QUITCLAIM DEED

THIS INDENTURE, made the _____ day of September, 2017

BETWEEN

TOWN OF ORANGETOWN, a municipal corporation, organized and existing under the Laws of the State of New York, with offices at 26 Orangeburg Road, Orangeburg, New York 10962,

As party of the first part, and

PEARL RIVER CEMETERY CORP, a not-for-profit corporation formed pursuant to Article 15 of the N.Y.S. Not-for-Profit Corporation Law, with offices c/o P.O. Box 804, Nanuet, New York 10954,

As party of the second part,

WITNESSETH, that the party of the first part, in consideration of the sum of ZERO (\$0.00), and other valuable consideration, paid by the party of the second part, does hereby remise, release and quitclaim unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

ALL that certain plot, piece, parcel of land, with the buildings and improvements thereon erected, situate, lying and being in the Town of Orangetown, Hamlet of Pearl River, County of Rockland, State of New York, as more fully described on Schedule "A", annexed hereto, and made a part hereof.

TOGETHER with the appurtenances and all the estate and rights, if any, of the party of the first part in and to said premises; TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

SUBJECT to easements, restrictions, rights of cemetery plot owners within the boundaries of the described premises, and agreements of record, or to be recorded as a part of this conveyance.

AND the party of the first part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose. The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires.

This conveyance by the party of the first part was approved, pursuant to N.Y.S. Town Law §§ 291[1] and 292, by Resolution No. 51 of 2017 the Town Board of the Town of Orangetown, subject to permissive referendum, which resolution became effective 30 days thereafter, no petition having been filed seeking a referendum; and, further, was approved by the Legislature of the County of Rockland, as required by § 1506 of the Not-for-Profit Corporation Law, by Resolution No. 417 of 2017 of that body.

IN WITNESS WHEREOF, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

Andrew Y. Stewart, Town Supervisor Town of Orangetown

STATE OF NEW YORK)

ss:

COUNTY OF ROCKLAND)

On the ______ day of September in the year 2017, before me, the undersigned, personally appeared, ANDREW Y. STEWART, personally known to me or proved to me on the basis of satisfactory evidence to be the individual who name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or person upon behalf of which the individual acted, executed the instrument.

Notary Public

SCHEDULE "A"

QUITCLAIM DEED

TOWN OF ORANGETOWN

ТО

PEARL RIVER CEMETERY CORP.

Dated: September ___, 2017

Premises: Orangeburg, New York

Section:68.20Block2Lot68

County of Rockland State of New York

RECORD AND RETURN TO:

David A. Englander, Esq. 1 Kings Highway Tappan, New York 10983

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|---------------|--|
| RECEIVED | TOWN OF ORANGETOWN RECEIVED |
| ALLO 0 9 20 | p_{12} |
| AUG 2320 | |
| TOWN OF ORANG | ETOWN OF ORANGETOWN |
| HIGHWAY DEPAR | APPLICANT NAME: MICHOOL J BOSCO HIGHWAY DEPARTMENT |
| | ADDRESS: 8 Robin ST Pearl RIVEr |
| | PHONE #: 917 5742311 CELL# FAX# |
| x | CHECK ONE: PARADE RACE/RUN/WALK OTHER |
| | The above event will be held on OCT 8th 2007 The 2 Main DATE: Wares |
| | Location of event: P.R. Mille school and roads -Gilbert tve, wettern Higdo ways |
| | Sponsored by: Frank K.T. Telephone #: 9175142701 |
| r. | Address: PO. BOX (222 PR NG. |
| | Estimated # of persons participating in event: 200 vehicles 3 |
| | Person (s) responsible for restoring property to its original condition: Name-Address-Phone #: |
| | |
| | Signature of Applicant: The closel from Date: 8/23/17 |
| | GENERAL INFORMATION REQUIRED: (HIGHWAY/PARKS/POLICE) |
| × | Letter of Request to Town Board requesting ald for event - Received On: |
| × | Certificate of Insurance - Received On: 9.5.11 |
| | FOR HIGHWAY DEPARTMENT USE ONLY: |
| | Road Closure Permit: Y N-Received On: X |
| × | Rockland County Highway Dept. Permit YN - Received On: |
| | NYSDOT Permit: Y N Received On: |
| | Route/Map/Parking Plan; Y/N-Received Op RFS-B: 41248 BARRICADES: Y/N CONES: Y)N TRASH BARRELS: Y/N OTHER: GRATACHED Left. PC |
| | RESH: 41248 BARRICADER YN CONESYN TRASH BARRELS: YN OTHER: LEATUCHEd lett er |
| | APPROVED:DATE: |
| | Superintendent of Highways EOR PARKS & RECREATION DEPARTMENT USE ONLY: |
| | Show Mobile: Y/N Application Required:Fee Paid - Amount/Check # |
| | Port-o-Sans: NR: Other: |
| | 0 2/1 0/2/12 |
| | APPROVED: DATE: DATE: |
| | FOR POLICE DEPARTMENT USE ONLY. |
| | Police Detail DN: AUXINARY POLICE Items: |
| | APPROVED: 567 DATE: 9/7/12 |
| | ** Please return to the Highway Department to be placed on the Yown Board Workshop ** |
| · , | Workshop Agenda Date: 9.26.17 Approved On: TBR #: |
| | |

Page 17

RECEIVED

17.57.37

AUG 2 3 2017

TOWN OF ORANGETOWN HIGHWAY DEPARTMENT

8/23/17

To: Allen Kim, Supervisors Administrative Secretary

From: Michael Bosco

RE: Team KJ Duathlon on October 8th 2017

We hereby request the use of the following items from the Town of Orangetown Highway Department. Please put these items on the next Town Board Agendas meeting:

- 30 Barrels with bases
- Approximately 40 Verticades with bases
- 40 Soap Box cones
- 75 Regular cones
- 500' of crowd control barriers

If you have any questions or concerns, please give me a call at 917-514-2311 hank you,

Sincerely yours,

Michael J Booco

Michael J Bosco

917-514-2311

| ACORD | ER | TIF | | BILI | TY INSI | JRANC | E [| | (MM/DD/YYYY) |
|--|--|--------------|--|----------------|----------------------------|----------------------------|--|----------------|--|
| | | | | | | | | | 3/31/2017 |
| CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR | 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 | | | | | | | | | |
| 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 | <u> </u> | <u>9</u> 1 V | Pup noider in ned of Such | CONTA NAME: | | avne | | ···· | |
| McKay Insurance Agency, Inc. | NAME: Name Graphic McKay Insurance Agency, Inc. PHONE (A/C, No): (641)828-2013 | | | | | | | | |
| 106 East Main Street | | | | | | | | | |
| P O Box 151 | | ~ ~ ~ ~ | 61/71/71/11/11 | | | SURER(S) AFFOI | RDING COVERAGE | | NAIC # |
| Knoxville TOWIN | UF MAY | | NGETOWN PARTMENT | INSURE | RA: Lexingto | n Insurance C | ompany | | 19437 |
| intooning and an and an | | | T/MIX LIPPE DO | INSURE | RB: | | | | |
| Silent Sports Association - Du/F | Runnin | g | | INSURE | ERC: | | | | |
| Team KJ, Inc. 3 Bingham Hill Cirle | | | | INSURE | | | | | |
| Rumson | | | NJ 87760 | INSURE | | | | | |
| | TIFIC | | NUMBER: CL178315235 | INSURE | :KF: | | REVISION NUMBER: | <i></i> | |
| THIS IS TO CERTIFY THAT THE POLICIES OF | | | | | TO THE INSU | RED NAMED A | | RIOD | |
| INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT | REME | NT, T | ERM OR CONDITION OF ANY | CONTRA | ACT OR OTHER | R DOCUMENT ' | WITH RESPECT TO WHICH | THIS | |
| EXCLUSIONS AND CONDITIONS OF SUCH PC | DLICIE | S. LIN | ITS SHOWN MAY HAVE BEEN | REDUC | CED BY PAID CL | _AIMS. | | 5, | |
| INSR LTR TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIM | | |
| COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ 1,00 | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300, | |
| A Includes Athletic Participants | | | 17522417-02 | | 40/00/0047 | 40/00/0047 | MED EXP (Any one person) | 1.4 | uded |
| | Y | N | 17622417-02 | | 10/08/2017 | 10/09/2017 | PERSONAL & ADV INJURY | <u>*</u> -0.00 | 0,000 |
| | | | | | | | GENERAL AGGREGATE | Ψ ΄ | 0,000 |
| OTHER: Event | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 | 0,000 |
| | | | | | · | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| ANYAUTO | 1 | | | | | | BODILY INJURY (Per person) | \$ | 1 |
| OWNED SCHEDULED | · · | | | | · · · · · · | | BODILY INJURY (Per accident) | \$ | |
| HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| DED RETENTION \$ | | | | | | | PER OTH- | \$ | |
| AND EMPLOYERS' LIABILITY Y / N | | | | | | | PER OTH- STATUTE ER | . | ······································ |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | N/A | | | | | | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE | \$ | • • |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | | | | * · · · | |
| | | | | | | | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI | - | | | | | | | | |
| Mickey Sullivan Duathlon (Run/Bike/Run) and 5 to liability arising out of the operations of the abo | | | | | | | | | |
| nonadmitted company in lowa and as such is no | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| | | | | 0/110 | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN County of Rockland ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | BEFORE | | | |
| 23 New Hempstead Road | | | | | | | | | |
| | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| New City | | | NY 10956 | | | \leq | HERK | | |
| | | | | | | C 2015 | ACORD CORPORATION | المتعالم | |

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| ACORD | ER | RTIF | | BILI | TY INSU | JRANC | е Г | | MM/DD/YYYY) /31/2017 |
|--|----------------|------------------|--|-------------------|--|-------------------------------|---|--------------------------------|-------------------------|
| 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 If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to | o the | term | s and conditions of the po | licy, ce | rtain policies | | | | |
| PRODUCER | | | | CONTA NAME: | | iyne | · · · · · · · · · · · · · · · · · · · | | |
| McKay Insurance Agency, Inc. | ΈĐ | Б | 2017 | PHONE (A/C, No | (641)84 | 2-2135 | FAX (A/C, No): | (641)8 | 28-2013 |
| 106 East Main Street 3 | E F | - U | 2.017 | E-MAIL | kowowa | @mckayInsage | | | |
| P O Box 151 TOM/N | 1 | | NGLIOWN | | | SURER(S) AFFOR | RDING COVERAGE | | NAIC # |
| Knoxville | | ner | ARTMENT50138 | INSURE | RA: Lexingto | n Insurance C | ompany | | 19437 |
| INSURED | | 6.0° più 1 | | INSURE | RB; | | | | |
| Silent Sports Association - Du/F | Runnir | ıg | | INSURE | RC: | | | | |
| Team KJ, Inc. | | | | INSURE | RD: | | | | |
| 3 Bingham Hill Cirle | | | | INSURE | RE: | | | | |
| Rumson | | | NJ 87760 | | RF: | | | | · |
| COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES OF | | | NUMBER: CL178315235 | | | | REVISION NUMBER: | | |
| INDICATED, NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PC | REME Ain, T | ENT, TI He in | ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE | CONTR/ | ACT OR OTHER | R DOCUMENT N D HEREIN IS S | WITH RESPECT TO WHICH T | HIS | |
| INSR TYPE OF INSURANCE | ADDI | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | ····· |
| | | | | | · · · · · · · · · · · · | | EACH OCCURRENCE | 4 000 | 0,000 |
| CLAIMS-MADE CLAIMS-MADE | | | | | | | PREMISES (Ea occurrence) | s 300, Excl | |
| | Y | N | 17522417-02 | | 10/08/2017 | 10/09/2017 | MED EXP (Any one person) PERSONAL & ADV INJURY | Ψ | 0,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | 4 | 0,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | Ψ | , 0,000 |
| OTHER: Event | | l | | | | | | \$ | |
| AUTOMOBILE LIABILITY | | | | | | · · · | COMBINED SINGLE LIMIT (Ea accident) | \$ | <u> </u> |
| ANYAUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| OWNED SCHEDULED AUTOS | | | · · · · · · · · · · · · · · · · · · | | | | BODILY INJURY (Per accident) | \$ | |
| HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | ĺ | | | | | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | <u>\$</u> | |
| DED RETENTION \$ | | | | | | | | \$ | |
| AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER OTH- STATUTE ER | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | |
| (Mandatory In NH) Lunced If yes, describe under DESCRIPTION OF OPERATIONS below: | | ; | | | | | | \$ | |
| DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | 1 | | | | | | | |
| | [| | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mickey Sullivan Duathion (Run/Bike/Run) and 5K Run/Walk: October 8, 2017. Certificate holder is an additional insured but only with respect to liability arising out of the operations of the above named insured. "This policy is issued, pursuant to lowa Code section 515.147, by a nonadmitted company in lowa and as such is not covered by the Iowa Insurance Guaranty Association." | | | | | | | | | |
| | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| Pearl River Naurshawn Swim Club 580 Gilbert Avenue | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | BEFORE |
| | | | | AUTHUP | IZED REPRESEN | | | | |
| Pearl River | | | NY 10965 | | | 2 | HEZIC | and ball and the second second | |
| | | | | | (| a 1988-2015 | ACORD CORPORATION. | All rial | te recorved |

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| ACORD [®] CERTIFIC | ATE OF LIABIL | ITY INSU | JRANC | E [| | (MM/DD/YYYY) 3/31/2017 | | |
|--|---|--|--|--|----------------|---------------------------|--|--|
| 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(les) 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 | | TACT Kalle Swa E: | yne | | | | | |
| McKay Insurance Agency, Inc. SEP -520 | 17 PHON (A/C, | NE (641)84 No, Ext): (641)84 | 2-2135 | FAX (A/C, No): | (641)8 | 28-2013 | | |
| 106 East Main Street | ADDF | RESS: kswayne@ | Dmckayinsage | ncy.com | | | | |
| P O Box 151 TOWN OF Common | | | | RDING COVERAGE | | NAIC # | | |
| Knoxville HIGHWAY DEPAR | I MA: N50138 | RERA: Lexingto | n Insurance Co | ompany | | 19437 | | |
| INSURED | INSU | RER B : | | | | | | |
| Silent Sports Association - Du/Running Team KJ, Inc. | | RER C: | | · · · · · | | | | |
| 3 Bingham Hill Cirle | | RER D : | | | | | | |
| Rumson | NI 97760 | RER E : | | | | | | |
| COVERAGES CERTIFICATE NUME | INSU | RER F : | | REVISION NUMBER: | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM C CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SH | ED BELOW HAVE BEEN ISSUE OR CONDITION OF ANY CONTI NCE AFFORDED BY THE POLI | RACT OR OTHER | RED NAMED AN DOCUMENT N DHEREIN IS S | BOVE FOR THE POLICY PER WITH RESPECT TO WHICH | THIS | **** | | |
| INSR LTR TYPE OF INSURANCE INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | TS | | | |
| COMMERCIAL GENERAL LIABILITY | | | <u></u> | EACH OCCURRENCE | 1,00 | 0,000 | | |
| | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300, | 000 | | |
| Includes Athletic Participants | | | | MED EXP (Any one person) | \$ Excl | uded | | |
| A Y N 1752 | 22417-02 | 10/08/2017 | 10/09/2017 | PERSONAL & ADV INJURY | \$ 1,00 | 0,000 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | GENERAL AGGREGATE | | 0,000 | | |
| POLICY PRO- JECT LOC | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 | 0,000 | | |
| OTHER: Event | | | | CONDUCT ON OUT THE | \$ | | | |
| | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| ANY AUTO | | | | BODILY INJURY (Per person) | \$ | | | |
| AUTOS ONLY AUTOS HIRED NON-OWNED | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ | | | |
| | | | | (Per accident) | \$ | | | |
| | | | | | \$ | | | |
| | | | | EACH OCCURRENCE | \$ | | | |
| | | | | AGGREGATE | \$ | | | |
| UED RETENTION \$ | | | | PER OTH- STATUTE ER | \$ | | | |
| AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | E.L. EACH ACCIDENT | \$ | | | |
| OFFICER/MEMBER EXCLUDED? | | | | E.L. DISEASE - EA EMPLOYEE | | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | E,L, DISEASE - POLICY LIMIT | \$ | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mickey Sullivan Duathion (Run/Bike/Run) and 5K Run/Walk: October 8, 2017. Certificate holder is an additional insured but only with respect to liability arising out of the operations of the above named insured. "This policy is issued, pursuant to Iowa Code section 515.147, by a nonadmitted company in Iowa and as such is not covered by the Iowa Insurance Guaranty Association." | | | | | | | | |
| | | | | | | | | |
| CERTIFICATE HOLDER | CAN | CELLATION | | | | | | |
| Pearl River School District 520 Gilbert Avenue | TH AC | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | BEFORE | | |
| | | | | | | | | |
| Pearl River | NY 10965 | | 2 | MUZIN- | | | | |
| | | (| 0 1988-2015 / | ACORD CORPORATION. | All rig | nts reserved. | | |

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| ACORD | с | ER | R.T.IF | | BILI | TY INSI | JRANC | e [| | (MM/DD/YYYY) //31/2017 |
|--|--------------------|----------------|-------------------|--|--------|--|--|--|--------------------|---------------------------|
| 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. | | | | | | | | | | |
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| | | | | | | | | | | |
| PRODUCER CONTACT NAME: Kalie Swayne McKay Insurance Agency, Inc. SEP - 5 2017 PHONE (A/C, No, Ext): (641)842-2135 | | | | | | | 28-2013 | | | |
| 106 East Main Street | SCI | | 97 | 017 | E-MAIL | 1000000000 | @mckayinsage | | (011)0 | 20 2010 |
| P O Box 151 | TOWN O | | | CETOMA | AUURE | 33. | | RDING COVERAGE | | NAIC # |
| Knoxville | HIGHWA | ים יי ע ה | N NIV JEDA | RTMENIA 50138 | INSURE | | n Insurance C | | | 19437 |
| INSURED | | <u>م</u> امية. | 1_1_2 | | INSURE | | | | | |
| Silent Sports | Association - Du/R | tunnir | ng | | INSURE | | | | | |
| Team KJ, Inc | | | | | INSURE | RD: | | | | |
| 3 Bingham H | ill Cirle | | | | INSURE | RE; | | | | |
| Rumson | | | | NJ 87760 | | | | | | |
| COVERAGES | | | | NUMBER: CL178315235 | | | | REVISION NUMBER: | | |
| INDICATED. NOTWITHSTA CERTIFICATE MAY BE ISSU EXCLUSIONS AND CONDIT | NDING ANY REQUI | REME AIN, T | ENT, TI THE IN | E LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE 11TS SHOWN MAY HAVE BEEN | CONTR/ | ACT OR OTHER IES DESCRIBE CED BY PAID CI | R DOCUMENT ^I D HEREIN IS S LAIMS. | WITH RESPECT TO WHICH UBJECT TO ALL THE TERMS | THIS | |
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| | AL LIABILITY | | T | | | | | EACH OCCURRENCE | \$ 1,00 | 0,000 |
| CLAIMS-MADE | | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | _{\$} 300, | 000 |
| Includes Athletic Pa | articipants | | | | | | | MED EXP (Any one person) | \$ Excl | uded |
| A [| | Y | N | 17522417-02 | | 10/08/2017 | 10/09/2017 | PERSONAL & ADV INJURY | | 0,000 |
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| | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | SCHEDULED | | | | | | | BODILY INJURY (Per person) | \$ | |
| AUTOS ONLY HIRED | AUTOS NON-OWNED | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ | |
| AUTOS ONLY | AUTOS ONLY | | | | | | | (Per accident) | \$ | |
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| EXCESS LIAB | CLAIMS-MADE | | | | | | | EACH OCCURRENCE AGGREGATE | \$ e | |
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| WORKERS COMPENSATION | | | | | | | | PER OTH- STATUTE ER | ιΨ Ι | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER | | | | | | | | E.L. EACH ACCIDENT | \$ | |
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RECEIVED

HIGHWAY DEPARTMENT

SEP - 5 2017

23 New Hempstead Road New City, New York 10956 Phone: (845) 638-5060 Fax: (845) 638-5037 Email: highway@co.rockland.ny.us

TOWN OF ORANGETOWN HIGHWAY DEPARTMENT

Charles H. "Skip" Vezzetti Superintendent of Highways

PERMIT AND NOTICE TO Use A ROAD

To the Town Clerk of Orangetown in Rockland County:

This is to certify that the Superintendent of Highways of Rockland County has been requested by

K J Race (Mike Bosco @ 917-514-2311)

To Use a section of Highway in the Town of Orangetown Rockland County, known as

Gilbert Avenue, Sickletown Road, Convent Road, Western Highway, Vets Memorial Drive, Blue Hill Road

The portion of highway will be Used under Highway Law on Qct. 8, 2017 Sunday from 8:00 am - 1 pm For the purpose of KJ Dualthon Bike / Run for Charity

This activity can not be properly conducted unless the portion described above is Used during the time such activity is in progress.

To the Town Highway Superintendent of Orangetown in Rockland County:

A certificate of which the foregoing is a copy having been executed by me under the authority conferred by Section 104 of the Highway Law and filed in the office of the Town Clerk in Orangetown on the lst Day of September 2017, you are hereby notified that I have authorized the Use of the above described section of highway. The applicant must provide a detour for traffic during the time the road is Used and notify police, fire, ambulance, school districts and public transportation prior to Using of the roadway. The applicant must provide the necessary signs, barricades, lights, flagmen, etc. and make every effort to cooperate with the traveling public. Keep fire, police, ambulance, public transportation and school entities informed as to daily activities, concerning the Use

Dated this 1st September 2017

Rockland County Superintendent of Highways

Rocklandgov.com

Page 23

| CERTIF | ICATE | | | IRANCE | DLM ROO2 | 9/22/2017 |
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| ORANGEBURG, NY 10962 | annen er stats staten av Australia | | * | - | 7. | |
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| TOWN OF ORANGETOWN PARKS & RECREATION 81 HUNT ROAD, ORANGEBURG, NY 10962 (845) 359-6503 <u>2017 Application for Showmobile Use</u> |
|---|
| Event/Festival Name: South Orangebour Day |
| 29 Fairview have Orangeberg, NY 10942 Applicant's Name: Marisa Marrone Phone (w): (914) U29-7508 |
| Address: 120 Western Any S. City: Tappan Zip: 10983 |
| Cell Phone E-Mail: Marisa Marrone @ guail. Com |
| Day 10/14/17 Date and Time of Set-up: 94m Time of Take-down: 6pm |
| Requested Location (park, street, location on premises, etc., be specific, attach map if needed): German Massonie Grounds 120 Western Amy S. Tappan NY 10983 |
| Showmobile stage measures 28 feet long x 14 feet 7 inches deep x 25 feet high when open. One set of stairs is available with hand railings. (Please note that this measurement does not include the trailer hitch or the tow vehicle. See space requirements below.) <u>The Showmobile does not have a sound system and comes with fluorescent lighting only.</u> |
| Stair Arrangement: (1 set of stairs) Left side of stage Right side of stage Front of stage |
| The lights require a 110 volt, 20 amp circuit to plug into within 150 feet of the right front side of the Showmobile. The stage does not come with a generator. Additional electrical equipment must be plugged into a separate circuit. |
| Please describe in detail what the stage will be used for and how you intend to set it up: (Note: The Town seal is not to be covered and no nails, staples or tacks may be used to attach any items to the Showmobile) |
| docal bands to play for the day. |
| Showmobile space requirements: |
| The showmobile must be parked in a relatively level space. The area must be free of obstructions such as overhanging tree limbs, electrical wires, etc. The total area needed for the showmobile is a space 50 feet in length, 15 feet in width and 25 feet in height. The tow vehicle must remain with the showmobile for the duration of the event. In the event of winds or wind gusts in excess of 30 MPH, the stage canopy must be closed. |
| Additional Requirements: |

• Certificate of insurance required at time of reservation naming the Town of Orangetown as additionally insured.

• Any changes to the event must be made 24 hours in advance by contacting Mark Albert at malbert@orangetown.com

I have read, understand and agree to all conditions listed on above:

Applicant's Signature Marion Wastone Date 9/7/2017_ Department Approval_Mar War Date 9/18/17

JAMES J. DEAN Superintendent of Highways Roadmaster II

Orangetown Representative R.C. Soil & Water Conservation Dist.-Chairman Member:

American Public Works Association NY Metro Chapter NYS Association of Town Superintendents of Highways Hwy. Superintendents' Association of Rockland County



HIGHWAY DEPARTMENT TOWN OF ORANGETOWN

119 Route 303 • Orangeburg, NY 10962 (845) 359-6500 • Fax (845) 359-6062 E-mail - highwaydept@orangetown.com

Memorandum

| • • = • | *************************************** |
|---------|---|
| RE: | Declare Surplus |
| FROM: | Superintendent of Highways |
| TO: | Town Board |
| DATE: | September 21, 2017 |

RESOLVED, the Superintendent of Highways declares the following pieces of equipment surplus.

| 1990 | FWD | 1F9AH28R4LCFT1125 |
|------|-----------------|-------------------|
| 1992 | FWD | 1F9AA28G6NCFT1083 |
| 1988 | FWD | 1F9AH28R8JCFT1142 |
| 2005 | FELLING TRAILER | 5FTTE162551024962 |
| 2006 | FELLING TRAILER | 5FTTE162561026079 |

FWD PARTS BY PALLET

1. Two rear differentials complete, Two rear differential ring and pinion gear sets, Miscellaneous yokes, pinion nuts, spider gears and crosses, bearings, cups, ring gear adjusting nuts, clutch pack pads and spacers. Wheel nuts and locks

2. Transfer Case gears, power divider housings and parts, shift forks, miscellaneous transfer case parts.

3. Six rear brake shoes relined, 8 front brake shoes relined, extra front shoe lining, S-cams and bushings, brake hardware, seals, all parts associated with brakes

4. Three rear skeins, Suspension hangers, pins and bushings, front hub ends. Tie rod ends and miscellaneous suspension and steering parts

5. Miscellaneous body and cab parts, gauges, switches, fan motors, air powered wiper motors, door hinges, fuel tank and 2 support brackets and assorted parts associated with the cab.

6. 8-Long rear axles, 1-Short rear axle, miscellaneous exhaust pipes and parts

kj

HAMLETS: PEARL RIVER•BLAUVELT•ORANGEBURG•TAPPAN•SPARKILL•PALISADES•UPPER GRANDVIEW

CLEAN STREETS=CLEAN STREAMS

TOWN OF ORANGETOWN

TOWN HALL 26 ORANGEBURG RD. ORANGEBURG, NY 10962



RECEIL 12P 1 9 2017

TELEPHONE (845) 359-5100 FAX (845) 359-2623

September 15, 2017

TO: TOWN BOARD

FROM: TRAFFIC ADVISORY BOARD

Residents from **Forest Avenue**, **Pearl River** and the Traffic Advisory Board have met several times to discuss parking/safety problems on this street.

The following is a recommendation from the Board:

"Restrict parking on Forest Avenue on the north side from North Middletown Roads to house #185 and on the south side from North Middletown Road to house #184" for a six month trial period.