLICY IS APPLICABLE TO ALL POLICEMEN NOT NORMALLY COMING WITHIN THE SCOPE OF THE WORKMENS COMPENSATION LAW BUT WHOM THE EMPLOYER HAS ELECTED TO BRING UNDER SUCH LAW. IT DOES NOT, HOWEVER, AFFORD INSURANCE UNDER PAR. 1B OF THE POLICY WITH RESPECT TO ANY LIABILITY IMPOSED UNDER SECTIONS 207C, 208B, AND 208C OF THE GENERAL MUNICIPAL LAW.

# 67

04/01/2013

AN ELECTION WAS MADE IN ACCORDANCE WITH THE PROVISIONS OF THE NEW YORK WORKERS COMPENSATION LAW ON BEHALF OF EACH PERSON DESCRIBED IN THE SCHEDULE TO BE SUBJECT TO THE LAW. THE PREMIUM BASIS FOR THE POLICY INCLUDES THE REMUNERATION OF SUCH PERSONS.

SCHEDULE:

ALL PAID AND NON-PAID ELECTED  
AND/OR APPOINTED OFFICIALS

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.  
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY

(SEE REVERSE SIDE FOR CONDITIONS)

PAGE 1 CONT.

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## INFORMATION PAGE RENEWAL POLICY

7720 POLICEMEN-INCLUDING DRIVERS	4,865,945	2.00	97,318.90
5506 STREET OR RD CONSTR PAVE&DRVRS-U	1,517,800	25.03	379,905.34
9127 TERRITORY 2 DIFFERENTIAL 0.0%			
7520 WATER WORKS OPERATION & DVRS - U	488,900	8.43	41,214.27
9102 PARKS NOC-ALL EMPLOYEES INC DRVRS-U	408,100	3.99	16,283.19
8385 TAXI,BUS OR LIVERY OPER-GARAGE EMPL	274,300	12.32	33,793.76
9410 MUNICIPAL TOWNSHIP ETC NOC EMPL--U	243,400	6.78	16,502.52
9026 BUILDING OPERATION-COMMERCIAL-ETC-U	188,300	5.80	10,921.40
7580 SEWAGE DISPOSAL PLANT OPER&DRVRS-U	162,600	7.34	11,934.84
8831 HOSPITALS - VETERINARY -INC DRIVERS	93,100	2.33	2,169.23
8394 AUTO-BUS-LIVERY-ALL OTHER EMP&DVR-U	75,200	9.87	7,422.24
8810 CLERICAL OFFICE EMPLOYEES NOC-U	2,503,100	0.31	7,759.61

1. SIF MANUAL RATE PREMIUM. . . . .	625,225.30
2. EXPENSE CONSTANT . . . . .	250.00
3. SIF BASE PREMIUM . . . . .	625,475.30
4. TERRORISM PREMIUM. . . . .	6,276.03
5. NATURAL DISASTER AND CATASTROPHE PREMIUM . . . . .	1,298.49
6. TOTAL TERRORISM PREMIUM(TERRORISM + DISASTER). . . . .	7,574.52
7. SIF BASE PREMIUM + TOTAL TERRORISM PREMIUM . . . . .	633,049.82
8. STATE FUND DIFFERENTIAL 20% OF ITEM 1. . . . .	125,045.06
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM. . . . .	758,094.88
10. ASSESSMENT CHARGE 13.8% OF (ITEM 9 LESS ITEM 2). . . . .	104,582.59
11. TEMPORARY ASSMT CREDIT (SEE ASSMT NOTICE). . . . .	46,365.00CR
12. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT . . . . .	816,312.47
13. DEPOSIT REQUIRED 8.33% OF ITEM 12. . . . .	67,998.83

THE REMAINING BALANCE CAN BE PAID IN 11 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

# An Explanation of Key NYSIF Workers' Compensation Premium Charges for 2014-2015

For non-payroll classes the premium for terrorism is calculated as a percentage, multiplied by the non-payroll class premium.

## Natural Disaster and Catastrophe Premium

Natural Disaster and Catastrophe Premium is a charge on all workers' compensation policies to account for possible natural disasters and catastrophes not otherwise considered in the computation of premium. The total payroll is divided by 100 and multiplied by the rate for Natural Disasters and Catastrophic Industrial Accidents. For non-payroll classes the premium is calculated as a percentage, multiplied by the non-payroll class premium.

## State Fund Discount or Differential

A credit or debit applied to manual rate premium based on underwriting evaluation of an insured's risk.

## Assessment Charge

An amount assessed by the Workers' Compensation Board to cover the costs of the Board in administering the workers' compensation system and in financing various special funds that the Board administers. A separate notice provides further explanation of this charge.

## Temporary Assessment Credit

Due to the changes in the Workers' Compensation Law, assessments are now being calculated under a new formula. The temporary assessment credit offsets any increase you would have been required to pay NYSIF, for the Board's assessments, had the prior calculation methodology been used. This credit does not apply to policies which were incepted January 1, 2014, or after. If your policy was incepted prior to 2014 please see the separate notice for further information.

For a detailed explanation of all premium components find the Policyholder section under Products & Services at nysif.com, click "About WC Premium and Billing" and go to "WC Premium Components."

If you would like to speak to a customer service representative please call **888-875-5790** Monday through Friday from 8:00 a.m. to 5:00 p.m.

**THE STATE INSURANCE FUND**  
159 CHURCH STREET, NEW YORK, N.Y. 10007  
888-875-5790

Document Type: **INFORMATION PAGE** \* R.B. File No:

Group No: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Policy No: \_\_\_\_\_

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

Document Number: \_\_\_\_\_

SAMPLE

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

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**INFORMATION PAGE RENEWAL POLICY**

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THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

CODE CLASSIFICATION DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
7219 TRUCKMEN-NOC-ALL EMTL INCL DRVRS-U	102,300	16.65	17,032.95
1. SIF MANUAL RATE PREMIUM			17,032.95
2. EXPENSE CONSTANT			250.00
3. SIF BASE PREMIUM			17,282.95
4. TERRORISM PREMIUM			59.33
5. NATURAL DISASTER AND CATASTROPHE PREMIUM			12.28
6. TOTAL TERRORISM PREMIUM(TERRORISM + DISASTER)			71.61
7. SIF BASE PREMIUM + TOTAL TERRORISM PREMIUM			17,354.56
8. STATE FUND DIFFERENTIAL 15% OF ITEM 1			2,554.94
9. EST. ANNUAL SIF PREMIUM + TOTAL TERRORISM PREMIUM			19,909.50
10. ASSESSMENT CHARGE 13.8% OF (ITEM 9 LESS ITEM 2)			2,713.01
11. TEMPORARY ASSM CREDIT (SEE ASSM NOTICE)			1,139.39CR
12. EST. ANN SIF PREM + TOTAL TERRORISM PREM + ASSMT			21,483.12
13. DEPOSIT REQUIRED 25% OF ITEM 12			5,370.78

THE REMAINING BALANCE CAN BE PAID IN 9 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

**Expense Constant**  
A policy fee charged on every workers' compensation policy, regardless of premium size, to compensate for the basic costs of administering the policy.

**Terrorism Premium**  
Terrorism Premium is a charge on all workers' compensation policies to account for possible terrorist acts not otherwise considered in the computation of premium. The total payroll is divided by 100 and multiplied by the terrorism rate.

**THE STATE INSURANCE FUND**  
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 (888) 875-5790

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INSURED: W 2268 013-6

REPRESENTATIVE: 909515

TOWN OF NEWBURGH  
 1496 ROUTE 300  
 NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
 52 CORPORATE CIRCLE  
 SUITE 210  
 ALBANY NY 12203

Policy No: W 2268 013-6
Date: 02/25/2014
Document Number:

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### Interest & Service Charge Endorsement

THIS POLICY IS AMENDED BY ADDING THE FOLLOWING THREE PARAGRAPHS TO "PART FOUR" PARAGRAPH "E". PREMIUM PAYMENTS: IF YOUR ANNUAL DEPOSIT PREMIUM IS \$1,000 OR MORE, YOU MAY ELECT TO PAY THE DEPOSIT PREMIUM VIA OUR EXTENDED PAYMENT PLAN. ONCE THE INITIAL DEPOSIT ON YOUR PREMIUM HAS BEEN PAID THE REMAINING BALANCE CAN BE PAID IN INSTALLMENTS THROUGH THE TENTH MONTH OF YOUR POLICY YEAR. THERE WILL BE A SERVICE CHARGE OF \$10 PER INSTALLMENT FOR THOSE WHO OPT FOR AN EXTENDED PAYMENT PLAN.

POLICYHOLDERS WITH AN AUDIT PREMIUM DUE OF \$30 OR MORE MAY ALSO ELECT TO PAY THIS PREMIUM VIA A PAYMENT PLAN. THE SEPARATE TERMS OF THE AUDIT PREMIUM PAYMENT PLAN WILL BE SHOWN ON THE MONTHLY STATEMENTS. INTEREST WILL BE CHARGED AT A RATE OF 1% PER MONTH (12% APR) ON THE OUTSTANDING AUDIT BALANCE. THIS IS IN ADDITION TO THE \$10 PER MONTH SERVICE CHARGE DESCRIBED ABOVE.

PAYMENT OF ANY AMOUNT LESS THAN THE FULL PREMIUM, WHETHER DEPOSIT OR AUDIT, WILL BE DEEMED A REQUEST FOR AN EXTENSION OF TIME TO PAY THAT WOULD RESULT IN INTEREST AND/OR SERVICE CHARGES AS SET FORTH IN THE BILLING STATEMENT.

# THE STATE INSURANCE FUND

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ALBANY NY 12203

Policy No: W 2268 013-6
Date: 02/25/2014
Document Number: r749-172
MP 2000

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: POLITICAL SUBDIVISION

## IMPORTANT NOTICE TO CONSTRUCTION EMPLOYERS

The Construction Employment Payroll Limitation Law, enacted under Senate Bill S7744 and Assembly Bill A11294, provides a more equitable distribution of premium between high wage paying and low wage paying employers in the construction industry. The Law applies to employers with an anniversary rating date on or after October 1, 1999. One or more of the classification codes applicable to your policy may be subject to the Payroll Limitation Law (See reverse side for eligible classification codes). The Law does not, however, apply to employments engaged in the construction of one or two family residential housing.

Your overall premium may increase or decrease depending upon geographic territories and/or payroll limitations. The actual weekly payroll of each employee performing employments subject to an eligible classification code is subject to the following limitations:

\* A maximum of the greater of \$1,204.81 or the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2013;

Construction Employment Geographic Territories and Rate Differentials (Surcharges)		
Territory 1	Counties of The Bronx, Kings, New York, Queens and Richmond .....	0.0%
Territory 2	Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester. ....	0.0%
Territory 3	All other counties within the State .....	0.0%

Construction of One or Two Family Housing - All Territories ..... Payroll Limitation and Differential Not Applicable

(OVER)

# THE STATE INSURANCE FUND

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Policy No: <b>W 2268 013-6</b>
Date: <b>02/25/2014</b>
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\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: POLITICAL SUBDIVISION

MP 2000

## CONSTRUCTION EMPLOYMENT PAYROLL LIMITATION ENDORSEMENT

The Construction Employment Payroll Limitation Law (S7744/A11294) requires a payroll limitation and territory premium differential on policies for all employers subject to the Law with an anniversary rating date on or after October 1, 1999.

*The code(s) currently on your policy may be subject to the law.*

The requirements of the Law may be applied during the policy period or may be applied at time of audit.

For policies with rating anniversary dates on or after July 1, 2013 with eligible construction classifications only, an employee's actual weekly pay, for premium computation purposes, is subject to a maximum of the greater of \$1,204.81 or the weekly wage upon which the maximum weekly workers' compensation benefit is based.

Territory In Which Work is Performed	Rate Differential Surcharge Applicable on Renewal and/or on Audit
1. Counties of The Bronx, Kings, New York, Queens and Richmond	0.0%
2. Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester	0.0%
3. All other counties within the State	0.0%

**Exception:** The above payroll limitation and territorial rate differentials do not apply to the payroll or employees engaged in the construction of one or two family housing.

**THE STATE INSURANCE FUND**  
 105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
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Document Type: <b>NOTICE OF RATE CHANGE</b>	Group No: <b>090</b>	Period Covered: * <b>04/01/2014 TO 04/01/2015</b>	R.B. File No:
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MP 2000

**NOTICE OF RATE CHANGE**

An overall loss cost level increase of 9.5%, which includes an increase of 9.9% in the average manual loss cost level and no change in the loss costs for terrorism and natural disasters and catastrophic industrial accidents, has been approved by the New York State Department of Financial Services to become effective on October 1, 2013.

**Loss Experience** - The latest two policy years of experience produced a 9.1% increase in the overall loss cost level.

**Legislative and Regulatory Changes** - This revision includes an estimate of the latest cost of the increases in the maximum weekly benefits that were set forth in the 2007 Workers Compensation Reform legislation. In addition, the 2013 enacted New York State Budget provides for the elimination of the Reopened Case Fund and for the increase in the minimum weekly benefits. The combined overall impact of these changes is an increase of 5.3% in manual loss costs.

**Loss Adjustment Expenses** - A review of the latest data available resulted in a 1.4% decrease in the Loss Adjustment Expense provision.

**Future Trends** - The latest analysis of New York claim severity and claim frequency indicates a continuing small decrease in claim frequency and an upward trend in both indemnity and medical claim costs. Combined with a projected wage trend, the resulting net trend factor is -2.3%.

**Catastrophe Provision** - This revision contains no changes in the loss cost for terrorism and in the loss cost for natural disasters and catastrophic industrial accidents.

**Classification Loss Costs** - Although the average manual loss cost level is increasing by 9.9%, individual classification loss cost changes are based on the most recently available loss experience for each classification. Both increases and decreases from the current loss costs have been actuarially calculated for each class. This process ensures that each classification loss cost reflects the appropriate level relative to the experience of the other classifications.

FOLLOWING ARE THE RATES THAT WILL APPLY TO YOUR 04/01/2014 RENEWAL AND THE PERCENTAGE OF CHANGE FROM YOUR LAST RENEWAL:

5506	STREET OR RD CONSTR PAVE&DRVRS-U	\$	25.03	25.60% INCREASE
7520	WATER WORKS OPERATION & DVRS - U	\$	8.43	4.60% DECREASE
7580	SEWAGE DISPOSAL PLANT OPER&DRVRS-U	\$	7.34	45.10% INCREASE
7721	POLICEMEN-INCLUDING DRIVERS	\$	2.00	2.90% DECREASE
8385	TAXI,BUS OR LIVERY OPER-GARAGE EMPL	\$	12.32	5.00% INCREASE
8394	AUTO-BUS-LIVERY-ALL OTHER EMP&DVR-U	\$	9.87	36.90% INCREASE
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$	0.31	19.20% INCREASE
8831	HOSPITALS - VETERINARY -INC DRIVERS	\$	2.33	11.00% INCREASE
9026	BUILDING OPERATION-COMMERCIAL-ETC-U	\$	5.80	18.60% INCREASE
9102	PARKS NOC-ALL EMPLOYEES INC DRVRS-U	\$	3.99	2.70% DECREASE
9410	MUNICIPAL TOWNSHIP ETC NOC EMPL--U	\$	6.78	47.40% INCREASE

(CONTINUED ON NEXT PAGE)

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
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TYPE OF BUSINESS: POLITICAL SUBDIVISION

MP 2000

(CONTINUED)

@ MANUAL RATE FOR EACH \$100 OF PAYROLL

THE ABOVE RATES WILL BE SUBJECT TO A 20% DIFFERENTIAL BY THE STATE INSURANCE FUND.

PLEASE READ THE NOTICE REGARDING THE ASSESSMENT CHARGE ON THE REVERSE SIDE.

# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
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MP 2000

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

### Definitions:

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014 as applicable.

### Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



# THE STATE INSURANCE FUND

105 Corporate Park Dr, Suite 200, White Plains, NY, 10604-3814  
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TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

Policy No: W 2268 013-6
Date: 02/25/2014
Document Number: r749 172
MP 2000

\* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: POLITICAL SUBDIVISION

## CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

This premium charge does not provide funding for Certified Acts of Terrorism Contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (TRI04), attached to this policy.

For purposes of this endorsement, the following definitions apply:

**CATASTROPHE:** (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million:

**EARTHQUAKE:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.

**NONCERTIFIED ACT OF TERRORISM:** An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:

- a. It is an act that is violent or dangerous to human life, property, or infrastructure;
- b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
- c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**CATASTROPHIC INDUSTRIAL ACCIDENT:** A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below:

### SCHEDULE

Rate per \$100 of Remuneration \$.012

Non-Payroll Base Exposure \$.007 of the State Fund Manual Rate Premium

# THE STATE INSURANCE FUND

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TOWN OF NEWBURGH

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TYPE OF BUSINESS: POLITICAL SUBDIVISION

## NOTIFICATION ENDORSEMENT OF PENDING LAW CHANGE TO TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

This endorsement is being sent to you with respect to your workers compensation and employers liability insurance policy. This endorsement does not replace the separate Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement that is attached to your current policy and which remains in effect as applicable.

The Terrorism Risk Insurance Act 2002 (TRIA) as previously amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA), provides for a program under which the federal government will share in the payment of insured losses caused by certain acts of terrorism. In the absence of affirmative US Congressional action to extend, update, or otherwise reauthorize TRIPRA, in whole or in part, TRIPRA is scheduled to expire December 31, 2014.

Since the timetable for any further Congressional action respecting TRIPRA is unknown at this time, and exposure to acts of terrorism remains, we are providing our policyholders with relevant information concerning their workers compensation policies in effect on or after January 1, 2014 in the event of TRIPRA's expiration.

Your policy provides coverage for workers compensation losses caused by acts of terrorism or war, including workers compensation benefit obligations dictated by state law, except in Pennsylvania where injuries or deaths resulting from certain war-related activities are excluded from workers compensation coverage. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy.

The premium charge for the coverage your policy provides for terrorism or war losses is shown in Item 4 of the Information Page or the Schedule in the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement that is attached to your policy, and this amount may continue or change for new, renewal, and in-force policies in effect on or after December 31, 2014 in the event of TRIPRA's expiration, subject to regulatory review in accordance with applicable state law.

You need not do anything further at this time.



**THE STATE INSURANCE FUND**  
199 CHURCH STREET, NEW YORK NY 10007



**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY**  
**THIS IS YOUR POLICY, PLEASE READ IT.**

**Retain it with your important records.**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

**GENERAL SECTION**

**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer or employers named in the Information Page) and us (THE STATE INSURANCE FUND). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**C. Workers' Compensation Law**

Workers' Compensation Law means the Workers' Compensation Law of the State of New York except as otherwise provided by endorsement. It includes any amendments to that law which are in effect during the policy period. It does not include the provisions of any law that provide non-occupational disability benefits and, except as provided by endorsement to this policy, any federal workers' compensation law or occupational disease law.

**B. Who Is Insured**

You are insured if you are an employer named in the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

**D. Locations**

This policy covers all of your workplaces in the state of New York except as excluded by endorsement.

**PART ONE - WORKERS' COMPENSATION INSURANCE**

**A. How This Insurance Applies**

This workers' compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment.

The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay promptly when due the benefits required of you by the Workers' Compensation Law.

**C. We Will Defend**

We have the right and duty to defend at our expense any claim or proceeding against you for benefits payable by this insurance. We have the right to investigate and settle these claims or proceedings.

We have no duty to defend a claim or proceeding that is not covered by this insurance.

**D. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim or proceeding we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;

4. interest on an award as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the Workers' Compensation Law including those required because:

1. of your serious and willful misconduct;
2. you employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee.

If we make any payments in excess of the benefits regularly provided by the Workers' Compensation Law on your behalf, you will reimburse us promptly.

**G. Recovery From Others**

We have your rights and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

**H. Statutory Provisions**

These statements apply where they are required by law.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

#### D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

#### E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

#### F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

#### G. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

#### H. Actions Against Us

There will be no right of action against us under this insurance unless:

1. you have complied with all the terms of this policy ; and
2. the amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability.

The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part after an injury occurs while this policy is in force for you.

### PART THREE - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here:

1. Provide for immediate medical and other services required by the Workers' Compensation Law.
2. Give us the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.

5. Do nothing after an injury occurs that might interfere with our right to recover from others.

6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

### PART FOUR - PREMIUM

#### A. Our Manuals

All premium for this policy will be determined by manuals of rules, rates, rating plans and classifications we use. The manuals or their content may be changed. Any changes will be applied to this policy as authorized by law, rule or a governmental agency regulating this insurance.

#### B. Variation of State Fund Manual Rates

We may apply premium rates to the policy that are in excess of or less than State Fund manual rates. Variation of State Fund manual rates will be determined by us according to our appraisal of you and your business operations as a risk.

#### C. Classifications

The Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy. You must notify us promptly of any change in the nature of the work performed by your employees so that we can assign proper classifications.

#### D. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and

2. all other persons engaged in work that could make us liable under Part One (Workers' Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof which we deem sufficient to establish that the employers of these persons lawfully secured their workers' compensation obligations. You must notify us promptly of any change in the number of your employees or in the payroll or other remuneration paid to your employees so that we can apply the correct premium basis.

#### E. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of the Workers' Compensation Law is not valid. You are liable jointly and severally with all other insureds, for all premiums allocable for the period of time you are insured.

Premium includes all amounts that we bill to you including but not limited to terrorism premium, catastrophe premium and assessment charges.

INSURED: W 2268 013-6

REPRESENTATIVE: 909515

TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH NY 12550

GLATFELTER BROKERAGE SERVICES  
52 CORPORATE CIRCLE  
SUITE 210  
ALBANY NY 12203

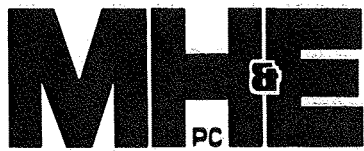
W 2268 013-6

02/25/2014

3/7/14

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TOWN OF NEWBURGH  
1496 ROUTE 300  
NEWBURGH, NY 12550



**McGOEY, HAUSER and EDSALL  
CONSULTING ENGINEERS P.C.**

RICHARD D. McGOEY, P.E. (NY & PA)  
WILLIAM J. HAUSER, P.E. (NY & NJ & PA)  
MARK J. EDSALL, P.E. (NY, NJ & PA)

16a  
MAIN OFFICE  
33 Airport Center Drive  
Suite 202  
New Windsor, New York 12553

(845) 567-3100  
fax: (845) 567-3232  
e-mail: mheny@mhepc.com

6 March 2014

Town of Newburgh  
1496 Route 300  
Newburgh, NY 12550

**ATTENTION: GIL PIAQUADIO, SUPERVISOR**

**SUBJECT: QUICK CHEK CORPORATION, SECTION 25, BLOCK 5, LOT 1  
TOWN PLANNING BOARD PROJECT # 2010-04  
RELEASE OF STORM WATER IMPROVEMENT BONDS**

Dear Supervisor Piaquadio:

This office has received a request from Bohler Engineering, representing Quick Chek Corporation for the Release of Storm Water Securities at their recently constructed Route 9W facility. As built plans have been submitted, as well as a Certification of Substantial Compliance with the plans. Based on the above, this office takes no exception to the Town releasing the Storm Water Security posted in the amount of \$184,439.00, dated 15 June 2012. The project site has been fully stabilized and no additional erosion and sediment control activities are required. Based on a review of the as built plans, the storm water facilities have been constructed in substantial compliance with approved project plans.

Respectfully submitted,

**McGoey, Hauser and Edsall  
Consulting Engineers, P.C.**

Patrick J. Hines  
Associate

cc: John Ewasutyn, Planning Board Chair  
Gerald Canfield, Code Compliance Supervisor  
James Osborn, Town Engineer

REGIONAL OFFICES

- 111 Wheatfield Drive • Suite 1 • Milford, Pennsylvania 18337 • 570-296-2765 •
- 540 Broadway • Monticello, New York 12701 • 845-794-3399 •



# BOHLER ENGINEERING

35 Technology Drive  
Warren, NJ 07059  
PHONE 908.668.8300  
FAX 908.754.4401

January 28, 2014

Via Federal Express

McGoey, Hauser and Edsall Consulting Engineers P.C.  
33 Airport Drive, Suite 202  
New Windsor, NY 12553

JAN 29 2014

Attention: Patrick J. Hines, P.E.

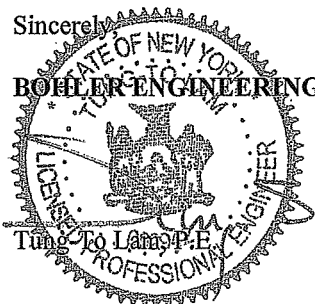
**RE: QuickChek Corporation  
Section 25; Block 5; Lot 1  
Town of Newburgh  
Orange County, New York  
BENJ# 041405.01**

Based on our discussion, please accept this letter as a formal request for the release of the Stormwater Bond in the amount of \$184,439.00, dated June 15, 2012, which was previously submitted in support of the QuickChek Corporation's Application to the Town of Newburgh in regards to the above-referenced project. Enclosed please find a s/s copy of the As-Built Surveys, prepared by Control Point Associates, Inc., dated July 5, 2012 for your reference. Based on our review of the enclosed As-Built Surveys, our office is providing this s/s letter stating that the constructed drainage improvements are in general conformance with the Site Plans, prepared by our office, dated January 18, 2010, last revised November 30, 2011.

Upon the completion of your review of the enclosed documents, please return the Stormwater Bond directly to Rich Lamont at QuickChek Corporation at the below mailing address:

Rich Lamont  
QuickChek Corporation  
3 Old Highway 28  
PO Box 600  
Whitehouse Station, NJ 08889

Should you have any questions or require any additional information, please do not hesitate to contact the undersigned.



TXL/gtg J:\Quick Chek\2004\041405\041405.01\Letters\Hines 05.doc

Enclosure

Cc: Rich Lamont, QuickChek Corporation (w/enclosure)

#### OTHER OFFICE LOCATIONS:

- Southborough, MA  
508.480.9900
- Albany, NY  
518.438.9900
- Hauppauge, NY  
631.738.1200
- Center Valley, PA  
610.709.9971
- Chalfont, PA  
215.996.9100
- Philadelphia, PA  
267.402.3400
- Towson, MD  
410.821.7900
- Bowie, MD  
301.809.4500
- Sterling, VA  
703.709.9500
- Warrenton, VA  
540.349.4500
- Charlotte, NC  
980.272.3400
- Fort Lauderdale, FL  
954.202.7000
- Tampa, FL  
813.379.4100

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



**TOWN OF NEWBURGH  
TOWN ENGINEER  
1496 Rte. 300  
Newburgh, NY 12550  
(845) 564-7814**

**MEMORANDUM**

**TO:** Gil Piaquadio, Deputy Supervisor & Town Board  
**FROM:** James W. Osborne, Town Engineer *JWO*  
**DATE:** March 11, 2014  
**RE:** PB \ BALMVILLE ESTATES (OSAGE LANE)

---

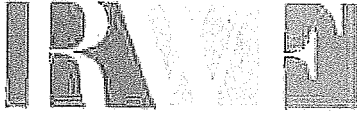
The maintenance period for the above referenced project has expired and the developer is requesting release of the maintenance security. Based on my inspection, release of the remaining security in the amount of \$5920 is recommended.

In addition, the Town Board never acted to fully release the performance security for the construction of the private road. Therefore, I am recommending release of the remaining performance security in the amount of \$7080.

As the above requires Town Board action, I am requesting that this item be placed on the next available agenda for approval. If you have any questions or comments, I am available to discuss them with you.

JWO/id

16c



Rider Weiner & Frankel P.C.  
ATTORNEYS & COUNSELORS AT LAW

MEMORANDUM

P: 845.562.9100

F: 845.562.9126

655 Little Britain Road  
New Windsor, NY 12553

P.O. Box 2280  
Newburgh, NY 12550

ATTORNEYS

David L. Rider  
Charles E. Frankel  
Michael J. Matsler  
Mark C. Taylor  
Deborah Weisman-Estis  
M. Justin Rider  
Shay A. Humphrey  
Jeffrey S. Sculley  
Donna M. Badura

M. J. Rider  
(1906-1968)  
Elliott M. Weiner  
(1915-1990)

COUNSEL

Stephen P. Duggan, III

OF COUNSEL

Craig F. Simon

TO: HON. WAYNE C. BOOTH, SUPERVISOR  
TOWN BOARD MEMBERS

FROM: MARK C. TAYLOR, ATTORNEY FOR THE TOWN

RE: MEADOW HILL SOUTH SEWER DISTRICT PARALLEL  
RELIEF SEWER MAIN PROJECT  
OUR FILE NOS. 801.145; 800.1(B)(3)(2014)

DATE: MARCH 12, 2014

Attached for the Town Board's consideration are the following draft resolution and draft order:

1. A Resolution of SEQR Designation and Determination for the Town Board to Act as Lead Agency in a Coordinated Review and to Adopt a Negative Declaration for the Meadow Hill South Sewer District Parallel Relief Sewer Main Project: An Unlisted Action
2. Order Calling Public Hearing in the Matter of the Increase and Improvement of the Facilities of the Meadow Hill South Sewer District in the Town of Newburgh, Orange County, New York

Should you have any questions or concerns, please do not hesitate to contact me.

cc: Town Clerk Andrew J. Zarutskie (via e-mail)  
James Osborne, Town Engineer (via e-mail)  
John Platt, DPW Commissioner (via e-mail)  
Jacqueline Calarco, Town Accountant (via e-mail)

DRAFT

At a meeting of the Town Board of the Town of Newburgh held at the Town Hall, 1496 Route 300, in the Town of Newburgh, Orange County, New York, on the \_\_\_th day of March, 2014 at 7:00 o'clock p.m.

PRESENT:

Gilbert J. Piaquadio, Deputy Supervisor and Councilman

George Woolsey, Councilman

Elizabeth J. Greene, Councilwoman

Paul I. Ruggiero, Councilman

Paul I. Ruggiero, Councilman

A RESOLUTION OF SEQR DESIGNATION AND DETERMINATION FOR THE TOWN BOARD TO ACT AS LEAD AGENCY IN A COORDINATED REVIEW AND TO ADOPT A NEGATIVE DECLARATION FOR THE MEADOW HILL SOUTH SEWER DISTRICT PARALLEL RELIEF SEWER MAIN PROJECT: AN UNLISTED ACTION

Councilman/woman \_\_\_\_\_ presented the following resolution which was seconded by Councilman/woman \_\_\_\_\_.

WHEREAS, the Town Board of the Town of Newburgh, after thorough consideration of the various aspects of the problems and study of available information, has determined that the project generally described as the increase and improvement of the facilities of the Meadow Hill South Sewer District in the Town of Newburgh, Orange County, New York, being the construction of a relief sewer from the comminutor building at Saddle Place to Union Avenue, including, original furnishings, equipment, machinery, apparatus, appurtenances, and incidental improvements and expenses in connection therewith (herein called the "Action") is desirable; and

WHEREAS, the Town Board of the Town of Newburgh has caused an Environmental Assessment Form (the "EAF") to be prepared for the proposed Action; and

WHEREAS, the Town Board proposes to and has authority to undertake, fund and approve the Action; and

WHEREAS, the Town Board pursuant to Article 8 of the Environmental Conservation Law ("SEQRA"), Part 617 of the General Regulations adopted pursuant thereto ("Part 617") and Chapter 100 entitled "Environmental Quality Review" of the Town of Newburgh Municipal Code, has heretofore determined that the Action is subject to SEQRA and is an Unlisted Action

under SEQRA, Part 617 and/or Chapter 100; and

WHEREAS, the Town Board has heretofore identified the following agencies identified by the EAF, using all due diligence, as involved agencies for the Action:

New York State Thruway Authority

New York State Department of Transportation

New York State Department of Environmental Conservation

and;

WHEREAS, the Town Board has determined that the Action is not located in an agricultural district; and

WHEREAS, the Town Board caused a Lead Agency coordination letter to be circulated among the various involved agencies together with copies of the EAF, and such other information as is appropriate, indicating the Town Board's intent to assume the role of Lead Agency for the Action under SEQRA and Part 617; and

WHEREAS, the identified involved agencies have either agreed that the Town Board shall act as the Lead Agency for the Action or not responded within the thirty (30) calendar day time frame established under SEQRA; and

WHEREAS, in performing its review of the Action, the Town Board has (i) considered the Action as an action as defined in subdivisions 617.2(b) and 617.3(g) of Part 617, (ii) thoroughly reviewed the EAF, and any and all other documents prepared and submitted with respect to this proposed action and its environmental review, and (iii) thoroughly analyzed the potential relevant areas of environmental concern to determine if the proposed action may have a significant adverse impact on the environment, including the criteria identified in 6 NYCRR Section 617.7(c); and

WHEREAS, the Town Board has completed the coordinated review in accordance with paragraph 617.6(b)(3) of Part 617; and

WHEREAS, the Town Board has not identified relevant areas of environmental concern which would lead to a determination that the Action may have a significant adverse effect on the environment either in the short term, long term or cumulatively given the likely consequences, setting, probability of occurrence, duration, irreversibility, geographic scope, magnitude and the number of people affected.

NOW THEREFORE, BE IT RESOLVED:

1. The Town Board pursuant to Article 8 of the Environmental Conservation

Law ("SEQR"), Part 617 of the General Regulations adopted pursuant thereto ("Part 617") and Chapter 100 entitled "Environmental Quality Review" of the Town of Newburgh Municipal Code, hereby declares itself Lead Agency for this Unlisted Action for the purpose of conducting a coordinated review.

2. The Town Board, acting in its capacity as Lead Agency, does hereby determine that the Action will not have an adverse environmental impact and, accordingly, does issue a negative declaration.
3. The Town Board accordingly determines that an Environmental Impact Statement will not be prepared.
4. The Town Board hereby authorizes the Deputy Supervisor to execute and file the relevant section of the Environmental Assessment Form and the Negative Declaration attached hereto, in accordance with the applicable provisions of law.

The foregoing resolution was duly put to a vote on roll call which resulted as follows:

<u>George Woolsey, Councilman</u>	<u>voting</u>
<u>Elizabeth J. Greene, Councilwoman</u>	<u>voting</u>
<u>Paul I. Ruggiero, Councilman</u>	<u>voting</u>
<u>Gilbert J. Plaquadro, Deputy Supervisor and Councilman</u>	<u>voting</u>

The resolution was thereupon declared duly adopted.

617.20  
Appendix B  
Short Environmental Assessment Form

**Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>			
TOWN OF NEWBURGH (MEADOW HILL SOUTH S.D.)			
Name of Action or Project: CONSTRUCTION OF A 10 INCH DIAMETER RELIEF SEWER			
Project Location (describe, and attach a location map): To be installed from MHS Commnutor Bldg, across NYST, across Newburgh Mall parking lot and across Union Avenue(NYS Route 300)			
Brief Description of Proposed Action: The Town will install approximately 1800 linear feet of 10 inch diameter relief force main sewer parallel to the existing 6 inch/4 inch sewer force main to carry excess flows attributed to wet weather infiltration of the sanitary sewer system. The project will use standard excavation for the installation of the main except for the portion to be located under the New York State Thruway which will utilize either a jack and bore or directional drilling to install a carrier pipe and possibly under NYS Route 300 to make the final connection with the Town's existing 10 inch sewer force main.			
Name of Applicant or Sponsor: TOWN OF NEWBURGH		Telephone: 845-564-4552	
		E-Mail: townsupervisor@townofnewburgh.org	
Address: 1496 Route 300			
City/PO: Newburgh		State: NY	Zip Code: 12550
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: NYSDEC - Plan Approval. NYSTA & NYSDOT - Highway Work Permits			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		_____ acres	
b. Total acreage to be physically disturbed?		_____ 0.33 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ 0.085 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input checked="" type="checkbox"/> Other (specify): State Highways _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Are public transportation service(s) available at or near the site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: NOT APPLICABLE		<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is the proposed action located in an archeological sensitive area?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100 year flood plain?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>		
Applicant/sponsor name: <u>WAYNE C. BOOTH, SUPERVISOR</u> Date: <u>14 JANUARY 2014</u>		
Signature: _____		

**Part 2 - Impact Assessment.** The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?		
b. public / private wastewater treatment utilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part 3 - Determination of significance.** The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**PRINT**

1602

756166658.01

New

At a regular meeting of the Town Board of the Town of Newburgh, Orange County, New York, held at the Town Hall, in Newburgh, New York on \_\_\_\_\_, 2014, at \_\_\_\_\_ o'clock P.M., Prevailing Time.

PRESENT:

Gilbert J. Piaquadio  
Councilman and Deputy Supervisor

George Woolsey  
Councilman

Elizabeth J. Greene  
Councilwoman

Paul I. Ruggiero  
Councilman

<p style="text-align: center;">In the Matter of The Increase and Improvement of the Facilities of the Meadow Hill South Sewer District in the Town of Newburgh, Orange County, New York</p>	<p style="text-align: center;">ORDER CALLING PUBLIC HEARING</p>
---	---

WHEREAS, the Town Board of the Town of Newburgh, Orange County, New York, has caused to be prepared a map, plan and report, including an estimate of cost, pursuant to Section 202-b of the Town Law, relating to the increase and improvement of the facilities of the Meadow Hill South Sewer District in the Town of Newburgh, Orange County, New York (the "Sewer District"), being the construction of a replacement relief sewer from the comminator building at Saddle Place to Union Avenue, including, original furnishings, equipment,

machinery, apparatus, appurtenances, and incidental improvements and expenses in connection therewith, at a maximum estimated cost of \$1,160,000; and

WHEREAS, said capital project has been determined to be an Unlisted Action pursuant to the regulations of the New York State Department of Environmental Conservation promulgated pursuant to the State Environmental Quality Review Act ("SEQRA"), the implementation of which as proposed, it has been determined will not result in a significant environmental effect and the documentation relating to SEQRA is available in the office of the Town Clerk for inspection during normal office hours; and

WHEREAS, it is now desired to call a public hearing on the question of the increase and improvement of the facilities of said Sewer District, in the matter described above, and to hear all persons interested in the subject thereof, concerning the same, in accordance with the provisions of Section 202-b of the Town Law; NOW, THEREFORE, IT IS HEREBY

ORDERED, by the Town Board of the Town of Newburgh, Orange County, New York, as follows:

Section 1. A public hearing will be held in the Town Hall, in Newburgh, New York, in said Town, on \_\_\_\_\_, 2014, at \_\_\_\_\_ o'clock P.M., Prevailing Time, on the question of the increase and improvement of the facilities of Meadow Hill South Sewer District in the Town of Newburgh, Orange County, New York, in the manner described in the preambles hereof, and to hear all persons interested in the subject thereof, concerning the same, and to take such action thereon as is required or authorized by law.

Section 2. The Town Clerk is hereby authorized and directed to cause a copy of the Notice of Public Hearing hereinafter provided to be published once in the official newspaper, and also to cause a copy thereof to be posted on the sign board of the Town, such publication and

posting to be made not less than ten, nor more than twenty, days before the date designated for the hearing.

Section 3. The notice of public hearing shall be in substantially the form attached hereto as Exhibit A and hereby made a part hereof.

Section 4. This Order shall take effect immediately.

The question of the adoption of the foregoing order was duly put to a vote on roll call, which resulted as follows:

Councilman George Woolsey	VOTING	_____
Councilwoman Elizabeth J. Greene	VOTING	_____
Councilman Paul I. Ruggiero	VOTING	_____
Councilman Gilbert J. Piaquadio	VOTING	_____

The Order was thereupon declared duly adopted.

\* \* \* \* \*

**CERTIFICATION FORM**

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

I, the undersigned Clerk of the Town of Newburgh, Orange County, New York (the "Issuer"), DO HEREBY CERTIFY:

1. That a meeting of the Issuer was duly called, held and conducted on the \_\_\_\_\_ day of \_\_\_\_\_, 2014.
2. That such meeting was a **special regular** (circle one) meeting.
3. That attached hereto is a proceeding of the Issuer which was duly adopted at such meeting by the Board of the Issuer.
4. That such attachment constitutes a true and correct copy of the entirety of such proceeding as so adopted by said Board.
5. That all members of the Board of the Issuer had due notice of said meeting.
6. That said meeting was open to the general public in accordance with Section 103 of the Public Officers Law, commonly referred to as the "Open Meetings Law".
7. That notice of said meeting (*the meeting at which the proceeding was adopted*) was caused to be given **PRIOR THERETO** in the following manner:

**PUBLICATION** (here insert newspaper(s) and date(s) of publication - should be a date or dates falling prior to the date set forth above in item 1)

**POSTING** (here insert place(s) and date(s) of posting- should be a date or dates falling prior to the date set forth above in item 1)

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Issuer  
this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Town Clerk

(CORPORATE SEAL)

10F

**TOWN OF NEWBURGH**  
**TOWN ENGINEER**  
1496 Rte. 300  
Newburgh, NY 12550  
(845) 564-7814

**MEMORANDUM**

**TO:** Gil Piaquadio, Deputy Supervisor & Town Board  
**FROM:** James W. Osborne, Town Engineer *JWO*  
**DATE:** March 13, 2014  
**RE:** **W\ CHADWICK LAKE FILTER PLANT –  
MANGANESE TREATMENT PLANT**

---

Attached for Town Board approval is the final payment request from the Electrical Contractor for the above project. Approval of this payment request includes approval of three small change orders totaling \$3927.58.

The remaining work on the project is the responsibility of the General Contractor. Work on installing the new median will begin on March 17 and will continue until the system is tested and accepted by the Town and Project Engineer.

If you have any questions or comments, I am available to discuss them with you.

JWO/id

Attachment

cc: J. Platt, DPW Comm.  
J. Egitto, J. Guido – CAMO  
J. Calarco, Accountant  
R. Gell, OBG

# PAYMENT APPLICATION

**TO:** TOWN OF NEWBURGH  
 1496 ROUTE 300  
 NEWBURGH, NEW YORK 12550  
 Attn: JAMES OSBORNE, P.E.

**FROM:** RLJ ELECTRIC CORPORATION  
 860 WASHINGTON STREET  
 PEEKSKILL, NEW YORK 10566  
**FOR:** ELECTRICAL

**PROJECT NAME AND LOCATION:** MANGANESE TREATMENT SYSTEM-CHAD  
 1496 ROUTE 300  
 NEWBURGH, NEW YORK 12550

**ARCHITECT:** O'BRIEN & GERE  
 22 SAW MILL RIVER ROAD  
 HAWTHORNE, N EW YORK 10532  
**CONSTRUCTION MANAGER:** O'BRIEN & GERE

**APPLICATION #** PERIOD THRU  
 10 Final 12/23/2013

**PROJECT #s:** CHADWICK LAKE  
 WTP  
 DATE OF CONTRACT: 03/13/2010

**Distribution to:**  
 OWNER  
 CONSTRUCTION MANAGER  
 ARCHITECT  
 CONTRACTOR  
 GENERAL CONTRACTOR

## CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below. Continuation Page is attached.

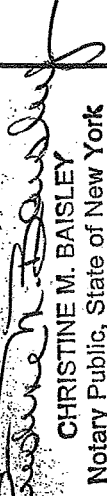
1. CONTRACT AMOUNT	\$342,000.00
2. SUM OF ALL CHANGE ORDERS	\$3,927.58
3. CURRENT CONTRACT AMOUNT (Line 1 +/- 2)	\$345,927.58
4. TOTAL COMPLETED AND STORED (Column G on Continuation Page)	\$345,927.58
5. RETAINAGE:	
a. 0.00% of Completed Work (Columns D + E on Continuation Page)	\$0.00
b. 0.00% of Material Stored (Column F on Continuation Page)	\$0.00
Total Retainage (Line 5a + 5b or Column I on Continuation Page)	\$0.00
6. TOTAL COMPLETED AND STORED LESS RETAINAGE (Line 4 minus Line 5 Total)	\$345,927.58
7. LESS PREVIOUS PAYMENT APPLICATIONS	\$319,817.00
8. PAYMENT DUE	\$26,110.58
9. BALANCE TO COMPLETION (Line 3 minus Line 6)	\$0.00

SUMMARY OF CHANGE ORDERS	ADDITIONS	DEDUCTIONS
Total changes approved in previous months	\$0.00	\$0.00
Total approved this month	\$3,927.58	\$0.00
<b>TOTALS</b>	<b>\$3,927.58</b>	<b>\$0.00</b>
<b>NET CHANGES</b>	<b>\$3,927.58</b>	

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

**CONTRACTOR:** RLJ ELECTRIC CORPORATION  
 By:   
 CHRISTOPHER MANDLER/PRESIDENT

State of: New York  
 County of: Westchester  
 Subscribed and sworn to before  
 me this 23rd day of December 2013  
 Notary Public: Christine M. Baisley  
 My Commission Expires: June 14, 2015

Date: 12/23/2013  
  
**CHRISTINE M. BAISLEY**  
 Notary Public, State of New York  
 No. 01BA60265668  
 Qualified in Westchester County  
 Commission Expires June 14 2015

## CERTIFICATION FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect and Construction Manager certifies to the Owner that to the best of their knowledge, information and belief of the work has progressed as indicated, the quality of the work is in accordance with the Contract Documents, and the contractor is entitled to payment of the Amount Certified.

**CERTIFIED AMOUNT:** .....  
 (Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified)  
**CONSTRUCTION MANAGER:** STEVE WESCOTT

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 ARCHITECT: STEVE WESCOTT  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

This Certification is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this contract.

**CONTINUATION PAGE**

PROJECT: 09-116 APPLICATION #: 10 Final  
 MANGANESE TREATMENT SYSTEM- DATE OF APPLICATION: 12/23/2013  
 CHADWICK LAKE WTP PERIOD THRU: 12/23/2013  
 Payment Application containing Contractor's signature is attached. PROJECT #s: CHADWICK LAKE WTP

A ITEM #	B WORK DESCRIPTION	C SCHEDULED AMOUNT	D COMPLETED WORK		E AMOUNT THIS PERIOD	F STORED MATERIALS (NOT IN D OR E)	G TOTAL COMPLETED AND STORED (D + E + F)	H BALANCE TO COMPLETION (C-G)	I RETAINAGE (If Variable)
			AMOUNT PREVIOUS PERIODS	AMOUNT THIS PERIOD					
1	BONDS AND INSURANCES	\$12,500.00	\$12,500.00	\$0.00	\$0.00	\$0.00	\$12,500.00	\$0.00	
2	GENERAL CONDITIONS	\$15,000.00	\$13,500.00	\$1,500.00	\$0.00	\$0.00	\$15,000.00	\$0.00	
3	MOBLIZATION	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	\$0.00	
4	SUBMITTALS	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$0.00	
5	SUPPLY LIGHTING FIXTURES	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$0.00	
6	SUPPLY DISTRIBUTION EQUIPMENT	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	\$0.00	
7	SUPPLY GENERATOR	\$100,000.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00	\$0.00	
8	INSTALL INTERIOR CONDUIT & WIRE-LABOR	\$66,000.00	\$66,000.00	\$0.00	\$0.00	\$0.00	\$66,000.00	\$0.00	
9	INSTALL INTERIOR CONDUIT & WIRE-MATERIAL	\$31,150.00	\$31,150.00	\$0.00	\$0.00	\$0.00	\$31,150.00	\$0.00	
10	INSTALL NEW DISTRIBUTION EQUIPMENT-LABOR	\$4,000.00	\$4,000.00	\$0.00	\$0.00	\$0.00	\$4,000.00	\$0.00	
11	INSTALL NEW DISTRIBUTION EQUIPMENT-MATERIAL	\$1,200.00	\$1,200.00	\$0.00	\$0.00	\$0.00	\$1,200.00	\$0.00	
12	INSTALL NEW GENERATOR-LABOR	\$6,500.00	\$6,500.00	\$0.00	\$0.00	\$0.00	\$6,500.00	\$0.00	
13	INSTALL NEW GENERATOR-MATERIAL	\$1,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00	
14	EQUIPMENT TERMINATIONS & CONNECTIONS-LABOR	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$0.00	
15	EQUIPMENT TERMINATIONS & CONNECTIONS-MATERIAL	\$650.00	\$650.00	\$0.00	\$0.00	\$0.00	\$650.00	\$0.00	
16	INSTALL NEW LIGHTING FIXTURES-LABOR	\$2,500.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$0.00	
<b>SUB-TOTALS</b>		\$290,500.00	\$289,000.00	\$1,500.00	\$0.00	\$0.00	\$290,500.00	\$0.00	



**CONTINUATION PAGE**

PROJECT: 09-116 APPLICATION #: 10 Final  
 MANGANESE TREATMENT SYSTEM- DATE OF APPLICATION: 12/23/2013  
 CHADWICK LAKE WTP PERIOD THRU: 12/23/2013  
 PROJECT #s: CHADWICK LAKE WTP

Payment Application containing Contractor's signature is attached.

A ITEM #	B WORK DESCRIPTION	C SCHEDULED AMOUNT	D COMPLETED WORK		E AMOUNT THIS PERIOD	F STORED MATERIALS (NOT IN D OR E)	G TOTAL COMPLETED AND STORED (D + E + F)	H BALANCE TO COMPLETION (C-G)	I RETAINAGE (If Variable)
			AMOUNT PREVIOUS PERIODS	AMOUNT THIS PERIOD					
17	INSTALL NEW LIGHTING FIXTURES-MATERIAL	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	
18	INSTALLATION OF SITE CONDUITS & WIRE-LABOR	\$30,000.00	\$30,000.00	\$0.00	\$0.00	\$0.00	\$30,000.00	\$0.00	
19	INSTALLATION OF SITE CONDUITS & WIRE-MATERIAL	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	\$0.00	
20	STARTUP AND CHECKOUT	\$2,500.00	\$2,150.00	\$350.00	\$0.00	\$0.00	\$2,500.00	\$0.00	
21	PUNCHLIST	\$2,500.00	\$0.00	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$0.00	
22	AS-BUILTS/CLOSEOUTS	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$0.00	
23	Change Order # 1	\$3,927.58	\$0.00	\$3,927.58	\$0.00	\$0.00	\$3,927.58	\$0.00	
	<b>TOTALS</b>	<b>\$345,927.58</b>	<b>\$336,650.00</b>	<b>\$9,277.58</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$345,927.58</b>	<b>\$0.00</b>	<b>100%</b>

# PROPOSED CHANGE ORDER

**CCN #** UNDERGROUND I  
**Date:** 12/23/2013  
**Project Name:**  
**Project Number:**  
**Page Number:** 1

Client Address:

## Work Description

We reserve the right to correct this quote for errors and omissions.

This quote covers direct costs only and we reserve the right to claim for impact and consequential costs.  
 This price is good for acceptance within 10 days from the date of receipt.  
 We request a time extension of 3 days.

Chadwick Lake WTP-Repair of Underground conduits

We provided labor and material for the repair of underground conduits damages by the site excavation.

## Itemized Breakdown

Description	Qty	Net Price	U	Total Mat.	Labor	U	Total Hrs.
3/4" GRC (GALV)	40	237.60	C	95.04	0.00	C	0.00
3/4" STEEL LOCKNUT	4	39.55	C	1.58	0.00	C	0.00
3/4" PLASTIC BUSHING	2	28.00	C	0.56	0.00	C	0.00
3/4" GRC CUT & THREAD	4	0.00	C	0.00	0.00	C	0.00
3/4 " GRC FIELD BENDS	4	0.00	C	0.00	0.00	E	0.00
#12 THHN	528	333.84	M	176.27	0.00	M	0.00
B2-1 RED WIRE CONN	11	19.39	C	2.13	0.00	C	0.00
FS 2G BOX 3/4" HUB	1	38.96	E	38.96	0.00	E	0.00
245AL WP CVR	1	13.06	E	13.06	0.00	E	0.00
MANUAL TAKE OFF LABOR	5	0.00	E	0.00	1.00	E	5.00
<b>Totals</b>	<b>600</b>			<b>327.60</b>			<b>5.00</b>

## Summary

General Materials		327.60
<b>Material Total</b>		<b>327.60</b>
JOURNEYMAN	(5.00 Hrs @ \$85.00)	425.00
<b>Subtotal</b>		<b>752.60</b>
Overhead	(@ 10.000 %)	75.26
Markup	(@ 10.000 %)	82.79
<b>Subtotal</b>		<b>910.65</b>
BOND FEE	(@ 2.000 %)	18.21
<b>Final Amount</b>		<b>\$928.86</b>

## CONTRACTOR CERTIFICATION

<b>Name:</b>	<i>Charles J. ...</i>
<b>Date:</b>	
<b>Signature:</b>	<i>[Signature]</i>

I hereby certify that this quotation is complete and accurate based on the information provided.

**ORIGINAL**

**PROPOSED CHANGE ORDER**

Client Address:

CCN # UNDERGROUND I  
Date: 12/23/2013  
Project Name:  
Project Number:  
Page Number: 2

**CLIENT ACCEPTANCE**

CCN #: UNDERGROUND REPAIRS CO#3	_____
Final Amount:\$928.86	_____
Name:	_____
Date:	_____
Signature:	_____
Change Order #:	_____
I hereby accept this quotation and authorize the contractor to complete the above described work.	

**ORIGINAL**

# PROPOSED CHANGE ORDER

**RLJ ELECTRIC CORPORATION**  
 860 WASHINGTON STREET  
 PEEKSKILL, NEW YORK 10566

CCN # **2**  
 Date: **9/20/2010**  
 Project Name: **CHADWICK WTP**  
 Project Number: **CHADWICK WTP**  
 Page Number: **1**

Client Address:

**TOWN OF NEWBURGH**

---

## Work Description

---

We reserve the right to correct this quote for errors and omissions.

This quote covers direct costs only and we reserve the right to claim for impact and consequential costs.  
 This price is good for acceptance within 10 days from the date of receipt.  
 We request a time extension of 3 days.

CHADWICK LAKE WTP-MODIFICATION NO. IB-2

We propose to supply labor and material as per the request for Proposal Modification IB-2

---

## Itemized Breakdown

---

Description	Qty	Net Price U	Total Mat.	Labor U	Total Hrs.
3/4" GRC (GALV)	100	237.60 C	237.60	6.18 C	6.18
3/4" STEEL LOCKNUT	8	39.55 C	3.16	5.00 C	0.40
3/4" PLASTIC BUSHING	4	28.00 C	1.12	3.75 C	0.15
3/4" GRC STRUT CLAMP	12	246.54 C	29.58	6.38 C	0.77
3/4" GRC CUT & THREAD	5	0.00 C	0.00	37.50 C	1.88
3/4" LT FLEX	12	280.88 C	33.71	6.19 C	0.74
3/4" LT STRAIGHT CONN	4	565.74 C	22.63	21.25 C	0.85
#12 THHN	420	333.84 M	140.21	6.41 M	2.69
12-10 NYLON INSUL FORK RC10-6F	2	136.85 C	2.74	5.00 C	0.10
RED SCOTCHLOCK (#16-10)	6	23.06 C	1.38	8.75 C	0.53
3/4" FIELD CUT KO	4	0.00 E	0.00	0.50 E	2.00
#12-3C 480V MOTOR TERM	2	0.00 E	0.00	0.52 E	1.04
#12 WIRE POWER TERM	7	0.00 E	0.00	0.10 E	0.70
<b>Totals</b>			<b>472.14</b>		<b>18.02</b>

---

## Summary

---

General Materials		472.14
<b>Material Total</b>		<b>472.14</b>
JOURNEYMAN	(18.02 Hrs @ \$85.00)	1,531.70
Labor Markup	(@ 10.000 %)	153.17
Markup	(@ 10.000 %)	215.70
<b>Subtotal</b>		<b>2,372.71</b>
BOND FEE	(@ 2.000 %)	47.45
<b>Final Amount</b>		<b>\$2,420.16</b>

---

## CONTRACTOR CERTIFICATION

---

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

ORIGINAL

**PROPOSED CHANGE ORDER**

Client Address:

**RLJ ELECTRIC CORPORATION**  
860 WASHINGTON STREET  
PEEKSKILL, NEW YORK 10566

**TOWN OF NEWBURGH**

CCN # 2  
Date: 9/20/2010  
Project Name: CHADWICK WTP  
Project Number: CHADWICK WTP  
Page Number: 2

**CLIENT ACCEPTANCE**

CCN #:	2
Final Amount:	\$2,420.16
Name:	<i>CHRISTOPHER MANDRA</i>
Date:	<i>9/20/10</i>
Signature:	<i>[Signature]</i>
Change Order #:	<i>2</i>

I hereby accept this quotation and authorize the contractor to complete the above described work.

**ORIGINAL**

**O'BRIEN & GERE ENGINEERS, INC.**

**MODIFICATION**

**OWNER:** Town of Newburgh  
**PROJECT:** Chadwick Lake WTP, Manganese Treatment System  
**CONTRACT NO.:** 1B  
**CONTRACTOR:** RLJ Electric.  
**O'BRIEN & GERE  
PROJECT NO.:** 4219/44542  
**MODIFICATION NO:** 1B-2  
**DATE:** 8/23/10

Provide additional wiring and controls associated with the Manganese Treatment System as follows:

1. Provide 3-#12, 1-#12 ground in 3/4" conduit routed from the Filter Control Panel to the Air Scour Blower skid for 480 VAC, three phase power to an additional blower.
2. Provide 2-#12, 1-#12 ground in 3/4" conduit routed from the Filter Control Panel to the Air Scour Blower skid for 120 VAC power to the blower enclosure exhaust fan. Provide a manual motor starting switch at the fan.

Reason for modification: To provide the necessary electrical support for the Manganese Treatment System as accepted.

\*\*\*\*\*

# PROPOSED CHANGE ORDER

**RLJ ELECTRIC CORPORATION**  
 860 WASHINGTON STREET  
 PEEKSKILL, NEW YORK 10566

CCN # **4**  
 Date: **9/20/2010**  
 Project Name: **CHADWICK WTP**  
 Project Number: **CHADWICK WTP**  
 Page Number: **1**

Client Address:

**TOWN OF NEWBURGH**

**Work Description**

We reserve the right to correct this quote for errors and omissions.

This quote covers direct costs only and we reserve the right to claim for impact and consequential costs.

This price is good for acceptance within **10** days from the date of receipt.

We request a time extension of **3** days.

CHADWICK WTP -TELEPHONE LINE TO NEW BUILDING

WE PROPOSE TO SUPPLY LABOR AND MATERIAL ADDITIONAL TWO PAIR PHONE LINE FROM THE EXISTING PLC PANEL LOCATED IN THE EXISTING BUILDING TO THE NEW BUILDING.  
 ALL TERMINATIONS SHALL BE BY OTHERS.

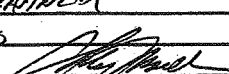
**Itemized Breakdown**

Description	Qty	Net Price U	Total Mat.	Labor U	Total Hrs.
CBL - CMP CAT3 UTP HORZ 4 PR GRY	385	175.50 M	67.57	12.25 M	4.72
<b>Totals</b>			<b>67.57</b>		<b>4.72</b>

**Summary**

General Materials					67.57
<b>Material Total</b>					<b>67.57</b>
JOURNEYMAN	(4.72 Hrs @ \$85.00)				401.20
Overhead	(@ 10.000 %)				46.88
Markup	(@ 10.000 %)				51.57
<b>Subtotal</b>					<b>567.22</b>
BOND FEE	(@ 2.000 %)				11.34
<b>Final Amount</b>					<b>\$578.56</b>

**CONTRACTOR CERTIFICATION**

Name: CHRISTOPHER KAVIRIA  
 Date: 9/20/10  
 Signature:   
I hereby certify that this quotation is complete and accurate based on the information provided.

**CLIENT ACCEPTANCE**

CCN #: 4  
 Final Amount: \$578.56  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

ORIGINAL

At a meeting of the Town Board of the Town of Newburgh, held at the Town Hall, 1496 Route 300, in the Town of Newburgh, Orange County, New York on the \_\_\_th day of March, 2014 at 7:00 P.M., Prevailing Time.

PRESENT:

Gilbert J. Piaquadio, Deputy Supervisor  
and Councilman

George Woolsey, Councilman

Elizabeth J. Greene, Councilwoman

Paul I. Ruggiero, Councilman

RESOLUTION OPPOSING  
SUPPLY RATE INCREASES  
BY CENTRAL HUDSON GAS &  
ELECTRIC CORPORATION

Councilman/woman \_\_\_\_\_ presented the following resolution which was seconded by Councilman/woman \_\_\_\_\_.

**WHEREAS**, Central Hudson Gas & Electric Corp. ("Central Hudson") has increased rates for electric supply service and for natural gas supply service; and

**WHEREAS**, these increases follows on the heels of delivery rate increases that were granted to Central Hudson; and

**WHEREAS**, Central Hudson claims that the rate increases are the result of market increases for the electricity and natural gas Central Hudson purchases; and

**WHEREAS**, Central Hudson placed itself in the position of being a purchaser of electricity by selling its own power plants; and

**WHEREAS**, customers in a typical home are experiencing increases in their electric and natural gas bills at a time when many are continuing to experience extraordinary financial hardships; and

**WHEREAS**, Central Hudson's area of service includes the Town of Newburgh and the rate increases will cause unnecessary hardship for numerous residents of the Town, particularly those with fixed or limited incomes, as well as placing an additional financial burden on the Town's taxpayers as the Town's own facilities are served by Central Hudson and discouraging economic development; and

**WHEREAS**, the proposed rate increases will additionally place further economic strains on small businesses and employers in the Town of Newburgh; and

**WHEREAS**, Fortis, Inc., the parent of Central Hudson recently declared a quarterly dividend of 32 cents per share of its Common Stocks; and

**WHEREAS**, upon consideration, the Town Board finds that such rate increases place an undue financial burden on residents, businesses and local governments, including the Town of Newburgh, and discourage further industrial and commercial development in our region.

**NOW, THEREFORE, BE IT RESOLVED**, that the Town Board of the Town of Newburgh in its capacity as governing body of the Town, does hereby oppose the rate increases



for supply of electricity and natural gas which Central Hudson Gas & Electric Corp. has charged;  
and

**BE IT FURTHER RESOLVED**, that certified copies of this Resolution be delivered to the Hon. Jaclyn A. Billing, Secretary, New York State Public Service Commission, Three Empire State Plaza, Albany, New York 12223-1350, the Hon. William J. Larkin, Jr., Senator for the 39<sup>TH</sup> District, and the Hon. Frank Skartados, Assemblyman for the 100<sup>TH</sup> District, by the Town Clerk and to the chief executives of surrounding municipalities served by Central Hudson;  
and

**BE IF FURTHER RESOLVED**, that the aforesaid resolutions shall take effect immediately.

The question of the adoption of the foregoing resolution was duly put to a vote on roll call, which resulted as follows:

George Woolsey, Councilman \_\_\_\_\_ voting \_\_\_\_\_  
Elizabeth J. Greene, Councilwoman \_\_\_\_\_ voting \_\_\_\_\_  
Paul I. Ruggiero, Councilman \_\_\_\_\_ voting \_\_\_\_\_  
Gilbert J. Piaquadio, Deputy Supervisor and Councilman \_\_\_\_\_ voting \_\_\_\_\_

The resolution was thereupon declared duly adopted.

I, Andrew J. Zarutskie, the duly elected and qualified Town Clerk of the Town of Newburgh, New York, do hereby certify that the following resolution was adopted at a regular meeting of the Town Board held on March \_\_, 2014 and is on file and of record and that said resolution has not been altered, amended or revoked and is in full force and effect.

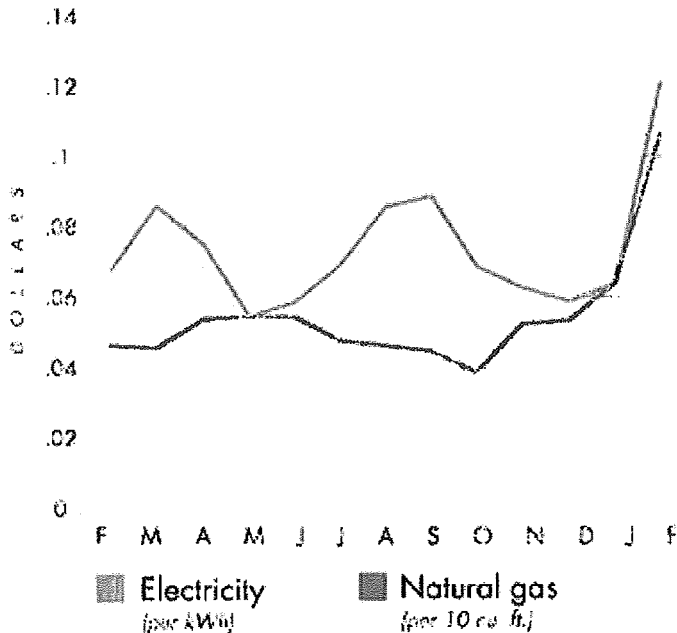
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Andrew J. Zarutskie, Town Clerk  
Town of Newburgh

# Electric and gas bills surge for Hudson Valley

WILL DENDIS · Feb 21, 2014 6:30 am

## Market supply rates



SOURCE: CENTRAL HUDSON High demand for natural gas during

January's deep freeze caused electricity and natural gas rates to skyrocket last month, leading to higher bills for customers, says Central Hudson.

The utility said rates for electricity and gas would be 38 percent and 25 percent higher than last year for the two-month billing period that includes January. Cold weather caused increased use of natural gas for home-heating and as fuel for power plants. (About 35 percent of New York State's electrical power comes from natural gas.) So while statewide electricity use set a record high for winter, it was still 25 percent less than last July's 33,956 megawatts.

The reason the electricity price is spiking now and not then is the bottleneck created by the simultaneous need for natural gas to heat homes and provide electricity. During the prolonged deep freeze, which affected the Midwest and South as well, reserves of natural gas meant to insulate against the volatility of the market were exhausted and utilities and their suppliers had to purchase it on the open market.

"Spot market prices were very high," said John E. Maserjian, director of media relations for Central Hudson. "During the cold spike in January the prices for natural gas and electricity really sky-rocketed. It was a short period but long enough that it impacted bills for people across the country."

The market price of natural gas was up 66 percent and electricity was up 88 percent over last year. Usage increased 25 percent and seven percent, respectively.

The electricity price should be a temporary spike while the cost of the increase for natural gas will be spread out over seven months, said Maserjian.

That's cold comfort for people suffering from sticker shock after the first round of bills that included those January prices went out. John Maksuta of High Falls saw his bill increase 60 percent over last

year and 120 percent over the previous billing period (while using 25 and 60 percent more electricity during those periods).

"I was definitely not expecting this high of an increase," said Maksuta, who uses oil-filled electric space heaters. He said the \$350 increase over the previous month will be a "hardship" for his household to pay and he will likely request to pay in increments. For him, the bill feels like the proverbial straw that broke the camel's back. "With high rent rates and now this billing, compacted with minimal job opportunities in the area, I feel like Ulster County may not be a good place for me to live at all," he said. "I love the area, but the cost is too high for what you get."

If that's the case, he should definitely avoid New York City: According to a recent article in the Daily News, Gotham paid Con Edison 20 percent more for electricity in January, with the average supply rate going from 12 cents per kilowatt/hour (kWh) to 23 cents. To put that in perspective, supply rates for Central Hudson customers just hit a six-year high in January at 12 cents per kWh, while the average last year was around half that. Our record-high is business as usual for city residents.

It should be pointed out that supply charges are just part of the bill – and lately, the lesser part. Electricity bills are divided into delivery and supply. The delivery portion is steady and strictly regulated by the state. The supply portion of the bill is subject to market rates for electricity Central Hudson purchases. This is also the rate customers use when comparing the default Central Hudson plan with other providers, often those advertising renewable energy. This is the part of the bill that will increase sharply for January. Customers who don't have electric heat can estimate their increase by doubling the supply portion and keeping the delivery portion constant. So for example, someone who paid \$200 last year paid about \$125 in delivery and \$75 in supply. This year, they'll pay about \$125 in delivery and \$150 in supply, or \$275– which accounts for the 38 percent overall increase. (And maybe a bit more due to more electricity usage on long nights spent indoors while the snow piled up and the subzero winds whipped.)

What about those who make use of the budget billing program, paying a flat rate every month? They'll still have to make up the difference at the end of the 12-month period– Central Hudson doesn't provide a heating oil-style pricing scheme you can "lock in" to, paying less in a cold winter or pay more in a warm one. Maserjian said the utility is contacting customers in this program to let them know they might want to consider increasing their monthly contribution now to prevent paying the lump sum at the end of their year.

Perhaps this is a good time to point out spring is just a month away

When comparing offers from Energy Service companies (ESCOs), it may be helpful for you to know what Central Hudson's actual supply charges for electricity and natural gas have been recently. Bear in mind the prices given here do not include energy delivery charges, which are regulated, stable, and apply whether you receive your energy supply from Central Hudson or an ESCO.

<b>Gas Supply Charge</b> Stated in dollars per 100 Cu. Ft.		<b>Electric Supply Charge</b> Stated in Dollars per kWh		
Effective Date	Residential & Commercial	Effective Date	Commercial Monthly	Residential Bi-Monthly
<b>Average Past 12 Months</b>	0.60406	<b>Average Past 12 Months</b>	0.08025	0.07906
<b>March 4, 2014</b>	1.06445	<b>March 13, 2014</b>	0.11705	0.14245
<b>February 3, 2014</b>	1.06424	<b>February 12, 2014</b>	0.16785	0.12079
<b>January 3, 2014</b>	0.64297	<b>January 14, 2014</b>	0.07371	0.06402
<b>December 2, 2013</b>	0.53673	<b>December 11, 2013</b>	0.05431	0.05877
<b>October 30, 2013</b>	0.52739	<b>November 8, 2013</b>	0.06323	0.06266

October 1, 2013	0.39083	October 10, 2013	0.06210	0.06871
August 30, 2013	0.44906	September 11, 2013	0.07532	0.08867
August 1, 2013	0.46383	August 12, 2013	0.10201	0.08563
July 2, 2013	0.47915	July 12, 2013	0.06924	0.06919
June 3, 2013	0.54562	June 12, 2013	0.06914	0.05855
May 2, 2013	0.54635	May 12, 2013	0.04796	0.05454
April 3, 2013	0.53805	April 12, 2013	0.06112	0.07475
March 4, 2013	0.45737	March 13, 2013	0.08837	0.08581
February 1, 2013	0.46366	February 12, 2013	0.08324	0.06764
January 3, 2013	0.52180	January 14, 2013	0.05202	0.05453
November 30, 2012	0.46702	December 11, 2012	0.05703	0.05349
October 30, 2012	0.47549	November 8, 2012	0.04995	0.05106
October 1, 2012	0.35775	October 10, 2012	0.05216	0.06325
August 30, 2012	0.38383	September 11, 2012	0.07435	0.08065
August 1, 2012	0.43991	August 10, 2012	0.08694	0.07826
July 2, 2012	0.38655	July 12, 2012	0.06957	0.06928
June 1, 2012	0.36294	June 12, 2012	0.06898	0.06336
May 2, 2012	0.29418	May 11, 2012	0.05774	0.05866
April 2, 2012	0.39585	April 12, 2012	0.05956	0.06189
March 2, 2012	0.47717	March 13, 2012	0.06421	0.06832
February 2, 2012	0.48760	February 13, 2012	0.07243	0.06617
January 4, 2012	0.51109	January 13, 2012	0.05991	0.05495
December 1, 2011	0.71186	December 12, 2011	0.04998	0.05189
November 1, 2011	0.64637	November 9, 2011	0.05379	0.05668
Sept. 30, 2011	0.62787	Oct. 11, 2011	0.05956	0.06567
August 31, 2011	0.66106	Sept. 12, 2011	0.07177	0.08243
August 2, 2011	0.80750	August 11, 2011	0.09309	0.08095
July 1, 2011	0.76300	July 13, 2011	0.06880	0.06208
June 2, 2011	0.68717	June 13, 2011	0.05534	0.05208
May 3, 2011	0.71058	May 12, 2011	0.04881	0.05439
April 1, 2011	0.74508	April 12, 2011	0.05996	0.06459
March 3, 2011	0.76533	March 14, 2011	0.06922	0.08405
February 2, 2011	0.77571	February 11, 2011	0.09887	0.09311
January 4, 2011	0.78050	January 13, 2011	0.08734	0.07547
December 1, 2010	0.76068	December 10, 2010	0.06360	0.06388
November 1, 2010	0.66418	November 10, 2010	0.06414	0.06652

<b>September 30, 2010</b>	<b>0.64668</b>	<b>October 12, 2010</b>	<b>0.06980</b>	<b>0.07899</b>
<b>August 31, 2010</b>	<b>0.52470</b>	<b>September 10, 2010</b>	<b>0.08908</b>	<b>0.09585</b>
<b>August 2, 2010</b>	<b>0.68986</b>	<b>August 11, 2010</b>	<b>0.10260</b>	<b>0.09231</b>
<b>July 2, 2010</b>	<b>0.69716</b>	<b>July 13, 2010</b>	<b>0.08202</b>	<b>0.07881</b>
<b>June 2, 2010</b>	<b>0.61545</b>	<b>June 11, 2010</b>	<b>0.07165</b>	<b>0.07342</b>
<b>May 3, 2010</b>	<b>0.62972</b>	<b>May 12, 2010</b>	<b>0.07165</b>	<b>0.07670</b>
<b>April 1, 2010</b>	<b>0.66655</b>	<b>April 13, 2010</b>	<b>0.08174</b>	<b>0.07972</b>
<b>March 3, 2010</b>	<b>0.78173</b>	<b>March 12, 2010</b>	<b>0.07770</b>	<b>0.08508</b>
<b>February 2, 2010</b>	<b>0.80960</b>	<b>February 11, 2010</b>	<b>0.09245</b>	<b>0.08550</b>
<b>January 5, 2010</b>	<b>0.69698</b>	<b>January 14, 2010</b>	<b>0.07855</b>	<b>0.07518</b>
<b>December 2, 2009</b>	<b>0.73968</b>	<b>December 11, 2009</b>	<b>0.07181</b>	<b>0.07503</b>

\* Beginning July 1, 2009, Commercial monthly rate shown above is not applicable to Commercial Primary customers.

DRAFT

At a meeting of the Town Board of the Town of Newburgh held at the Town Hall, 1496 Route 300, in the Town of Newburgh, Orange County, New York, on the \_\_\_th day of March, 2014 at 7:00 o'clock p.m.

PRESENT:

Gilbert J. Piaquadio, Deputy Supervisor  
and Councilman

George Woolsey, Councilman

Elizabeth J. Greene, Councilwoman

Paul I. Ruggiero, Councilman

RESOLUTION TO REQUEST THAT ORANGE COUNTY AND OTHER COUNTIES IN THE MTA REGION BE INCLUDED IN THE NYS BUDGET LAW PROVISION THAT WOULD ELIMINATE THE CORPORATE INCOME TAX ON MANUFACTURERS

Councilman/woman \_\_\_\_\_ presented the following resolution which was seconded by Councilman/woman \_\_\_\_\_.

WHEREAS, the proposed 2014-15 New York State budget includes a provision that would eliminate the corporate income tax on manufacturers for all of the State except for counties in the MTA Region, including Orange County; and \_\_\_\_\_

WHEREAS, this proposal will drive manufacturing jobs out of our communities. A manufacturing business in Orange County would pay a 6.5% corporate tax, while the same business in Ulster, Sullivan or Columbia County would have no corporate tax; and

WHEREAS, the Poughkeepsie-Newburgh-Middletown metropolitan area is one of only two New York regions to lose private-sector jobs in 2013; and

WHEREAS, businesses in the MTA region have the additional burden of the MTA payroll tax on top of the corporate tax; and

WHEREAS, proposals to split New York State into separate tax zones are divisive and pit New Yorkers against each other.

NOW, THEREFORE, BE IT RESOLVED that the Town of Newburgh requests and petitions that the Governor, State Senate and Assembly include all of New York, including the counties in the MTA Region, in the proposed elimination of the corporate tax on manufacturers; and

BE IT FURTHER RESOLVED, that certified copies of this Resolution be delivered by the Town Clerk to the Hon. Andrew J. Cuomo, Governor, the Hon. William J. Larkin, Jr., Senator for the 39<sup>TH</sup> District and the Hon. Frank Skartados, Assemblyman for the 104<sup>TH</sup> District.

The foregoing resolution was duly put to a vote on roll call which resulted as follows:

<u>George Woolsey, Councilman</u>	<u>voting</u>
<u>Elizabeth J. Greene, Councilwoman</u>	<u>voting</u>
<u>Paul I. Ruggiero, Councilman</u>	<u>voting</u>
<u>Gilbert J. Piaquadio, Deputy Supervisor and Councilman</u>	<u>voting</u>

The resolution was thereupon declared duly adopted.



I, Andrew J. Zarutskie, the duly elected and qualified Town Clerk of the Town of Newburgh, New York, do hereby certify that the following resolution was adopted at a regular meeting of the Town Board held on \_\_\_\_\_, 2014 and is on file and of record and that said resolution has not been altered, amended or revoked and is in full force and effect.

\_\_\_\_\_  
Andrew J. Zarutskie, Town Clerk  
Town of Newburgh

## March 17, 2014 Meeting Data Processing

Purchase of one (1) Optiplex 7010 Desktop Computer for the Receiver of Taxes office used to print sewer and water bills from Dell Inc in the amount of \$ 900.00 from the following Water & Sewer Accounts This computer replaces a 2006 computer.

Water -           **8340.0200** 50% \$ 450.00

Sewer -           **8130.200** – 50% \$ 450.00

Purchase of one Verizon I-pad air from Verizon in the Amount of \$ 650.00 to be used by the Acting Supervisor from the computer reserve account #001-878

Purchase of one Scanner from Office Depot in the amount of \$ 400.00 to be used by the Acting Supervisor from the computer reserve account # 001-878

Motion to spend \$ 1050.00 from the computer reserve fund # 001-878

*Gil*

# "QQMFm J1BEm "JS

iPad Air is 20 percent thinner and weighs just one pound, so it feels unbelievably light in your hand. It comes with a 9.7-inch Retina display, the A7 chip with 64-bit architecture, ultrafast wireless, powerful apps, and up to 10 hours of battery life. And over 475,000 apps in the App Store are just a tap away.

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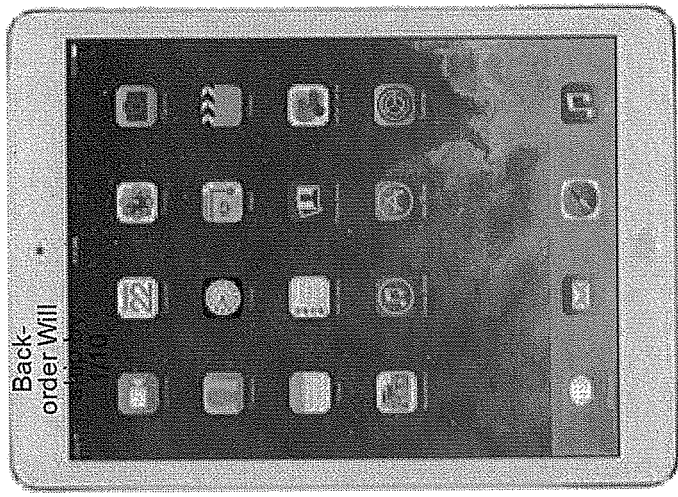
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5MP iSight camera with 1080p HD video

DETAILS	PLANS	REVIEWS	IN THE BOX	Q & A	SUPPORT
---------	-------	---------	------------	-------	---------

iPad Air is 20 percent thinner<sup>1</sup> and weighs just one pound, so it feels unbelievably light in your hand. It comes with a 9.7-inch Retina display, the A7 chip w architecture, ultrafast wireless, powerful apps, and up to 10 hours of battery life.<sup>2</sup> And over 475,000 apps in the App Store are just a tap away.<sup>3</sup>

### Camera

Facetime HD Camera

1.2MP photos

720p HD video

FaceTime video calling over Wi-

Fi or cellular

Face detection

Backside illumination

Tap to control exposure for video or still

images Photo and video geotagging

### Specifications

#### Location

Wi-Fi

Digital compass

Assisted GPS

Cellular

Video Recording

1080p HD video recording

Video stabilization

Face detection

4J[FBOE8FJHIU

Dimensions: 9.4" (h) x 6.6" (w) x 0.29" (d)

Weight: 1.05 pounds (478 g)

\$BQBDJUJZ

16GB (formatted capacity less)

Tap to focus while recording

Backside illumination

3x video zoom

iSight Camera 5MP

photos

Autofocus

Face detection

Backside illumination

Five-element lens

Hybrid IR filter f/2.4 aperture Tap to focus

video or still images

Tap to control exposure for video or still images Photo and video geotagging

HDR photos

LTE (Bands 1, 2, 3, 4, 5, 7, 8, 13, 17, 18, 19, 20, 25, 26) Data only

0QFS

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### System Requirements

Apple ID (required for some features)

Internet access

Syncing with iTunes on a Mac or PC requires – Mac: OS X v10.6.8 or later, PC: Windows 8; Windows 7; Windows Vista; or

Windows XP Home or Professional with Service Pack 3 or later

### TV and Video

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Apple TV (2nd and 3rd generation

Video mirroring and video out support: Up to 1080p through Lightning Digital AV

Adapter and

Lightning to VGA Adapter (adapters sold separately)

### Wireless and Cellular

Wi-Fi (802.11a/b/g/n); dual channel (2.4GHz and 5GHz) and MIMO

Bluetooth 4.0 technology

UMTS/HSPA/HSPA+/DC-HSDPA (850, 900, 1900, 2100 MHz);

GSM/EDGE (850, 900, 1800, 1900 MHz)

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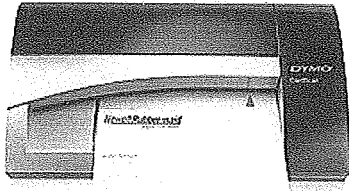
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Scans in color in as little as 3 seconds for fast data captures.

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### About This Product

#### DESCRIPTION

Manage new business contacts and share information across your network

- Up to 300 dpi resolution for crisp, clear scans. Automatically syncs to Microsoft® Outlook®, PDAs, iPods® and smartphones.
- Scans in color in as little as 3 seconds for fast data captures. Additional software licenses can be acquired as needed (sold separately).
- Capture information from business cards, e-mail, web pages and other electronic files at the touch of a button.
- Information is stored in a searchable electronic address book.
- Easy-to-use software includes contact management for up to 2 users and permits searches, sorting, categorization, label printing and more.
- USB 2.0 connectivity for simple operation.

#### PRODUCT DETAILS

Item #	341455
Manufacturer #	1760687
color scanning	yes
maximum resolution	300 dpi
scanbed size	3 inches
connector type	USB 2.0
operating system compatibility	Windows® 7
required hard drive space	90 MB
memory requirements	90 MB
minimum CPU requirements	Pentium® 75MHz
warm-up time	2 seconds
software included	yes
warranty length	1-year limited
brand name	CardScan
manufacturer	Corex Technologies
model name	Team Business Card Scanner
automatic document feeder capacity	no sheets
color depth	0
dimensions	1.75"H x 6.5"W x 3.6"D
double-sided scanning	no
maximum black and white scan speed	3 seconds
maximum color scan speed	3 ppm
minimum preview scan time	3 seconds
number of one-touch buttons	1
postconsumer recycled content	0%
scan-to-Web feature	yes
total recycled content	0%

2 3 4 5 ... 31 next>>

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- \$44999 / each
- \$29999 / each
- \$41395 / each
- \$1,47899 / each
- \$99999 / each
- \$437.99\$36299 / each
- \$349.99\$29999 / each
- \$36795 / each



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### Quote Summary

Please review the accuracy of this information before proceeding to checkout.

### Quote Details

Dell quote number: 653381378  
 Dell customer number: 459815  
 Dell sales representative: KRISTINE M PAPE  
 Dell sales representative phone: (800) 456-3355 - 80000  
 Date of quote: May 21, 2013 9:03 AM CST

#### Billing Address

THOMAS MASTEN  
 TOWN OF NEWBURGH  
 Dell Customer # 459815  
 1496 ROUTE 300  
 NEWBURGH, NY 12550 2677  
 (845) 564-4550

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### Description

OptiPlex 7010 Desktop Base  
 Date & Time: May 21, 2013 2:13 PM CST

#### SYSTEM COMPONENTS

OptiPlex 7010 Desktop Base	Qty	Unit Price	4
OptiPlex 7010 Desktop Base			\$844.91
Catalog Number:	0		

Module	Description	Show Details
OptiPlex 7010 Desktop Base	OptiPlex 7010 Desktop Base	
Windows 7 Professional,,Media, 32-bit, Optiplex, English	Windows 7 Professional,,Media, 32-bit, Optiplex, English	
Windows 7 Professional,,Media, 32-bit, Optiplex, English	Windows 7 Label, OptiPlex, Fixed Precision, Vostro Desktop	
3rd Gen Intel Core i3-3220 Processor (Dual Core, 3.30GHz, 3MB, w/ HD2500 Graphics), Dell OptiPlex 7010	Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps),OptiPlex	
4GB, NON-ECC, 1600MHZ DDR3,1DIMM,OPTI	Software, DDPA (Dell Data Protection Access), version 2.3, OptiPlex x010	
Dell USB KB, English, WIN7/8, Optiplex and Precision Desktop	3rd Gen Intel Core i3-3220 Processor (Dual Core, 3.30GHz, 3MB, w/ HD2500 Graphics), Dell OptiPlex 7010	
No Monitor Selected, Dell OptiPlex	4GB, NON-ECC, 1600MHZ DDR3,1DIMM,OPTI	
Intel Integrated Graphics w/DP/DVI, OPTI	Dell USB KB, English, WIN7/8, Optiplex and Precision Desktop	
500GB 2.5 3.0Gb/s SATA with 16MB DataBurst Cache,OptiPlex DT/SFF	No Monitor Selected, Dell OptiPlex	
1394 Controller Card,Low Profile,Dell OptiPlex Desktop	Intel Integrated Graphics w/DP/DVI, OPTI	
Dell MS111 USB Optical Mouse,OptiPlex and Fixed Precision	500GB 2.5 3.0Gb/s SATA with 16MB DataBurst Cache,OptiPlex DT/SFF	
Intel Standard Manageability, Dell OptiPlex 7010	1394 Controller Card,Low Profile,Dell OptiPlex Desktop	
16X DVD+/-RW SATA, Data Only, OptiPlex 9010	Dell MS111 USB Optical Mouse,OptiPlex and Fixed Precision	
	Intel Standard Manageability, Dell OptiPlex 7010	
	16X DVD+/-RW SATA, Data Only, OptiPlex 9010	
	Thank you for Choosing Dell	

Heat Sink, Mainstream, Dell OptiPlex 7010 Desktop	Heat Sink, Mainstream, Dell OptiPlex 7010 Desktop OptiPlex 7010 Desktop Standard PSU
OptiPlex 7010 Desktop Standard PSU	Regulatory label, Mexico, for OptiPlex 7010 Desktop Enable Low Power Mode for EUP Compliance, Dell OptiPlex
Documentation, English and French, Dell OptiPlex	Documentation, English and French, Dell OptiPlex Power Cord, 125V, 2M, C13, Dell OptiPlex
No ESTAR Settings, OptiPlex	No ESTAR Settings, OptiPlex
Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 7010	Resource DVD contains Diagnostics and Drivers for Dell OptiPlex 7010
1 W ready mode - exceeds FEMP 3W recommendation. Mode can be disabled in BIOS. OptiPlex	1 W ready mode - exceeds FEMP 3W recommendation. Mode can be disabled in BIOS. OptiPlex
No Quick Reference Guide, Dell OptiPlex	No Quick Reference Guide, Dell OptiPlex
Shipping Material for System, Desktop, Dell OptiPlex 990	Shipping Material for System, Desktop, Dell OptiPlex 990
Microsoft Office Home and Business 2013, OptiPlex, Precision, Latitude	Microsoft Office Home and Business 2013, OptiPlex, Precision, Latitude Basic Hardware Service: Next Business Day Onsite Service After Remote Diagnosis 2 Year Extended Basic Hardware Service: Next Business Day Onsite Service After Remote Diagnosis Initial Year
Basic Hardware Service: Next Business Day Onsite Service After Remote Diagnosis 2 Year Extended	Dell Limited Hardware Warranty Plus Service Extended Year(s) Dell Limited Hardware Warranty Plus Service Initial Year
	Dell ProSupport Service Offering Declined
Thank you for buying Intel/Dell	Thank you for buying Intel/Dell

TOTAL: \$3,379.64

	Total Price
Sub-total	\$3,379.64
Shipping & Handling	\$0.00
Tax*	\$0.00

\*Exemptions reflected in final checkout page only

Total Price<sup>1</sup> \$3,379.64

In the event that you are subject to a tax holiday, you will not be charged tax.

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