



**TOWN OF LEWISBORO
TOWN BOARD MEETING 7:30 P.M.
REVISED AGENDA
LEWISBORO LIBRARY
MONDAY, MARCH 14, 2022**

- I. PUBLIC HEARING Regarding Penalties for False Fire Alarms**
- II. PUBLIC COMMENT**
- III. COMMUNICATIONS**
- IV. CONSENT AGENDA**

Approval of Minutes of February 28, 2022

- V. OLD BUSINESS**
 - a. Discussion: Update to Food Scraps Program**
 - b. Salt Dome Wood Debris Update**
- VI. NEW BUSINESS**
 - a. County Legislature Update on NYSEG Bill & Rates – Legislator Erika Pierce**
 - b. StretchNY Presentation and Discussion**
 - c. Discussion: Resident Cutugno's Request for Address Change from Route 121, Cross River, to Schoolhouse Road, Waccabuc**
 - d. Discussion: Waiver of Procurement Policy for Fox Valley Lower Field Project**
 - e. Resolution Waiver of Procurement Policy Requirements for Fireworks**
 - f. Resolution Approving Use of Town Park for the S.T.A.R. (Salla Treatment and Research) Foundation Fundraiser on May 22, 2022, and Waiving Fee**
 - g. Resolution Authorizing the 20th Annual ALS Therapy Development Institute's Tri-State Trek to Cycle on Town Roads on June 26, 2022**
 - h. Resolution to Approve City Carting Inc.'s Application for License to Collect and Dispose of Refuse and Recyclables**
- VII. PUBLIC COMMENT**

VIII. APPROVAL OF CLAIMS

IX. POLLING OF THE BOARD

X. ANNOUNCEMENTS

Town Board Meeting Monday, March 28, 2022, at 7:30 p.m., at the Lewisboro Library

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.

Join Zoom Meeting

<https://zoom.us/j/99816172574?pwd=ZVNzd0lrVWw1WlZsZjlvWEFHUWVJdz09>

Meeting ID: 998 1617 2574

Passcode: 329819

Dial by your location

+1 929 205 6099 US (New York)

Meeting ID: 998 1617 2574

Passcode: 329819

PROPOSED LOCAL LAW # 1 OF THE YEAR 2022

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 117

Chapter 117 of the current Code of the Town of Lewisboro entitled "Fire Alarm Systems", specifically Subsections 117-6 and 117-7 are hereby amended to read as follows:

§ 117-6. Reporting of avoidable fire alarms and enforcement.

- A. Each fire department within the Town of Lewisboro shall investigate and report in writing to the Town Fire Inspector (Building Department) all avoidable fire alarms, giving the date and hour of the fire alarm, the name, address and telephone number of the alarm user, the extent of response to the alarm, the basis for determining that it was an avoidable alarm, and all pertinent details of the incident.
- B. The Fire Inspector will keep a record of all avoidable fire alarms reported to him and the disposition of the alleged violation. He will also keep a record of each fire alarm system on which there has been reported an avoidable fire alarm, including but not limited to any determination of whether the system was an automatic dial alarm and/or contained an exterior audible system.
- C. Upon receipt of a written report of the first incident of an avoidable fire alarm from a particular fire alarm system, the Fire Inspector shall issue a written notice by certified mail, return receipt requested, to the alarm user and attach thereto a copy of this Chapter 117.
- D. ~~Upon receipt of a written report of additional avoidable fire alarms from the same fire alarm system within a period of 12 months, the Fire Inspector shall issue an appearance ticket to the fire alarm user returnable in the Justice Court of the Town of Lewisboro. The fine for the second avoidable alarm within a calendar year shall be \$25, the fine for a third avoidable alarm within a calendar year shall be \$50, and the fine for any additional avoidable alarm within a calendar year shall be \$100.~~

§ 117-7. Penalties for offenses.

- A. Any person upon conviction for violation of § 117-3 or 117-4 of this chapter shall be guilty of a violation which shall be punishable as follows:
 - 1. For a first violation, by payment of a fine of not less than \$50 nor in excess of \$150 or by imprisonment for a period of 10 days, or by both such fine and imprisonment.

2. For a second or subsequent violation, by a fine of not less than \$100 nor in excess of \$200 or by imprisonment for 15 days, or by both such fine and imprisonment.
- B. Any person upon, conviction for violation of §117-5 of this chapter for the occurrence of an avoidable fire alarm as defined in this Chapter, shall be guilty of a violation which shall be punishable as follows:
1. For the first violation within twelve (12) months of issuance of notice by the Fire Inspector pursuant to §117-6 herein, of a fine of not less than \$50 or imprisonment for a period of ten (10) days, or by both such fine and imprisonment.
 2. For the second violation within twelve (12) months of issuance of notice by the Fire Inspector pursuant to §117-6 herein, of a fine of not less than \$100 or imprisonment for a period of ten (10) days, or by both such fine and imprisonment.
 3. For the third violation within twelve (12) months of issuance of notice by the Fire Inspector pursuant to §117-6 herein, of a fine of not less than \$150 or imprisonment for a period of fifteen (15) days, or by both such fine and imprisonment.
 4. For the fourth violation within twelve (12) months of issuance of notice by the Fire Inspector pursuant to §117-6 herein, of a fine of not less than \$200 or imprisonment for a period of fifteen (15) days, or by both such fine and imprisonment.

SECTION 4 – 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 5 – 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 6 – 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.

**RESOLUTION AUTHORIZING CONVEYANCE
OF ACCESS EASEMENT**

WHEREAS, the Town of Lewisboro is currently owner in fee simple of a parcel of real property located between the traveled way known as Schoolhouse Road and the premises Lot No. 6 on filed Map No. 21337 in the Office of the Clerk on Westchester County; and

WHEREAS, Anthony Cutugno, the owner of the referenced Lot No. 6, has requested that the Town of Lewisboro convey to him a permanent easement for purposes of providing access and egress to the premises currently designated as 123 Cross River Road; and

NOW THEREFORE BE IT RESOLVED, that the Town Board of the Town of Lewisboro hereby authorizes the conveyance of a permanent easement to Anthony Cutugno for the sole purpose of providing vehicular access and egress to the referenced premises; and

BE IT FURTHER RESOLVED that Grantee Anthony Cutugno, his heir successors and/or assigns shall be solely liable and responsible for all maintenance and repair of said easement area; and

BE IT FURTHER RESOLVED that Grantee Anthony Cutugno, his heir successors and/or assigns shall continuously maintain a policy of hazard insurance naming the Town of Lewisboro as an additional insured in perpetuity; and

BE IT FURTHER RESOLVED that Town Supervisor Tony Goncalves is hereby authorized to execute any and all documentation necessary to effect to transfer of the easement interests referenced herein as prepared by Town Counsel; and

BE IT FURTHER RESOLVED, that Anthony Cutugno bear all costs of recording of the conveyance documents herein; and

BE IT FURTHER RESOLVED that this resolution is subject to permissive referendum.

Resolution

Offered by: _____

Seconded by: _____

<u>Roll Call Vote</u>	<u>YES</u>	<u>NO</u>
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Mary Shah	_____	_____
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Andrea Rendo	_____	_____
Richard Sklarin	_____	_____
Daniel Welsh	_____	_____
Tony Goncalves	_____	_____

THE ALS THERAPY DEVELOPMENT INSTITUTE
**TRI-STATE
TREK**



RECEIVED BY

MAR - 7 2022

The logo for the ALS Therapy Development Institute, featuring the text 'ALS THERAPY DEVELOPMENT INSTITUTE' in a stylized font.

Lewisboro
Town Clerk Janet Donohue
11 Main Street P.O. Box 500
South Salem, NY, 10590

March 2, 2022

Dear Town Clerk Janet Donohue,

On Sunday, June 26th, 2022, 400 cyclists will travel through your town on their way from Boston, MA to Greenwich, CT in the **20th Annual ALS Therapy Development Institute (ALS TDI) Tri-State Trek**. The Tri-State Trek raises funds and spreads awareness of the work ALS TDI is doing to find an effective treatment and cure for a horrific disease. Every 90 minutes, someone is diagnosed with ALS, also known as Lou Gehrig's disease or Motor Neuron Disease (MND). It is a progressive, neurodegenerative disease that causes muscle weakness, difficulty breathing and swallowing, and paralysis while leaving the senses intact. Currently, there is no effective treatment or cure.

ALS TDI is the world's first and largest nonprofit biotech focused 100 percent on ALS research. Led by people with ALS and drug development experts, we understand the urgent need to slow and stop this disease. You can learn more at www.als.net.

Enclosed is a proposed route with the specific date that we plan to be in your location. Please forward this along to the proper channels. If applicable, we have indicated any rest areas that we are planning to stop at in your town. We have a comprehensive insurance policy for the event that recognizes your town as additionally insured under ALS TDI's insurance. The necessary insurance certificate is attached. You can return these forms via email, fax, or mail addressed to my contact information below.

Thank you so much for your time. If you have any questions or concerns, please contact me.

Best regards,

Kevin Sweeney
Events Manager
ALS Therapy Development Institute
Direct: 617.441.7286
Fax: 617. 441.7299
ksweeney@als.net

ALS THERAPY DEVELOPMENT
INSTITUTE

ALS Therapy Development Institute (ALS TDI) | 480 Arsenal Street, Suite 201, Watertown, MA 02472
501(c)3 nonprofit: EIN # 04-3462719 | Phone: 617.441.7205 | Email: events@als.net



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2022

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 470 Atlantic Avenue Boston MA 02210		CONTACT NAME: PHONE (A/C, No, Ext): 617-261-6700 FAX (A/C, No): 617-531-7777 E-MAIL ADDRESS:	
License#: BR-724491		INSURER(S) AFFORDING COVERAGE	
ALSTHER-01		INSURER A: Atlantic Specialty Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
ALS Therapy Development Foundation Inc.
480 Arsenal Way Suite 201
Watertown, MA 02472

COVERAGES**CERTIFICATE NUMBER:** 1920073078**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL0562301	12/12/2021	12/12/2022	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

CERTIFICATE HOLDER**CANCELLATION**

Town of Lewisboro
Town Clerk Janet Donohue
11 Main Street P.O. Box 500
Lewisboro 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

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Lewisboro	Straight	Traffic Light	Jct. Rte. 121 North (stay on Rte. 35)		55.5
Lewisboro	Left	at the stone bench	Rte. 121 South (Cross River Rd. / Old Post Rd.)	Turn comes up fast. 1/4 mile climb coming up.	56.1



Town Approval Form

Date: _____

I, _____, acknowledge that the ALS TDI Tri-State Trek will be utilizing our roads between June 26, 2022, for the purpose of a charity bicycle ride, benefiting the ALS Therapy Development Institute. The town of _____ has approved the ALS TDI Tri-State Trek's proposed route.

TOWN: _____

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

PLEASE FAX THIS FORM TO 617-441-7299 (NO COVER LETTER REQUIRED) OR SCAN AND EMAIL TO

tristatetrek@als.net



ALS Therapy Development Institute
300 Technology Square
Suite 400
Cambridge, MA 02139

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 ✓

If applying for renewal, date the current license expires March 3, 2023

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 City Carting Inc
Business Address 8 Violet Rd Stamford, CT, 06907
Business Telephone & Fax Numbers 203-324-4090
Home & Emergency Telephone Numbers _____

2. VEHICLES

Make	Model	Body Type	License Number
<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:

Size of Container	Pickup Frequency	Suggested Rate (Per Yard)
<u>1YD to 10YD</u>	<u>1x to 6x per week</u>	<u>Based on weight</u>
_____	<u>on call</u>	_____

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 1x week \$46.00 per month
B. Driveway less than 125 feet 1x week \$58.00 month
C. Driveway more than 125 feet 1x wk \$58.00 per month

4. METHOD OF BILLING

Monthly or by contract agreement

Monthly, Bi-monthly

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

entire town

6. LOCATION OF TRANSFER SITES

Somers, NY

7. PLACE OF DISPOSITION OF REFUSE

Somers Sanitation, 241 Rt 100, Somers, NY, 10589
Backup facility Wheelabrator, Peckskill, NY

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. 03-0784

9. INSURANCE INFORMATION

<u>Name of Agent</u>	<u>Insurance Company</u>	<u>Policy No.</u>	<u>Policy Period</u>
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See Attached

(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

Drivers: Jon Giangrosso, Chris Wiggins, Frank Vincent
Tucker Maziuk, Michael Velders, Rich Ciccia, Tim Doneghue
Michael McGee, Christopher Mendoza

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.

Robert Boucher CEO
Anthony Farina COO

12. NUMBER OF CUSTOMERS

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

General

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

Spare vehicles, Rental vehicles, Sub contracts
Spare drivers

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.

Clay Cox 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.

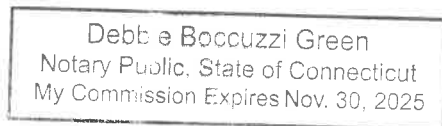
3/1/22
Date

Clay Cox
Applicant

VP-Collection
Title

(Corporate Seal)

Sworn to before me this 3rd day of March, 2022.



Debbie Boccuzzi Green
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: _____

Receipt No./Date: _____

AUTOMOBILE INSURANCE IDENTIFICATION CARD

Connecticut

Insurance Identification Card Issued Pursuant to Connecticut Law

Company #: 16535

Company Name: Zurich American Insurance Company

The above insurer certifies that the coverage provided by this policy meets the minimum liability limits prescribed by the law.

Name and Address of Insured
City Carting, Inc.
8 Viaduct Road
Stamford CT 06907

NOTICE: YOU HAVE THE RIGHT
TO CHOOSE THE LICENSED
REPAIR SHOP WHERE THE
DAMAGE TO YOUR MOTOR
VEHICLE WILL BE REPAIRED

POLICY NUMBER
BAP-7520788-01

EFFECTIVE DATE
9/30/2021

EXPIRATION DATE
9/30/2022

VEHICLE DESCRIPTION

VEHICLE IDENTIFICATION NUMBER

YEAR MAKE/MODEL

All Owned and Leased Vehicles

Agent: LOCKTON COMPANIES

Claim Reporting Number: 1-800-987-3373

Note: Lockton is not the insurance carrier.

☒ COMMERCIAL ☐ PERSONAL

[Signature]
AUTHORIZED REPRESENTATIVE

**THIS CARD MUST BE CARRIED IN THE INSURED
MOTOR VEHICLE FOR PRODUCTION UPON DEMAND**

IN CASE OF ACCIDENT

Get names and addresses of witnesses.

Get names and addresses of injured, and or drivers and occupants of other vehicles.
Get license numbers of vehicles involved.

Report the accident at once to the State Police Department or other designated authority when required by law.

EXCLUDED DRIVERS

KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

The front of this document contains a screened logo image. If the logo is not visible, the document is not valid.

Rev. 06.26.09

**Insurer only provides coverage for persons operating an insured motor vehicle pursuant to policy.
Coverage subject to terms, provisions, exclusions, and conditions in policy and any endorsements thereto.**



Workers'
Compensation
Board

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

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

1a. Legal Name & Address of Insured (use street address only) Wheelabrator Technologies Holding, Inc 100 Arboretum Dr., Suite 310 Portsmouth, New Hampshire 03801-7833	1b. Business Telephone Number of Insured (603) 929-3308 1c. Federal Employer Identification Number of Insured or Social Security Number 22-2678047
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Lewisboro Town House 11 Main Street South Salem, NY 10509	3a. Name of Insurance Carrier Sun Life and Health Insurance Company (U.S.) 3b. Policy Number of Entity Listed in Box 1a 942737 3c. Policy Effective Period 01/01/2022 to 01/01/2023

4. Policy provides the following benefits:

- ☒ A. Both disability and Paid Family Leave benefits.
☐ B. Disability benefits only.
☐ C. Paid Family Leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 03/02/2022 By Nancy Moss
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 800-247-6875 Name and Title Nancy Moss Client Advocate Support

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Numbers _____ Name and Title _____

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

Additional Instructions for Form DB-120.1

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

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

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

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

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

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

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

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



**Workers'
Compensation
Board**

**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name & Address of Insured (use street address only)</p> <p>City Carting Inc PO BOX 17250 8 Viaduct Road Stamford, CT 06907</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 603-929-3152</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 06-1200482</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Lewisboro Town House 11 Main Street South Salem, NY 10590</p>	<p>3a. Name of Insurance Carrier Zurich American Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" WC 7515469-01</p> <p>3c. Policy effective period 09/30/2021 to 09/30/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) all <input type="checkbox"/> excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above 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".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled 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 the 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 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: Susan B. Kendziora
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Susan B. Kendziora* 02/04/2022
(Signature) (Date)

Title: Vice President - Underwriting Services

Telephone Number of authorized representative or licensed agent of insurance carrier: 800-382-2150

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.

C-105.2 (9-17)

www.wcb.ny.gov

Workers' Compensation Law

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

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