



**TOWN OF LEWISBORO  
TOWN BOARD MEETING 7:30 P.M.  
AGENDA  
VIA REMOTE ACCESS (SEE INSTRUCTIONS BELOW)  
MONDAY, MAY 24, 2021**

- I. PUBLIC HEARING Regarding Wetlands and Watercourses**
- II. PUBLIC COMMENT I**
- III. COMMUNICATIONS**
  - a. Memorial Day Ceremony on Town House Front Lawn Monday, May 31 at 12:00 noon**
  - b. Proclamation for the Honorable Lisa Smith in Recognition of Her Tenure as President of the Westchester Women's Bar Association**
- IV. CONSENT AGENDA**
  - a. Approval of Minutes of April 26, 2021**
- V. NEW BUSINESS**
  - a. Resolution Approving Suburban Refuse's Application for a License to Collect and Dispose of Refuse and Recyclables**
  - b. Review of Spending Possibilities for the Town of the American Rescue Act Funds**
  - c. Resolution to Accept Retirement of P.O. William Frattarola and approve Reappointment**
  - d. Resolution Approving Use of Survey Monkey by Comprehensive Plan Steering Committee**
- VI. OLD BUSINESS**
  - a. Presentation of Proposal to Start Developing the Native Meadow Field at the Triangle of Bouton and Post Office Roads – Garden Club/Darcy Rydlun**
  - b. Acceptance of MS4 Annual and Interim Reports and Authorizing Supervisor to Sign**
- VII. PUBLIC COMMENT PERIOD II**

**VIII. APPROVAL OF CLAIMS**

**IX. POLLING OF THE BOARD**

**X. ANNOUNCEMENTS**

**Town Board Meeting Monday, June 14, 2021, at 7:30 p.m., via remote access.**

**MOTION TO GO INTO EXECUTIVE SESSION**

**Town Board Meetings Accessibility:** The Town of Lewisboro is committed to providing equal access to all its facilities, services and activities to the fullest extent possible. The Town House, Cyrus Russell Community House, Onatru Farmhouse, and the Bouton Road Town Offices are accessible to persons with physical handicaps. If anyone who wishes to attend any meeting of the Town Board has special needs, please contact the Supervisor's Office (763-3151) at least one week before any scheduled in-person meeting, and we will try to accommodate whenever possible.

**REMOTE ACCESS INSTRUCTIONS:**

Join Zoom Meeting

<https://zoom.us/j/96311859696?pwd=WitpL2YzdXdWbTFrWVVuK2lmZys2QT09>

Meeting ID: 963 1185 9696

Passcode: 547637

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 963 1185 9696

Passcode: 547637

## **PROPOSED LOCAL LAW #6 OF THE YEAR 2021**

**BE IT ENACTED BY THE TOWN BOARD OF THE TOWN OF LEWISBORO , COUNTY OF WESTCHESTER, STATE OF NEW YORK AS FOLLOWS:**

### **SECTION 1 : AUTHORITY**

This chapter is adopted pursuant to the authority, of Article 2, §10 of the New York State Municipal Home Rule Law.

### **SECTION 2 : AMENDMENT OF CHAPTER 217**

Chapter 217 of the current Code of the Town of Lewisboro entitled "Wetlands and Watercourses", specifically Section 217-5(B)(12) is hereby amended to read as follows:

(12) Installation of a shed not exceeding 144 square feet in footprint located within the wetland buffer area provided that no tree removal or installation of utilities is proposed and that the maximum cut or fill is limited to no more than an increase or decrease of two feet from the elevation of existing grade at the proposed shed location.

### **SECTION 3 : AMENDMENT OF CHAPTER 217**

Chapter 217 of the current Code of the Town of Lewisboro entitled "Wetlands and Watercourses", specifically Section 217-5(B)(15) is hereby amended to read as follows:

(15) Construction of a deck, accessory to a single-family residence located within the wetland buffer not exceeding 500 square feet in area, and not overhanging a wetland boundary. All supports and footings shall be hand-dug and any excess fill shall be removed from the property or spread evenly underneath the deck and stabilized. The Building Inspector shall expressly condition and necessary approval(s) upon compliance with these parameters.

### **SECTION 4 : AMENDMENT OF CHAPTER 217**

Chapter 217 of the current Code of the Town of Lewisboro entitled "Wetlands and Watercourses", specifically Section 217-5(B) is hereby amended to add subsection (16) to read as follows:

(16) Construction of a fence accessory to a single-family residence provided that hand-dug support posts are utilized.

### **SECTION 5 : AMENDMENT OF CHAPTER 217**

Chapter 217 of the current Code of the Town of Lewisboro entitled "Wetlands and Watercourses", specifically Section 217-5(C)(1) is hereby amended to subsections (i) and (j) to read as follows:

(i) Construction of a deck in excess of 500 square feet in area, accessory to a single-family residence utilizing hand-dug support posts and footings, provided

there is no machine activity or grading and that any excess fill shall be removed from the property or spread evenly underneath the deck and stabilized.

- (j) The construction of a covered porch with a ground footprint area of less than 500 square feet and located no closer than 50 feet from a wetland or watercourse, inclusive of associated grading.

#### **SECTION 6 – HOME RULE**

Nothing in this Local Law is intended, or shall be construed to limit the home rule authority of the Town under State Law, or to limit the Town's discretion in setting fees and charges in connection with any applications requiring Town approval.

#### **SECTION 7 – SEVERABILITY**

If any part or provision of this Local Law or the application thereof to any person or circumstance be adjudged invalid by any court of competent jurisdiction, such judgment shall be confined in its operation to the part or provision or application directly involved in the controversy in which judgment shall have been rendered and shall not affect or impair the validity of the remainder of this Local Law or the application thereof to other persons or circumstances, and the Town Board of the Town of Lewisboro hereby declares that it would have passed this Local Law or the remainder thereof had such invalid application or invalid provision been apparent.

#### **SECTION 8 – EFFECTIVE DATE**

This Local Law shall take effect immediately upon filing in the office of the Secretary of State in accordance with Section 27 of the Municipal Home Rule Law.

TOWN OF LEWISBORO  
TOWN HOUSE  
11 MAIN STREET  
SOUTH SALEM, NEW YORK 10590

THIS IS AN APPLICATION FOR LICENSE TO COLLECT AND DISPOSE OF REFUSE AND RECYCLABLES IN THE TOWN OF LEWISBORO.

RESIDENTIAL \_\_\_\_\_  
COMMERCIAL x \_\_\_\_\_

If applying for renewal, date the current license expires \_\_\_\_\_

The Town will ensure that confidential proprietary documents submitted as part of this license application are maintained under seal and free from Freedom of Information disclosure. Applicant shall be responsible for designation of document to be so protected.

1. Name of Applicant Sani-Pro Disposal Services Corp dba Suburban Carting Co.  
Business Address 566 N State Rd, Briarcliff Manor, NY 10510  
Business Telephone & Fax Numbers 914-698-4300, 914-698-0364  
Home & Emergency Telephone Numbers \_\_\_\_\_

2. VEHICLES

<u>Make</u>	<u>Model</u>	<u>Body Type</u>	<u>License Number</u>
<u>See Attached</u>			

It is understood that all equipment is and shall be maintained in good working condition.

3. FEES (Suggested: See note re Town Rate)

COMMERCIAL:

<u>Size of Container</u>	<u>Pickup Frequency</u>	<u>Suggested Rate (Per Yard)</u>
<u>Prices based on Customer needs including</u>		
<u>material, size &amp; frequency.</u>		

# **Town of Lewisboro**

## **Sani-Pro Disposal Services**

### **Vehicle List**

<b>Fleet #</b>	<b>Make</b>	<b>Model</b>	<b>Body Type</b>	<b>License Plate</b>
F24	Peterbilt	520	Front Load	59876MM
F6	Mack	MRU613	Front Load	63495PC
F8	Peterbilt	520	Front Load	96184 MM
R12	Peterbilt	5675FFA	Roll Off	83330PC
R5	Peterbilt	5675FFA	Roll Off	81304MN

Note: The Town Rate will be set by the Town Board each December for the following year.  
Actual rate charged may not exceed Town Rate.

RESIDENTIAL:

- A. Curbside n/a
- B. Driveway less than 125 feet \_\_\_\_\_
- C. Driveway more than 125 feet \_\_\_\_\_

4. METHOD OF BILLING

Monthly or by contract agreement

Billing is based on arrangement with customer but typically once per month.

5. AREAS TO BE SERVICED, IF NOT ENTIRE TOWN OF LEWISBORO

Entire Town

6. LOCATION OF TRANSFER SITES

City Carting, Somers, NY

7. PLACE OF DISPOSITION OF REFUSE

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. \_\_\_\_\_

9. INSURANCE INFORMATION

<u>Name of Agent</u>	<u>Insurance Company</u>	<u>Policy No.</u>	<u>Policy Period</u>
Please see attached Certificate of Insurance			

(Attach copy of Insurance certificate evidencing coverage amounts and naming Town as additional insured. New Certificate to be mailed automatically to Town upon renewal of change in and of the above information. Be sure to include Workmen's Compensation and Disability insurance coverage)

10. DETAILED DESCRIPTION OF APPLICANT'S EMPLOYMENT COMPLIMENT, INCLUDING JOB CLASSIFICATIONS

85 employees total: 55 drivers/ helpers, 15 maintenance mechanics and welders, 15 office staff

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11. SET FORTH ACTUAL OR BENEFICIAL OWNERS OF THE BUSINESS, OR IF CORPORATION, THE STOCKHOLDERS, DIRECTORS AND OFFICERS OF THE CORPORATION AND ALL RELATED BUSINESSES.

Nicholas Orlando

Joseph Orlando

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12. NUMBER OF CUSTOMERS

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IF INITIAL LICENSE, NAMES AND ADDRESSES OF A MINIMUM OF FIVE COMMERCIAL ACCOUNTS.

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13. CONTINGENCY PLANS (Set forth in detail plans for providing service in the event of equipment failure, labor disputes of disposal difficulties or other factors which would affect service).

We have ample staff and equipment to continue service in the event of an equipment failure or labor dispute.

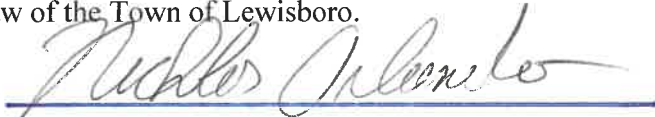
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14. PLEASE MAKE SURE TO SEND THE TONAGE REPORT (TOTAL GARBAGE AND TOTAL RECYCLABLES) TO THE TOWN IN JANUARY OF EACH YEAR. IT CAN BE EMAILED TO [townclerk@lewisborogov.com](mailto:townclerk@lewisborogov.com).




Sani-Pro Disposal Services Corp Being duly sworn, does hereby depose and say that all the statements herein contained are true and correct, that I have received a copy of, have read and understand, and will comply with all of the provisions of the applicable Refuse Collection Law of the Town of Lewisboro, and that all personnel have been instructed to comply with the provisions of applicable Refuse Collection Law of the Town of Lewisboro.



05/05/2021  
Date

Sani-Pro Disposal Services Corp, President  
Applicant Title

(Corporate Seal)

Nicole Avallone  
Notary Public, State of New York  
No. 01AV6169675  
Qualified in Westchester County  
Term Expires 06/25/2011 

Sworn to before me this 5 day of May, 2021.



Notary Public

Note: If this is your first application, please be sure to attach your latest financial statements and balance sheet. The application will not be reviewed without them. Please label the information "Confidential".

Refuse License Fees:

Residential: \$35 for each truck over 10 cubic yards  
\$15 for each truck under 10 cubic yards

Commercial: \$100 for each truck over 10 cubic yards  
\$50 for each truck under 10 cubic yards

For office use:

Total fee paid: \$500—

Receipt No./Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2021

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

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

<b>PRODUCER</b> Acrisure LLC DBA TCE Insurance Services 490 Wheeler Road Suite 251 Hauppauge NY 11788		<b>CONTACT</b> NAME: Francine Semprini PHONE (A/C, No. Ext): (631) 352-5700 FAX (A/C, No.): (631) 761-6487 E-MAIL ADDRESS: fsemprini@tceins.com															
<b>INSURED</b> Sani-Pro Disposal Services Corp dba Suburban Carting Co 566 North State Road Briarcliff Manor NY 10510		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Accident Fund Insurance Company of America</td><td>10166</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Accident Fund Insurance Company of America	10166	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES**

CERTIFICATE NUMBER: CL2121965169

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Collision			CA-WINS-1013-21 \$5,000 ded	2/21/2021	2/21/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 50,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

EVIDENCE OF INSURANCE

**CERTIFICATE HOLDER****CANCELLATION**

Town of Lewisboro Town House 11 Main Street South Salem, NY 10590	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 William DeMaio/FS <i>W.D.M.</i>

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SANIDIS-01

CPATTAY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2021

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

<b>PRODUCER</b> Insight Companies Inc. 225 Old Country Road North Wing Melville, NY 11747	<b>CONTACT NAME:</b> Jillian Capella		
	<b>PHONE (A/C, No, Ext):</b> (631) 393-0500	<b>FAX (A/C, No):</b> (631) 393-0505	
	<b>E-MAIL ADDRESS:</b> jcapella@insightins.com		
<b>INSURED</b>  Sani-Pro Disposal Services Corp. dba Suburban Carting Company 566 North State Road Briarcliff Manor, NY 10510	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Great Divide Insurance Company		25224
	<b>INSURER B:</b> The Travelers Indemnity Co		25658
	<b>INSURER C:</b> State National Insurance Co.		12831
	<b>INSURER D:</b> AXIS Surplus Ins Co		26620
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Contractual Liab Inc</b> <input checked="" type="checkbox"/> <b>Prop Damage Incl</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GSP2020341-14	12/15/2020	12/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 5,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-61M71052-20-NF	12/22/2020	12/15/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	AYA71949-0076	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>Excess Auto Buffer</b>			P-001-000433191-01	12/22/2020	12/15/2021	Limit \$ 1,000,000

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

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Town of Lewisboro  
11 Main Street  
South Salem, NY 10590

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



AGENCY CUSTOMER ID: SANIDIS-01

CPATTAY

LOC #: 1

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Insight Companies Inc.		NAMED INSURED Sani-Pro Disposal Services Corp. dba Suburban Carting Company 566 North State Road Briarcliff Manor, NY 10510	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

The Additional Insured and/or Waiver of Subrogation if shown on this certificate are added provided this status is required by a written and executed contract.



**Workers'  
Compensation  
Board**

## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<b>1a. Legal Name &amp; Address of Insured (use street address only)</b> South East Employee Leasing Services, Inc. (LCF) Sani-Pro Disposal Services Corp. dba Suburban Carting Co.  2739 US Highway 19 N Holiday, FL 34691 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., A Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b> (727) 938-5562 <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b> 51-64064 <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b> 05-0591872
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  TOWN OF LEWISBORO TOWN HOUSE  11 MAIN STREET SOUTH SALEM NY 10590	<b>3a. Name of Insurance Carrier</b> State National Insurance Company, Inc. <b>3b. Policy Number of Entity Listed in Box "1a"</b> AYA71949-0076 <b>3c. Policy effective period</b> 1/1/2021 to 1/1/2022 <b>3d. The Proprietor, Partners or Executive Officers are</b> <input checked="" type="checkbox"/> included. <i>(Only check box if all partners/officers included)</i> <input type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? ☒ YES ☐ NO

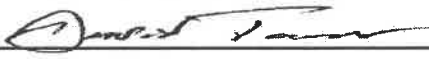
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: David Tanner  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  5/5/2021  
(Signature) (Date)

Title: Licensed Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: (727) 938-5562

**Please note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

## **Workers' Compensation Law**

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

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is provided 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 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.



# CERTIFICATE OF INSURANCE COVERAGE

## DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

<b>PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier</b>	
<b>1a. Legal Name &amp; Address of Insured (use street address only)</b>  SANI-PRO DISPOSAL SERVICES CORP DBA SUBURBAN CARTING COMPANY 566 NORTH STATE RD BRIARCLIFF MANOR, NY 10510  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b>  914-698-4300  <b>1c. Federal Employer Identification Number or Social Security Number</b>  205187398
<b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  TOWN OF LEWISBORO TOWN HOUSE 11 MAIN STREET SOUTH SALEM, NEW YORK 10590	<b>3a. Name of Insurance Carrier</b>  HARTFORD LIFE AND ACCIDENT  <b>3b. Policy Number of Entity Listed in Box "1a"</b>  LNY634638  <b>3c. Policy effective period</b> 07-01-2020 to 06-30-2021
<b>4. Policy provides the following benefits:</b> <input checked="" type="checkbox"/> A. Both disability and paid family leave benefits. <input type="checkbox"/> B. Disability benefits only. <input type="checkbox"/> C. Paid family leave benefits only.  <b>5. Policy covers:</b> <input checked="" type="checkbox"/> A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law, <input type="checkbox"/> B. Only the following class or classes of employer's employees:	
<p>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.</p> <p>Date Signed 05-05-2021 <i>Elizabeth Tello</i> (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</p> <p>Telephone Number (212) 553-8074 Name and Title: Elizabeth Tello – Assistant Director, Statutory Services</p> <p><b>IMPORTANT:</b> If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is <b>COMPLETE</b>. Mail it directly to the certificate holder.</p> <p>If Box 4B, 4C or 5B is checked, this certificate is <b>NOT COMPLETE</b> for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.</p>	
<b>PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)</b>	
<p style="text-align: center;"><b>State of New York Workers' Compensation Board</b></p> <p>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.</p> <p>Date Signed _____ By _____ (Signature of Authorized NYS Workers' Compensation Board Employee)</p> <p>Telephone Number _____ Name and Title _____</p>	

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



## **Additional Instructions for Form DB-120.1**

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

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

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

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

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

### **DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

#### **§220. Subd. 8**

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

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