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CONSULTING ENGINEERS D.P.C.**

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**TOWN OF NEWBURGH  
PLANNING BOARD  
TECHNICAL REVIEW COMMENTS**

**PROJECT: SERVISS TIMBER HARVEST**  
**PROJECT NO.: 18-04**  
**PROJECT LOCATION: SECTION 34, BLOCK 1, LOT 25.2**  
**REVIEW DATE: 9 MARCH 2018**  
**MEETING DATE: 15 MARCH 2018**  
**PROJECT REPRESENTATIVE: CHRISTOPHER PRENTIS, LOWER HUDSON FORESTRY SRVC.**

1. This office believes that Section 14, Block 1, Lot 48 should be added to the application. This is an adjoining lot owned by the project sponsor, which will be utilized for access and loading of log material. This site has an existing access drive to a cleared area.
2. The project identifies two landing areas for staging and loading of saw logs. It is requested the Applicants representatives evaluate utilizing the exiting access point on lot 48 and the existing access drive to Union Ave. for removal of the timber rather than loading at two locations and accessing Union Ave. at two locations.
3. This proposed selected harvest is slightly more intense than previous harvests reviewed by this board, based on trees per acre to be cleared. Approximately 14.6 trees per acre in the harvest area will be removed.
4. The harvest area is depicted up to the property lines in the vicinity of adjoining residential parcels on Garden Street, Floral Drive and Foxwood Drive South. It is requested that the Applicants Forester evaluate provisions for providing a no cut buffer to the residential areas.
5. The EAF submitted does not identify the area as sensitive for threatened or endangered species thereby removing any harvest limitations based on the presence of protected bat species.
6. The town requires bonding of access points to town roads to address any potential impacts to the town road. Highway Superintendents comments on the access points, one or both as identified in comments above should be received.

7. Financial security for a post harvest evaluation for compliance with Forestry Best Management Practices should be posted by the Applicant.
8. Compliance with the Town's clearing and grading ordinance work time periods should be incorporated into the application narratives.

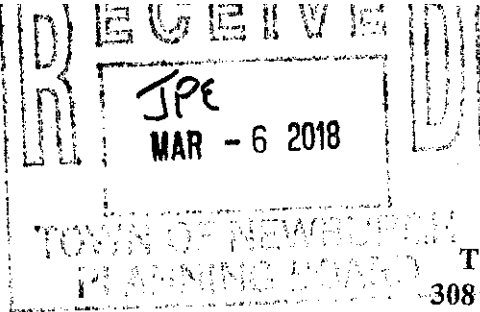
Respectfully submitted,

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

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Patrick J. Hines  
Principal

PJH/kbw



18-04

CODE COMPLIANCE DEPARTMENT

FEB 22 2018

Town of Newburgh  
308 Gardnertown Road  
Newburgh, New York 12550

Sign X

Examined 3/2/18 2018

Approved \_\_\_\_\_ 20\_\_\_\_

Disapproved 3/2/18 2018

P.B. ref.

APPLICATION FOR CLEARING AND GRADING

Fee: 150.00 Date: \_\_\_\_\_

NAME OF OWNER OF PREMISES: Harry Serviss, Jr.

ADDRESS OF OWNER: 1298 Union Ave. Newburgh NY 12550

TELEPHONE NUMBER OF OWNER (845) 590-8110

State whether applicant is owner, lessee, agent, architect engineer or contractor:

Contractor

Location of land on which proposed work will be done:

Vacant lot off Union Ave.

Section: 34 Block: 1 Lot: 25.2, Sub. Div: \_\_\_\_\_

Zoning District of Property R2 and RR Size of Lot: 98.0 Acs.

Proposed Completion Date: April 1, 2019

Name of Contractor/Agent, if other than owner: Tri State Hardwoods

Address P.O. Box 779 Stone Ridge NY 12484

Tel: (845) 687-7814

Date of Planning Board Approval: \_\_\_\_\_  
(if required)

I hereby agree to hold the Town of Newburgh harmless from any claims arising from the proposed activity

Signature of Owner Date: 2/6/18

State nature and purpose of the proposed activity:

- (1)        Drawings showing the boundaries of the parcel will be conducted:
- (2)        A plan showing areas proposed to be cleared, filled or graded or subjected to timber harvesting and nature of the vegetation affected.
- (3)        An erosion control plan:
- (4)        Documentation regarding permit status with the New York State Department of Environmental Conservation permit required must be in effect prior to the Town's issuing a permit
- (5)        Plans must show the type of vegetation to be destroyed by the proposed activities along with the planned disposition of the des-material:
- (6)        Drainage computations prior to site preparation and after site preparation may be required.
- (7)        Nature of proposed activity:
  - Clearing \_\_\_\_\_ Acerage
  - Excavation \_\_\_\_\_ Cubic Yards
  - Filling \_\_\_\_\_ Cubic Yards
  - Grading \_\_\_\_\_ Acerage



## LOWER HUDSON FORESTRY SERVICES, LLC

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February 13, 2018

P.O. Box 756, Nyack, NY 10960

(845) 270-2071

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

Dear Mr. Canfield:

Attached is an application for Clearing and Grading (Timber Harvest) for a property located off of Union Ave. The owner of the property is Harry Serviss, Jr. The owner owns two parcels (34-1-25.2 and 14-1-48), of which only parcel 34-1-25.2 is being harvested. The other parcel will be utilized for a landing area but no trees will be cut on parcel 14-1-48. The total acreage of the property is 98.0 acres, of which approximately 80 acres are being proposed for harvesting.

The trees to be harvested are all hardwood trees ranging in size from 14" to 32" in diameter with a total of 1,170 trees to be removed (15 trees per acre). Other vegetation is not being removed and all precautions will be taken to minimizing damage to vegetation not marked for harvest. This includes other trees, small saplings, seedlings and ground vegetation. All trees designated for harvest will be utilized down to an 8" top diameter and tops and slash will be lopped to a height no greater than 3 feet off the ground. There will be no grading or excavation that takes place on the site during this timber harvesting operation.

There are two unclassified wetlands on the property. The first is located along Union Ave. and is not forested and will not have any harvesting within 150 feet of it. The second is a small wetland located in the far southern portion of the property. This wetland is forested but will have a 75 foot no cut/machinery buffer around it. The property also has a DEC classified stream that originates in the southern 1/3 of the property. This stream has a DEC classification of "C". Since this stream only runs through a small section of the property, harvesting operations will not have to cross it.

The erosion control plan for this property will be the installation of erosion control measures where needed and may include water bars, rolling dips and water turnouts (please see enclosed documents). The terrain is rolling in areas with other areas being very flat. More erosion control devices will be placed on steeper terrain, where erosion potential is higher. Two landing area will be utilized for this project. One landing will be located on other lands owned by Mr. Serviss. This area is an open agricultural area that has a well maintained gravel road leading to it. The other landing will be located on Union Ave at the termination of a pre-existing woods road. Both landing areas will be kept as small as possible and once the harvest is completed, both landing areas will be cleaned of all debris and reseeded with a native seed mix to stabilize the area as quickly as possible. Crushed stone or shale and a culvert will be installed at the entrance to the landing area on Union Ave. to prevent soil from being carried out onto the roadway.

If you have any questions, please let me know. I can be reached via phone at (845) 270-2071 or by email at [chris@lowerhudsonforestry.com](mailto:chris@lowerhudsonforestry.com). Thank you for your time on this matter and I will be speaking to you soon.

Sincerely,

A handwritten signature in cursive script, appearing to read "Chris Prentis".

Christopher Prentis, Certified Forester

February 13, 2018

Lands of Harry Serviss, Jr.

Town of Newburgh

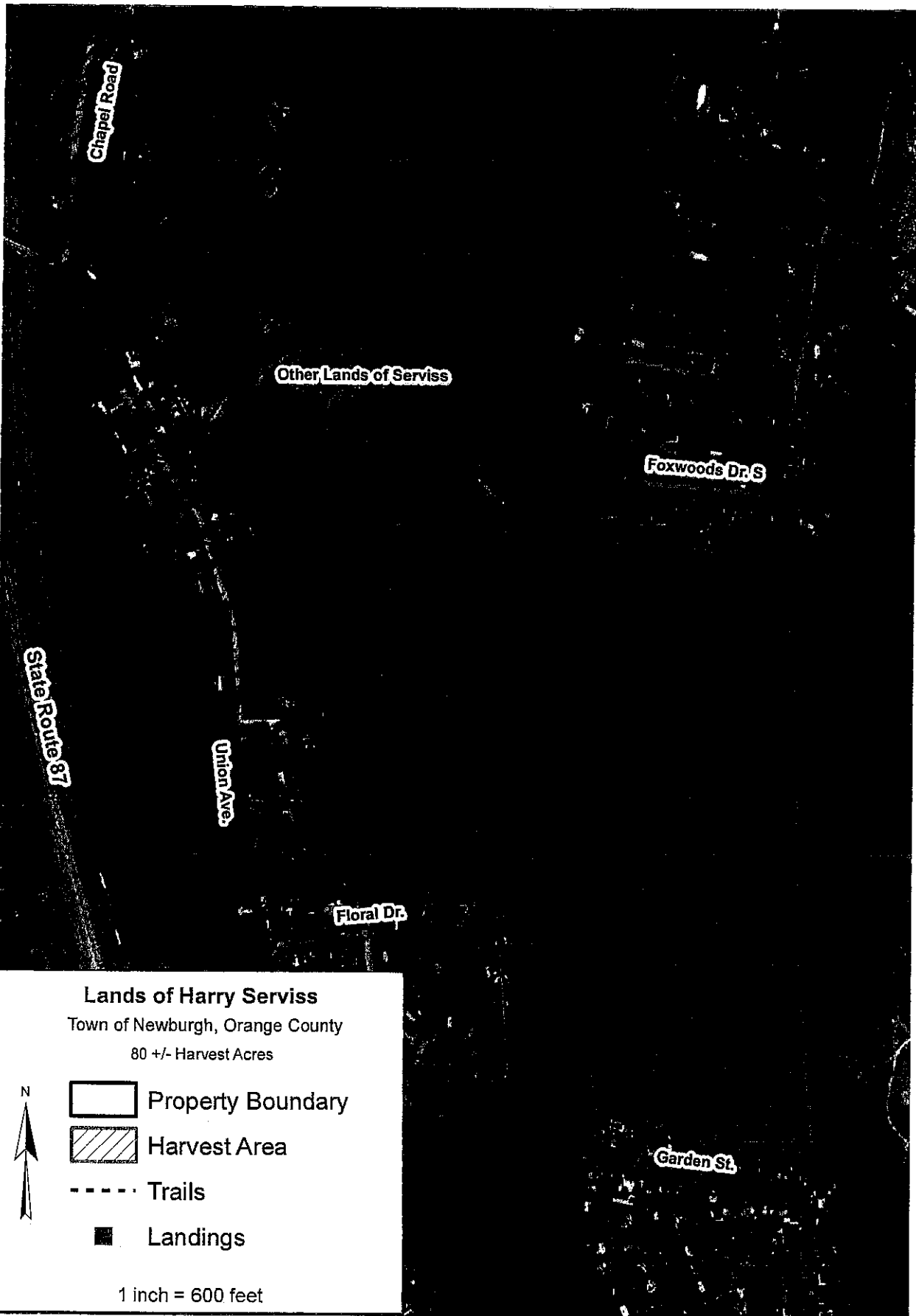
Orange County, NY

**VOLUME REPORT**

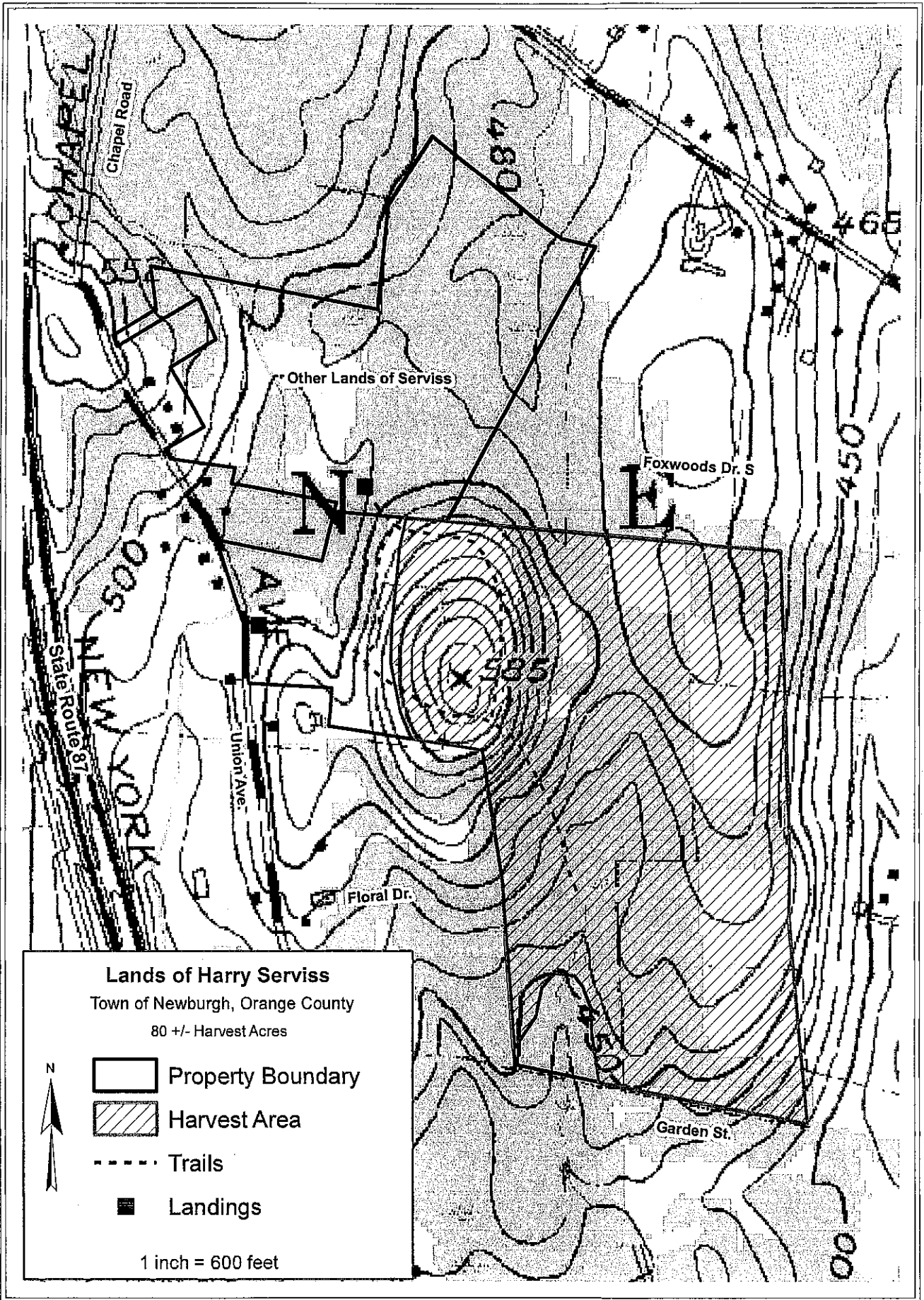
<b>Species</b>	<b>DBH Range</b>	<b># Trees</b>	<b>Volume Scribner</b>	<b>Vol/Tree</b>
Red oak	14" - 32"	403	107,432	267
White oak	14" - 30"	297	59,612	201
Black oak	14" - 26"	245	55,188	225
Red maple	16" - 24"	105	15,554	148
Hickory	16" - 26"	80	10,752	134
Tulip	18" - 28"	9	2,925	325
Basswood	17" - 22"	21	2,016	96
Black cherry	15" - 21"	<u>10</u>	<u>1,078</u>	<u>108</u>
<b>Sawtimber Totals</b>		1,170	254,557	218

**Volume per acre being harvested: 3,182 bdf/acre**

**Trees per acre being harvested: 14.6**







**Lands of Harry Serviss**


Town of Newburgh, Orange County

80 +/- Harvest Acres



 Property Boundary

 Harvest Area

 Trails

 Landings

1 inch = 600 feet

# Short Environmental Assessment Form

## Part 1 - Project Information

### 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.

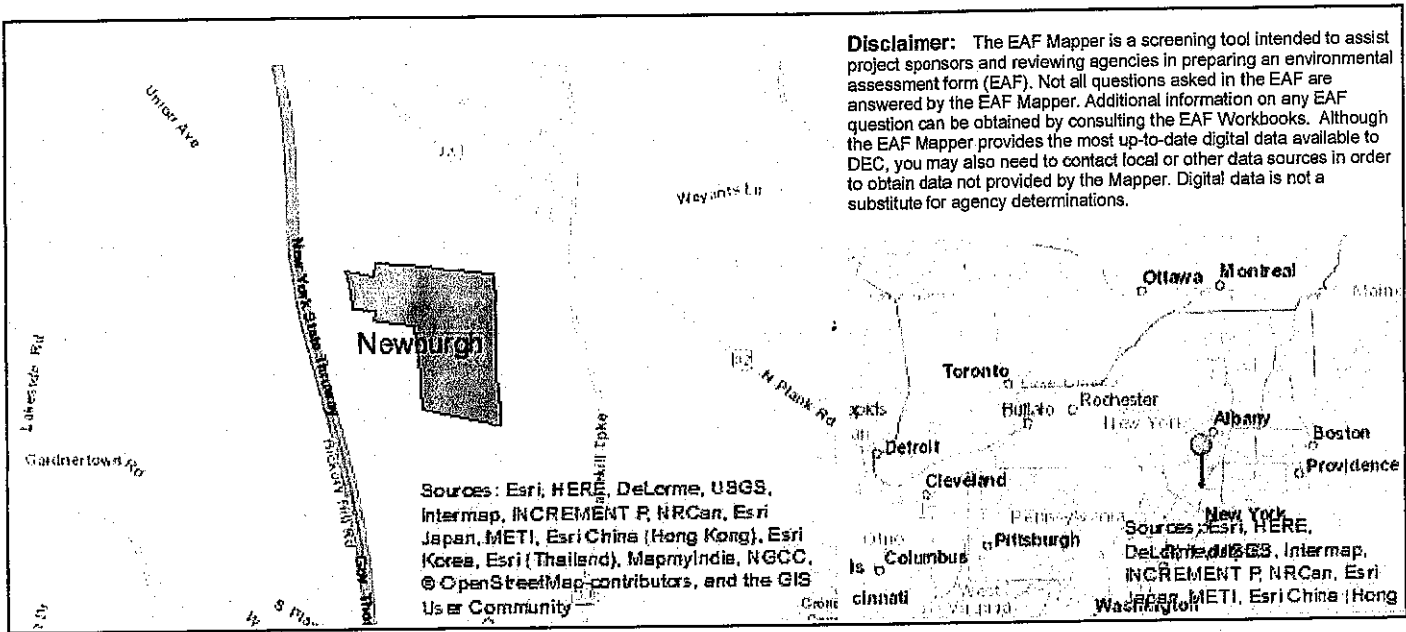
<b>Part 1 - Project and Sponsor Information</b>				
Name of Action or Project: Harry Serviss Jr. Timber Harvest				
Project Location (describe, and attach a location map): Tax parcel 34-1-25.2 located on Union Ave.				
Brief Description of Proposed Action: Commercial harvest of 1,170 trees on 80 acres. 15 Trees per acre being removed				
Name of Applicant or Sponsor: Tri State Hardwoods, Ltd.		Telephone: (845) 687-7814 E-Mail: anna@tristatehardwoodsltd.com		
Address: P.O. Box 779				
City/PO: Stone Ridge		State: NY	Zip Code: 12484	
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: Town of Newburgh Clearing and Grading permit			NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		98.0 acres		
b. Total acreage to be physically disturbed?		80.0 acres		
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		98.0 acres		
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input checked="" type="checkbox"/> Forest <input checked="" type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland				

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<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: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<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: _____	NO	YES	
	<input checked="" 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: _____	NO	YES	
	<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: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input type="checkbox"/>	<input checked="" 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?	NO	YES	
	<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: _____	NO	YES	
	<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 checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input checked="" type="checkbox"/> Early mid-successional <input checked="" type="checkbox"/> Wetland <input type="checkbox"/> Urban <input 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?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<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	NO	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: _____	NO	YES	
	<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   <input checked="" type="checkbox"/>	YES   <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   <input checked="" type="checkbox"/>	YES   <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   <input checked="" type="checkbox"/>	YES   <input type="checkbox"/>

**I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

Applicant/sponsor name: Christopher Prentis for Tri State Hardwoods      Date: 2/13/18  
 Signature: Christopher Prentis



Part 1 / Question 7 [Critical Environmental Area]	No
Part 1 / Question 12a [National Register of Historic Places]	No
Part 1 / Question 12b [Archeological Sites]	Yes
Part 1 / Question 13a [Wetlands or Other Regulated Waterbodies]	Yes - Digital mapping information on local and federal wetlands and waterbodies is known to be incomplete. Refer to EAF Workbook.
Part 1 / Question 15 [Threatened or Endangered Animal]	No
Part 1 / Question 16 [100 Year Flood Plain]	No
Part 1 / Question 20 [Remediation Site]	No

**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION  
GROUP SELF-INSURANCE**

<p>1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only)</p> <p>Tri State Hardwoods Ltd PO Box 779 Stone Ridge NY 12484</p>	<p>1d. Business Telephone Number of Business referenced in box "1a"</p> <p>(845) 687-7814</p>
<p>1b. Effective Date of Membership in the Group <u>12/12/1998</u></p>	<p>1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box "1a"</p> <p>47-61644</p>
<p>1c. The Proprietor, Partners or Executive Officers are</p> <p><input checked="" type="checkbox"/> included in the coverage provided by this group self-insurance</p> <p><input type="checkbox"/> excluded. Form C-105.51 must be filed with the Self insurance office.</p>	<p>1f. Federal Employer Identification Number of Business referenced in Box "1a"</p> <p>14-1789428</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder)</p> <p>Town of Newburgh 308 Gardnertown Road Newburgh NY 12550</p>	<p>3. Name and Address of Group Self-Insurer</p> <p>New York Lumbermen's Insurance Trust Fund 9600 Main Street - Suite 3 Clarence, NY 14031-2093</p>

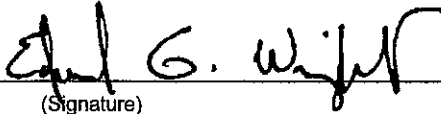
This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box "2".

The Group Self-Insurers' Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "1a" is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

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

**Under penalty of perjury, I certify that I am an authorized representative of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.**

Certified by: Edward G. Wright  
(Print name of authorized representative of the Group Self-Insurer)

Certified by:  02/23/2018  
(Signature) (Date)

Title: President - W. J. Cox Associates, Inc.

Telephone Number: (716) 759-9606

## WORKERS' COMPENSATION LAW

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

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

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

**Please Note:** This Certificate is valid only for a maximum of one year after this form is approved by the authorized representative of the Group Self-Insurer. At the expiration of that date, if the business continues to be named on a permit or contract issued by the above government entity, the business must provide that government entity with a new Certificate. The business must also provide a new Certificate upon notice of cancellation or change in status of such participation in group self-insurance.



TRISTAT-01

EVDI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2018

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

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

PRODUCER <b>W. J. COX ASSOCIATES, INC.</b> 9600 MAIN ST., SUITE 3 Clarence, NY 14031-2093		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):	
INSURED <b>Tri State Hardwoods Ltd</b> <b>PO Box 779</b> <b>Stone Ridge, NY 12484</b>		INSURER(S) AFFORDING COVERAGE <b>INSURER A: Selective Insurance Company of Southeast</b>		NAIC # <b>39926</b>	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N	S2090747 04	11/6/2017	11/6/2018	EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
								MED EXP (Any one person)	\$ 15,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
		GEN'L AGGREGATE LIMIT APPLIES PER:							
		POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							
		OTHER:							
		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
		HIRE AUTOS ONLY						BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
		NON-OWNED AUTOS ONLY							\$
		UMBRELLA LIAB						EACH OCCURRENCE	\$
		EXCESS LIAB						AGGREGATE	\$
		DED							\$
		RETENTION \$							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh)		N/A				OTH-ER	
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$

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

## CERTIFICATE HOLDER

## CANCELLATION

Town of Newburgh  
 308 Gardnertown Rd  
 Newburgh, NY 12550-

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

AUTHORIZED REPRESENTATIVE

*Avram C. Kane*