



**TOWN OF LEWISBORO  
TOWN BOARD WORK SESSION  
AGENDA  
LEWISBORO LIBRARY  
MONDAY, APRIL 8, 2019  
7:30 P.M.**

**PUBLIC HEARING Regarding Replacing Certain Yield Intersections with Stop  
Intersections**

**PUBLIC COMMENT**

**CONSENT AGENDA**

- **Approval of Minutes of March 25, 2019**
- **Monthly Reports March 2019**
  - **Building Department**
  - **Police Department**

**OLD BUSINESS**

- **Update Regarding Town Borrowing**

**NEW BUSINESS**

- **Resolution Approving Lewisboro Garden Club's Request to Plant Daffodils Along Onatru Roadside – George Scott**
- **Resolution Approving Tri-State Trek's Use of Lewisboro Town Park as Rest Stop on June 23, 2019**
- **Discussion Regarding Pollinator Pathways**

**APPROVAL OF CLAIMS**

**POLLING OF THE BOARD**

**ANNOUNCEMENTS**

- **Town Board Meeting Monday, April 22, 2019 at 7:30 p.m. at the Lewisboro Library, 15 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 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 meeting, and we will try to accommodate whenever possible.

## MARCH MONTHLY REPORT

	Permit	CC/CO	RM	EQ
Bld Permit				
Res Minor Work	\$ 5,322.50	\$ 2,510.00	\$ 52.00	\$ 350.00
Res ADD	430.00	330.00	2.00	0.00
Res Acc Str	1740.00	1140.00	12.00	100.00
Res Alt	3280.00	2580.00	14.00	100.00
Res New	20000.00	20000.00	0.00	0.00
Res Renew	3400.00	0.00	0.00	0.00
Comm Alt/Add	0.00	0.00	0.00	0.00
Comm Minor	570.00	470.00	2.00	0.00
ZBA	250.00	0.00	2.00	0.00
Other Permits	140.00	40.00	2.00	0.00
220-76C	0.00	0.00	0.00	0.00
Wetlands/EQ	900.00	0.00	0.00	400.00
Civil Penalty	1300.00	0.00	0.00	0.00
Copies	50.00	0.00	0.00	0.00
Misc	213.50	0.00	0.00	0.00
Total	\$ 37,596.00	\$ 27,070.00	\$ 86.00	\$ 950.00

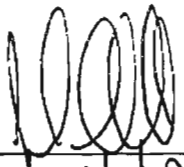
Total Receipts :

\$ 65,702.00

Total Deposits:

Bldg Insp:

Date:

  
4/1/19

		SHOECRAFT	220	120	2	
		KATZ	600	500	2	50
		GOODMAN	140	40	2	
		TOWNSEND	390	290	2	50
		Column Total	1740	1140	12	100
Subtotal	50	Subtotal		2992		

Total: \$65,702.00

<u>Res. MW</u>	<u>BP</u>	<u>CC</u>	<u>RM</u>	<u>EQ</u>		<u>Residential Add</u>	<u>BP</u>	<u>CO</u>	<u>RM</u>	<u>EQ</u>	
SCHILLER	280	180	2	50		JJE33		430	330	2	0
GENZMANN	150	50	2	0							
ZIMILES	140	40	2	0							
GOODMAN	210	110	2	0							
LONGACRE	350	250	2	0							
KAR	120	20	2	0							
IGLESIA	270	170	2	50							
SOYCHER	210	20	2	0							
HILBERT	170	70	2	0							
REIN	220	120	2	50							
KIRPATRICK	150	50	2	50							
LEATHERS	160	60	2								
DICESARE	180	80	2	50							
JAQUES	240	140	2	0		Column Total		430	330	2	0
SLOCUM	270	170	2	50		Subtotal			762		
FARCE	220	120	2	0		<u>Comm. MW</u>	<u>BP</u>	<u>CO</u>	<u>RM</u>	<u>EQ</u>	
DICESARE	260	160	2	0		FOUR WINDS		570	470	2	0
GORMAN	240	140	2								
GIBSON	190	90	2	0							
AXEL	160	60	2	50							
HUNTER	170	70	2	0							
HARRINGTON	200	0	0	0		Column Total		570	470	2	0
WICKERSHAM	150	50	2	0		Subtotal			1042		
FARRACE	120	20	2	0		<u>Res. Alt</u>	<u>BP</u>	<u>CO</u>	<u>RM</u>	<u>EQ</u>	
COTUMACCIO	112.5	90	2	0		SCWARTZ		530	430	2	0
VECCHIO	170	70	2	0		ADDICO		300	200	2	0
KRANKLIN	210	110	2	0		BAGWELL		170	70	2	0
						LASKA		1100	1000	2	50
						RUZOW		700	600	2	0
						CAPOBIANCO		130	30	2	0
						LAKE SHORE GE		350	250	2	50
						Column Total		3280	2580	14	100
						Subtotal			5974		
						<u>Res. New</u>	<u>BP</u>	<u>CO</u>	<u>RM</u>	<u>EQ</u>	
						LAUDER		20,000	20000		
						Column Total		20000	20000	0	0
						Subtotal			40000		
						<u>220-76C</u>	<u>BP</u>	<u>CO</u>	<u>RM</u>	<u>EQ</u>	
						Column Total		0	0	0	0
						Subtotal			0		
						<u>Res Renewal</u>	<u>BP</u>	<u>CO</u>	<u>RM</u>	<u>EQ</u>	
						BAGNON					

DENOI	52				
ALBERT	19				
149UPPER LAKES	2502				
HUNTER	750				
Column Total	3400	0	0	0	0
Subtotal		3400			
<b>Wetland</b>	<b>W/P</b>	<b>SW</b>	<b>EQ</b>		
GOODMAN					50
KOTEEN	150				
MARCHKE					50
MAEX					50
TRUESDALE ESTATES ASS					50
HORSA	150				
HUNTER	150				
GOODMAN	150				
FRIES	150				
VIESELMER					50
VECCHIO					50
REIN	150				
JJE33					50
LASKA					50
Column Total	900	0			400
Subtotal		1300			
<b>Other Permits</b>	<b>BP</b>	<b>CC</b>	<b>RM</b>	<b>EQ</b>	
GARON	140	40	2		0
Column Total	140	40	2		0
Subtotal		182			
<b>ZBA</b>	<b>Permit Application</b>	<b>RM</b>			
HALL	250	2			
Column Total	250	0	2		0
Subtotal		252			
<b>Res. A/S</b>	<b>BP</b>	<b>CO</b>	<b>RM</b>	<b>EQ</b>	
GOODMAN	140	40	2		
CANNELLI	250	150	2		

Column Total	5322.5	2510	52	350	
Subtotal	\$ 8,234.50				
<b>Civil Penalty</b>	<b>CP</b>				
RUZOW	250				
BAGWELL	250				
HUNTER	250				
CAPOBIANCO	250				
HIJACK	300				
Subtotal		1,300			
<b>Comm. Add/Alt</b>	<b>BP</b>	<b>CO/CC</b>	<b>RM</b>	<b>EQ</b>	
Column Total	0	0	0	0	0
Subtotal		0			
<b>Misc</b>	<b>BP</b>	<b>CO/CC</b>	<b>RM</b>	<b>EQ</b>	
LASKA (DEMO)	100				
MCCOURTNEY (	100				
GOVONI (COPIE	13.5				
Column Total	213.5	0	0	0	0
Subtotal		213.5			
<b>Cash</b>					
COPIES (200)	50				

**Lewisboro Garden Club Requests Approval for  
Planting Golden Roads Daffodils Along Onatru Roadside  
Lewisboro Town Board Meeting – April 8, 2019**

George Scott, Representing the Lewisboro Garden Club

**Location:** Onatru Farm Park, Elmwood Road roadside. Extend existing daffodils approximately 120 feet south of existing planting and fill in a 58-foot gap between the LGC 2007 and 2010 plantings. Three-foot setback from road. See accompanying map

**Number of Daffodils:** 3,000

**Planting Dates:** October 26, rain date November 2, 2019

**Safety:** The LGC will request the presence of LPD officer and car

**ACARC Fees:** Request application fees be waved

Maps

# DNATRU FARM PARK DAFFODIL PLANTING



Imagery ©2019 Google, Map data ©2019 Google 20 A

NEW PLANTING - 2019 = 58' + 120' = APPROX. 180 running feet

EXISTING PLANTING



# Golden Roads Daffodils

## Lewisboro Garden Club

### Facts at a Glance

- Golden Roads Daffodils initiative started 14 years ago by the Lewisboro Garden Club (LGC) to beautify our town roadsides each spring
- LGC coordinates mass daffodil plantings along town roadsides each fall
- Planted 47,000 roadside daffodils to date – by the garden club and community volunteers
- Thousands of daffodils planted each year – 50 to 70 planting volunteers – 3 to 4 hours  
Evolved into mini community happening
- Plant town owned, state and nonprofit organization roadsides
- No cost to town – funded by donations and proceeds from daffodil sales at Lewisboro Library Fair
- LGC encourages residents and businesses to plant daffodils along their roadsides and properties
- Daffodils are perennial, and can last decades
- Daffodils and daffodil bulbs are deer and rodent resistant
- Bloom early to mid spring – planted in fall
- Daffodil leaves must be left to yellow naturally to continue flowering year after year. Daffodil leaves will disappear naturally in early summer. When planted in grass, don't mow until at least mid-June – leaves need time to absorb sun energy for next spring's flowers
- Garden club applies an organic bulb fertilizer to planting beds every other spring
- Golden Roads Daffodils - **one of many town beautification programs of the Lewisboro Garden Club** 2019

Lewisboro Garden Club  
P O Box 389  
South Salem, NY 10590  
[LewisboroGardenClub@outlook.com](mailto:LewisboroGardenClub@outlook.com)  
[LewisboroGardenClub.org](http://LewisboroGardenClub.org)



THE ALS THERAPY DEVELOPMENT INSTITUTE

# TRI-STATE TREK



March 20, 2019

Janet Donohue  
Lewisboro Town Park  
P.O. Box 500  
South Salem, NY 10518

Dear Janet,

In the past, the Lewisboro Town Park has been kind enough to open its grounds to the Tri-State Trek. We are now in the planning phase of our 2019 event, hoping to once again use your grounds as a rest stop for our riders. This year, we'll be riding through South Salem on **Sunday, June 23.**

Enclosed is a detailed schedule for Sunday, June 23. Please review this information and let me know if you have any questions or concerns. Your facility will be named on our insurance policy, which I've included in this mailing. All logistics, staffing, and supplies will be provided and coordinated by our event staff and dedicated group of volunteers.

Thank you so much for your time, and please do not hesitate to contact me with any questions or concerns.

Best regards,

**Ben Engle**

*Director of Event and Program Production*

ALS Therapy Development Institute | [www.als.net](http://www.als.net)

Direct: 617.441.7213

Fax: 617.441.7299

[bengle@als.net](mailto:bengle@als.net)



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

THE ALS THERAPY DEVELOPMENT INSTITUTE

**TRI-STATE  
TREK**



## Lewisboro Town Park Site Information

### Schedule

- Sunday, June 23 8:30am – 9:30am --- Site Setup
- Sunday, June 23 9:30am – 12:15pm --- Site in Use
- Sunday, June 23 12:15pm – 1:15pm --- Site Cleanup

### Requested Support

- Use of Parking Lot Area
- Use of Dumpster

### We will be responsible for

- Site setup
- All staffing
- All logistical issues
- Traffic control
- Trash removal
- Leaving the facility in better condition than we found it

**ALS**  
THERAPY DEVELOPMENT  
**INSTITUTE**

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



### Venue Permission Granted Form

Yes, I grant the ALS TDI Tri-State Trek to utilize my grounds or facility as requested

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

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Comments or Requirements:

**Please complete this form and fax to  
617-441-7299 (no cover letter required) or scan and  
email to [tristatetrek@als.net](mailto:tristatetrek@als.net)**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2019

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:

INSURED  
ALS Therapy Development Foundation Inc.  
300 Technology Square  
Suite 400  
Cambridge MA 02139

INSURER(S) AFFORDING COVERAGE  
INSURER A: Atlantic Specialty Insurance Company NAIC# 27154  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 1211791565

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 SUBR INSD 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		GL0379803-05	3/8/2019	3/8/2020	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 - COMPROP AGG \$ 2,000,000 OTHER \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
	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	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				PER STATUTE 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)  
2019 Tri-State Trek (June 21-23, 2019)

## CERTIFICATE HOLDER

## CANCELLATION

Lewisboro Town Park  
Town Clerk  
Attn: Janet Donohue  
P.O. Box 500  
South Salem NY 10518

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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THE ALS THERAPY DEVELOPMENT INSTITUTE

# TRI-STATE TREK



Lewisboro  
Town Clerk Janet Donohue  
11 Main Street PO Box 500  
South Salem, NY 10590

March 19, 2019

Dear Dear Town Clerk Janet Donohue,

On **6/23/2019**, 200 cyclists will travel through your town on their way from Boston, MA to Greenwich, CT in the **17th 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](http://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,

**Ben Engle**

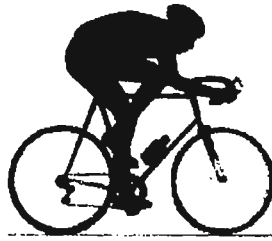
Director of Event and Program Production  
ALS Therapy Development Institute  
Direct: 617.441.7213  
Fax: 617. 441.7299  
[bengle@als.net](mailto:bengle@als.net)



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

THE ALS THERAPY DEVELOPMENT INSTITUTE

**TRI-STATE  
TREK**



**Town Approval Form**

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

I, \_\_\_\_\_, acknowledge that the ALS TDI Tri-State Trek will be utilizing our roads between June 21-23, 2019, 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](mailto:tristatetrek@als.net)**

**ALS**  
THERAPY DEVELOPMENT  
**INSTITUTE**

ALS Therapy Development Institute  
300 Technology Square  
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Cambridge, MA 02139



South Salem	Left	Out of parking lot	Rte. 35 South		54.1
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
Bedford	Straight	Nothing	Rte. 121 South	Junction of Rte. 137/121 - 1/4 mi climb ahead	59.0

Tri-State Trek Support Phone # (617) 441-7211. Please note that this cue sheet is meant for reference and certain aspects (such as cumulative mileage or landmarks) may be slightly inaccurate.





Ridgefield	Bear Right	Nothing	Stay on Rte. 35		
South Salem, NY	Straight	Nothing	Rte. 35 South	Cross into NY	50.6
<b>South Salem</b>	<b>Left</b>	<b>Nothing</b>	<b>Lewisboro Town Park</b>	<b>REST STOP #3/ Small white sign</b>	<b>54.0</b>
South Salem	Left	Out of parking lot	Rte. 35 South		54.1
Lewisboro	Straight	Traffic Light	Jct. Rte. 121 North (stay on Rte. 35)		55.5



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**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:**

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Atlantic Specialty Insurance Company

27154

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED** ALSTHER-01  
ALS Therapy Development Foundation Inc.  
300 Technology Square  
Suite 400  
Cambridge MA 02139

**COVERAGES**

CERTIFICATE NUMBER: 56778068

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GL0379803-05	3/8/2019	3/8/2020	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 OTHER: \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO					
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)  
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**CERTIFICATE HOLDER****CANCELLATION**

Town of Lewisboro  
Town Clerk  
Attn: Janet Donohue  
11 Main Street PO Box 500  
South Salem NY 10590

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