



**TOWN OF LEWISBORO
TOWN BOARD WORK SESSION
AGENDA
TOWN HOUSE
AUGUST 8, 2016
7:30 P.M.**

PUBLIC COMMENT

CONSENT AGENDA

- Approval of Minutes of July 25, 2016
- Monthly Reports June 2016
 - Building Report
 - Police Department

NEW BUSINESS

- Presentation of Cornell Local Roads Program Results by Highway Intern Benjamin Diskin
- Discussion Regarding Accessory Apartment Local Law and Setting of Public Hearing
- Resolution to Approve Application by AAA Carting and Rubbish Removal Inc. to Collect and Dispose of Refuse and Recyclables

APPROVAL OF CLAIMS

POLLING OF THE BOARD

ANNOUNCEMENTS

- Town Board Meeting August 22, 2016 at 7:30 p.m. at the Town House, 11 Main Street, South Salem

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 Town Offices at Orchard Square 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 meeting, and we will try to accommodate whenever possible.

MONTHLY REPORT JULY 2016

Quantity	Bld Permit	Permit	CC/CO	RM	EQ
26	Res Minor Work	\$ 4,540.00	\$ 1,970.00	\$ 52.00	\$ 600.00
6	Res ADD	3760.00	3160.00	12.00	300.00
0	Res Acc Str	0.00	0.00	0.00	0.00
6	Res Alt	1740.00	1140.00	12.00	0.00
1	Res New	3500.00	3400.00	2.00	0.00
0	Res Renew	0.00	0.00	0.00	0.00
0	Comm Alt/Add	0.00	0.00	0.00	0.00
2	Comm Minor	900.00	700.00	4.00	0.00
4	ZBA	1250.00	0.00	8.00	0.00
0	Other Permits	0.00	0.00	0.00	0.00
0	220-76C	0.00	0.00	0.00	0.00
7	Wetlands/EQ	150.00	0.00	0.00	300.00
3	Civil Penalty	750.00	0.00	0.00	0.00
85	Copies	21.25	0.00	0.00	0.00
0	Misc	0.00	0.00	0.00	0.00

Total	\$ 16,611.25	\$ 10,370.00	\$ 90.00	\$ 1,200.00
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Total Receipts :	\$ 28,271.25
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Total Deposits:	\$ 28,271.25
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Bldg Insp: P. J. Bant

Date: 8/1/16

Difference

[illegible]

					Column Total	0	0	0	0
					Subtotal	0			
					Res Renewal	BP	CO	RM	EQ
					Column Total	0	0	0	0
					Subtotal	0			
					Wetland	W/P	S/W	EQ	
					Capobianco	0	0	50	
					Graham	0	0	50	
					Lee-Grazic	0	0	50	
					Martini	0	0	50	
					Ferrarra	0	0	50	
					Jackson	150	0	0	
					Kuszynski	0	0	50	
					Column Total	4540	1970	52	600
					Subtotal	\$ 7,162.00			
					Column Total	150	0	300	
Civil Penalty					CP	Subtotal 450			
Gasparino					250	Other Permits			
Symphony Hlding					250	BP	CC	RM	EQ
Dewhurst					250				
Subtotal					750				
Comm. Add/Alt					BP	CO/CC	RM	EQ	
					Column Total	0	0	0	0
					Subtotal	0			
					ZBA	Permit Application			RM
					Capobianco	250	2		
					Elegant Banquets	250	2		
Column Total					0	0	0	0	
Subtotal					0				
Misc					BP	CO/CC	RM	EQ	

Column Total	0	0	0	0	Column Total	1250	0	8	0
Subtotal		0			Subtotal		1258		
Cash					Res. A/S	BP	CO	RM	EQ
85 Photocopies	21.25								
					Column Total	0	0	0	0
Subtotal	21.25				Subtotal		0		

PATROL ACTIVITY 2016

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
INCIDENTS REPORTED													
Auto Accidents	15	20	12	15	16	21	10	0	0	0	0	0	109
Aided Cases	28	31	16	20	33	26	47	0	0	0	0	0	201
Alarms	35	47	27	31	34	34	44	0	0	0	0	0	252
Animal	8	3	4	9	11	9	6	0	0	0	0	0	50
Assist Other Depts.	14	9	10	5	5	11	11	0	0	0	0	0	65
Burglary	0	0	0	0	1	0	1	0	0	0	0	0	2
Civil Complaints	0	2	1	0	1	1	1	0	0	0	0	0	6
Criminal Activity	1	0	0	1	1	1	0	0	0	0	0	0	4
Domestic Incidents	4	1	3	4	3	2	1	0	0	0	0	0	18
Drug Related Activity	3	2	3	1	0	0	1	0	0	0	0	0	10
Harassment	0	0	0	2	2	2	2	0	0	0	0	0	8
Larceny	2	1	3	1	2	2	3	0	0	0	0	0	14
Fingerprints	3	3	6	2	4	4	3	0	0	0	0	0	25
Fire	8	1	3	3	3	3	2	0	0	0	0	0	23
Property Lost / Found	2	6	1	3	3	4	2	0	0	0	0	0	21
Utilities	2	6	3	3	6	3	2	0	0	0	0	0	25
Miscellaneous	11	14	22	15	19	22	20	0	0	0	0	0	123
Mischief / Vandalism	2	5	2	3	4	3	1	0	0	0	0	0	20
Summons / Papers Served	6	2	4	2	2	4	2	0	0	0	0	0	22
Suspicious Activity	0	3	11	11	7	6	5	0	0	0	0	0	43
Trespass	0	0	2	0	0	2	1	0	0	0	0	0	5
Vehicles	10	17	12	11	13	17	6	0	0	0	0	0	86
MONTHLY TOTALS	154	173	145	142	170	177	171	0	0	0	0	0	1132

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
D.W.I Arrests	0	1	1	0	0	0	0	0	0	0	0	0	2
Parking Summons	24	4	2	14	20	37	48	0	0	0	0	0	149
Appearance Tickets	5	4	14	3	4	2	2	0	0	0	0	0	34
MONTHLY TOTALS	29	9	17	17	24	39	50	0	0	0	0	0	185

	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
VEHICLE AND TRAFFIC TICKETS													
Speeding	17	17	26	13	17	12	14	0	0	0	0	0	116
Agg. Unlicensed	1	3	8	2	3	2	2	0	0	0	0	0	21
Stop Sign	10	0	7	2	11	1	8	0	0	0	0	0	39
Seat Belts	11	12	12	11	10	13	19	0	0	0	0	0	88
Cell / Text	2	5	3	2	1	0	0	0	0	0	0	0	13
Other	4	94	117	92	68	103	100	0	0	0	0	0	578
Parking	23	4	7	18	19	21	44	0	0	0	0	0	136
App Ticket	4	3	8	3	4	0	4	0	0	0	0	0	26
MONTHLY TOTALS	72	138	188	143	133	152	191	0	0	0	0	0	1017

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 8/25/16

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 AAA Contract Rubbish Removal Inc
Business Address 400 Furnace Brook Rd Cortlandt Manor NY 10567
Business Telephone & Fax Numbers 914 739-9527
Home & Emergency Telephone Numbers [REDACTED]

2. VEHICLES

Make	Model	Body Type	License Number
2003 MACK	MR	DUMP	26759-JU-NY
1998 MACK	RD	DUMP	41543-JZ-NY

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>2-8 yard container</u>	<u>AS NEEDED</u>	<u>\$ 8.00 \$15.00 PER YARD</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 \$ 34.99 per month (plus tax)
B. Driveway less than 125 feet \$ 49.99 per month (plus tax)
C. Driveway more than 125 feet \$ 49.99 per month (plus tax)

4. METHOD OF BILLING

Monthly or by contract agreement

Bi-Monthly

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

6. LOCATION OF TRANSFER SITES

Wheelabrator - 1 John Walsh Blvd Peekskill NY 10866

7. PLACE OF DISPOSITION OF REFUSE

Wheelabrator 1 John Walsh Blvd Peekskill NY 10866

8. WESTCHESTER COUNTY DEPARTMENT OF HEALTH PERMIT NO. DO-0403

9. INSURANCE INFORMATION

Name of Agent	Insurance Company	Policy No.	Policy Period
TCC INSURANCE SERVICE INC	UNITED Specialty Ins CO	EE-N2309-16	1/14/2016 - 1/19/2017
	NATIONAL Commercial Ins CO	ANY 9476570-6	1/19/2016 - 1/19/2017
	HANMARK Specialty Ins CO	77112163403	1/14/2016 - 1/19/2017
EUFORCE CO	WELCO Insurance CO.	0046786	7/15/2016 - 7/15/2017
	Continental Indemnity CO	46-84503	11/1/2015 - 11/1/2016

(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: People who drive vehicles
Helpers: People who dump loads into the truck

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.

Pat Cartakam - President
Linda Cartakam - Vice President

12. NUMBER OF CUSTOMERS

10

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

Renewal

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).

We have enough trucks.
All Management has CDL license

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.

Pat Carlatemi 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.

7/20/16
Date

Pat Carlatemi JR Pres
Applicant Title

(Corporate Seal)

Sworn to before me this 20 day of July, 2016.

Teasha Milano
Notary Public

TEASHA MILANO
Notary Public, State of New York
No. 01618220874
Qualified in Westchester County
Term Expires April 26, 2018

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: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2016

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).

PRODUCER		CONTACT NAME: Francine Semprini	
TCE Insurance Services Inc		PHONE (631) 352-5700	FAX (631) 761-4497
490 Wheeler Road		EMAIL: fsemprini@tceins.com	
Suite 251		INSURER(S) AFFORDING COVERAGE	
Hauppauge NY 11788		INSURER A: United Specialty Ins Co	
INSURED		INSURER B: National Continental Ins Co	
AAA Carting & Rubbish Removal Inc		INSURER C: Hallmark Specialty Ins Co	
480 Furnace Dock Rd		INSURER D:	
Cortlandt Manor NY 10567		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER: CL1612116375	REVISION NUMBER:
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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.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY DATE (MM/DD/YYYY)	POLICY EXPIRATION (MM/DD/YYYY)	LIMITS
A <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Addtl Insured <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC. <input type="checkbox"/> 100 <input type="checkbox"/> OTHER		W082359-16	1/19/2016	1/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (per occ/pers) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOD AGG \$ 2,000,000
B AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CR75476173-6	1/19/2016	1/19/2017	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per pers) \$ BODILY INJURY (Per accid) \$ PROPERTY DAMAGE (Per accid) \$ Addtional pp \$ EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$ 10,000		7712163400	1/19/2016	1/19/2017	PER STATE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DEDUCTIBLE - EMPLOYEES \$ E.L. DEDUCTIBLE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PRIOR (OR PARTNER) DECLUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) (If any, please enter description of operations below)	Y/N	N/A			

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

The certificate holder is hereby named additional insured.

CERTIFICATE HOLDER	CANCELLATION
Town Of Lewisboro 11 Main St 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/ROSA

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) AAA Carting & Rubbish Removal, Inc. dba AAA Carting & Rubbish Removal, Inc. 480 Furnace Dock Rd Cortlandt Manor, NY 10567 <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>	1b. Business Telephone Number of Insured (914) 739-9527 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 13-4068572
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Lewisboro 11 Main St South Salem, NY 10590	3a. Name of Insurance Carrier Continental Indemnity Co. 3b. Policy Number of entity listed in box "1a" 46-845093-01-06 3c. Policy effective period 11/01/2015 - 11/01/2016 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded

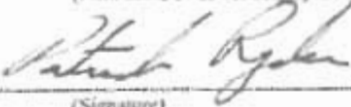
This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation 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 will also notify the above certificate holder 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.

Please Note: Upon the 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: Patrick Ryder
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:  07/15/2016
(Signature) (Date)

Title: Managing Partner

Telephone Number of authorized representative or licensed agent of insurance carrier: 212-947-4298

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 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.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>AAA CARTING & RUBBISH REMOVAL INC Attn: PAT CARTELEMI 480 FURNACE DOCK RD CORTLANDT MANOR, NY 10567</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</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>13-4068572</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Town of Lewisboro 11 Main St South Salem, NY 10590</p>	<p>3a. Name of Insurance Carrier</p> <p>WESCO INSURANCE COMPANY</p> <p>3b. Policy Number of entity listed in box "1a.":</p> <p>0246786</p> <p>3c. Policy effective period:</p> <p>7/15/2016 to 12/31/2017</p>

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
- b. ☐ Only the following class or classes of the 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 Benefits insurance coverage as described above.

Date Signed 7/15/2016 By Kathleen Kisha
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-535-2711 Title Vice President

IMPORTANT: If box "4a" is 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" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has 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 Benefits Law with respect to all of his/her employees.

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

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS disability 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 benefits under the New York State Disability 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".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or 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 Disability Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability 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 Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY 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 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 For all employees has been secured As provided by this article.

AAA Carting & Rubbish Removal Inc
480 Furnace Dock Road
Cortlandt Manor, NY 10567

GREATER HUDSON BANK NA
715 ROUTE 304
BARCLONA, NY 10984

50-1363/0219 03

1997

7/20/2016

PAY TO THE ORDER OF Town of Lewisboro

\$ **250.00

Two Hundred Fifty and 00/100

DOLLARS

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



Rob Calabrese Jr

AUTHORIZED SIGNATURE

MEMO

Renewal of Collection License

⑈001997⑈ ⑆021913639⑆ 1130006115⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

AAA Carting & Rubbish Removal Inc

Town of Lewisboro

7/20/2016

1997

250.00

GHB 6115

Renewal of Collection License

250.00