

**TOWN OF PLATTSBURGH  
TOWN BOARD SEMI MONTHLY MEETING  
January 16, 2020**

**Resolution NO.2020-225**

**Fountain Brothers American Legion Post 1619  
Application for Permit for Public Fireworks**

**WHEREAS**, Fountain Brothers Post 1619 has duly submitted to the Town of Plattsburgh Town Board (Town) an application for a permit for the public display of fireworks to be held on January 31, 2020 to take place at American Legion Post 1619 situated along the Rand Hill Road in the Town of Plattsburgh; and

**WHEREAS**, the Town Clerk has verified that all required documentation and fees have been received and the Town Attorney approving the application and liability insurance coverage as to form, and the Fountain Brothers Post 1619 as the controlling agency of the land on which the public display of fireworks is to be held having also approved the granting of said application by the Town; now, therefore it is

**RESOLVED**, that the Town Clerk be and he hereby is authorized and directed to issue the required permit for the public display of fireworks by the applicant on Friday ,January 31, 2020 at American Legion 1619; and, be it further

**RESOLVED**, that a copy of this Resolution be given to the Finance Manager, Codes Officer, Town Clerk and Cool Insurance.

**Motion:**  
**Seconded by:**  
**Discussion:**

**Roll Call:**

**Yes    No    Absent    Carried    Tabled**

**Thomas E. Wood  
Meg E. LeFevre  
Barbara E. Hebert  
Charles A. Kostyk  
Michael S. Cashman**

In the matter of the application of

**American Legion Post 1619**

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TOWN CLERK'S OFFICE  
TOWN OF PLATTSBURGH

For a permit for public display of fireworks in accordance with Section  
405 of the Penal Law of the State of New York

.....  
To the Honorable Town Board of the Town Of Plattsburgh, Clinton  
County New York:

The undersigned **American Legion Post 1619**, as and for its application,  
pursuant to Section 405, subsection 2, of the Penal Law of the State of  
New York, respectfully makes an application for a public display of  
fireworks.

The undersigned respectfully alleges:

- a. That the name of the body sponsoring the display of fireworks is  
**American Legion Post 1619**, and the name and address of the  
person actually be in charge of the firing display is Joseph Clauss,  
457 Gene Lefevre Rd. Morrisonville, NY 12962
- b. The date and time of day at which the display is to be held  
is: 1/31/20 7:30 pm
- c. The location planned for the display is at **American Legion Post  
1619** 219 Rand Hill Rd. Morrisonville, NY 12962.
- d. The Morrisonville Fire Department and Ambulance services will  
be present at that time.
- e. The person in charge of the fireworks is Joseph Clauss, DOB  
4/19/1956
- f. The number and kind of fireworks to be discharged are 3" shells,  
4" shells, 5" shells, 2.5" finale chains.
- g. The manner and place of the storage of such fireworks prior to  
display: 457 Gene Lefevre Rd, Morrisonville NY 12962
- h. Other information \_\_\_\_\_

- i. The undersigned shall furnish any and all certificates of insurance and bonds required by the Town of Plattsburgh showing full insurance and naming the Town of Plattsburgh as one of the named insureds on the insurance policy, and shall also fully comply with Section 405 of the Penal Law of the State of New York.
- j. Organization applying for the license will show the d/b/a and parent organization(s), if any associated with the name of the applicant for the permit.
- k. Wherefore, it is respectfully requested that the Town Board of the Town of Plattsburgh issue a permit to **American Legion Post 1619** for fireworks to be held 1/31/20 at or about in the evening of such day.
- l. Dated 1/15/20 by [Signature] (name of Applicant. Joseph Clauss)

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Title: Pyrotechnician

Location: \_\_\_\_\_

(Signature)

(Date)

1/15/20

All of the above is to be submitted in duplicate. Please type or print clearly. All drawings will be to approximate scale.

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TOWN OF PLATTSBURGH

COORDINATION COPY FOR REVIEW IN THE APPLICATION OF FIREWORKS DISPLAY

TOWN OF PLATTSBURGH

The Town of Plattsburgh will review an application for a permit for public display of fireworks in accordance with Section 405 of the Penal Law of the State of New York when application (attached to this coordinated review copy) is completed. This coordinated review must be signed and submitted with the application. Failure to complete any one item will necessitate the returning of the forms until they are complete.

1. Submit with this application a complete drawing of the area affected to scale showing roads, parking, location of all buildings within 500 feet. Show direction of fireworks (if other than a straight, vertical launch). Also include on the drawing a review of foliage in the immediate area of the source of ignition for all fireworks. Indicate other areas of ground cover in very close proximity.
2. Indicate, using the above drawing, which way the prevailing winds are normally felt at this location. You should also include an alternate plan, in case there is an entirely different wind direction.
3. You will obtain the signature of the following agencies on this form indicating that they have concurrence with your request:

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Fire District Chief in which the display is to be shown:

Shawn Turner Date 1/16/2020

Shawn Turner 518 593 5749

Coordinated review of Traffic control:

[Signature] Date 1/16/20  
Sheriff's Dept  
SGT/SC [Signature] STATEN COMMANDER Date 1/16/20  
NYS Police RYAN FOUNTAIN

Other Agencies:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2020

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**  
Ryder Rosacker McCue & Huston (MGD by Hull & Compa  
509 W Koenig St  
Grand Island NE 68802

**CONTACT NAME:** Kristy Wolfe**PHONE**  
(A/C, No, Ext): 308-382-2330**FAX**  
(A/C, No): 308-382-7109**E-MAIL**  
ADDRESS: kwolfe@ryderinsurance.com**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** SCOTTSDALE INS CO

41297

**INSURER B:****INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED**  
Sunny Meadow Farm Inc  
dba Coyote Fireworks  
457 Gene LeFevre Rd.  
Morrisonville NY 12962

**COVERAGES****CERTIFICATE NUMBER:** 895866192**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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input type="checkbox"/> LOC		CPS3222498	6/1/2019	6/1/2020	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	\$																			
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				<table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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AGGREGATE	\$																			
	\$																			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				<table><tr><td>WC STATUTORY LIMITS</td><td>OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.

Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.

American Legion 1619 &amp; Town of Plattsburgh

Date of display: 01/31/2020

**CERTIFICATE HOLDER**American Legion 1619  
219 Rand Hill Road  
Morrisonville NY 12962**CANCELLATION**

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**

POLICY NUMBER: CPS3222498

COMMERCIAL GENERAL LIABILITY  
CG 24 04 05 09**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**SCHEDULE****Name Of Person Or Organization:**

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.

**Additional Premium is Included**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. 1

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
CPS3222498	06/01/2019	Sunny Meadow Farms Inc dba Coyote Fireworks	41297

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. Your acts or omissions; or
  - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item 2. **Exclusions of SECTION I—COVERAGES:**

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

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TOWN OF PLATTSBURGH



- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
  - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

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TOWN OF PLATTSBURGH

  
AUTHORIZED REPRESENTATIVE

1/16/2020

DATE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2020

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**PRODUCER**  
Ryder Rosacker McCue & Huston (MGD by Hull & Compa  
509 W Koenig St  
Grand Island NE 68802

**CONTACT NAME:** Kristy Wolfe**PHONE**  
(A/C, No, Ext): 308-382-2330**FAX**  
(A/C, No): 308-382-7109**E-MAIL**  
ADDRESS: kwolfe@ryderinsurance.com**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** SCOTTSDALE INS CO

41297

**INSURER B:****INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED**  
Sunny Meadow Farm Inc  
dba Coyote Fireworks  
457 Gene LeFevre Rd.  
Morrisonville NY 12962

**COVERAGES****CERTIFICATE NUMBER:** 1117589136**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input type="checkbox"/> LOC			CPS3222498	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS <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** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.  
Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.  
Additional Insured: Town of Plattsburgh & American Legion 1619  
Date of display: 01/31/2020

**CERTIFICATE HOLDER**

Town of Plattsburgh  
151 Banker Road  
Plattsburgh NY 12901

TOWN CLERK'S OFFICE  
TOWN OF PLATTSBURGH

**CANCELLATION**

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**



New York State Insurance Fund

1 WATERVLIT AVENUE ALBANY, NEW YORK 12206-1649

| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

\*\*\*\*\* 161533988

RYDER ROSACKER MCCUE & HUSTON  
509 W KOENIG ST  
GRAND ISLAND NE 68801



SCAN TO VALIDATE  
AND SUBSCRIBE

### POLICYHOLDER

SUNNY MEADOW FARM INC  
PO BOX 3046  
PLATTSBURGH NY 12901

### CERTIFICATE HOLDER

TOWN OF PLATTSBURGH  
151 BANKER ROAD  
PLATTSBURGH NY 12901

POLICY NUMBER  
A2336 418-5

CERTIFICATE NUMBER  
996366

POLICY PERIOD  
06/07/2019 TO 06/07/2020

DATE  
1/16/2020

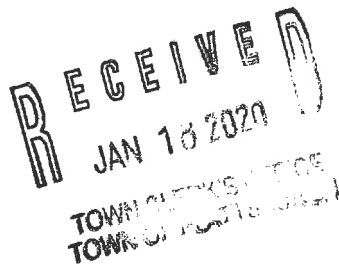
THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2336 418-5, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT  
JOSEPH CLAUS  
SUNNY MEADOW FARM INC 1 OF 1

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.



NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 210821877

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

\*\*\*\*\* 161533988

RYDER ROSACKER MCCUE & HUSTON  
509 W KOENIG ST  
GRAND ISLAND NE 68801



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> SUNNY MEADOW FARM INC PO BOX 3046 PLATTSBURGH NY 12901		<b>CERTIFICATE HOLDER</b> AMERICAN LEGION 1619 219 RAND HILL ROAD MORRISONVILLE NY 12962	
<b>POLICY NUMBER</b> A2336 418-5	<b>CERTIFICATE NUMBER</b> 996367	<b>POLICY PERIOD</b> 06/07/2019 TO 06/07/2020	<b>DATE</b> 1/14/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2336 418-5, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

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PRESIDNET  
JOSEPH CLAUSS  
SUNNY MEADOW FARM INC 1 OF 1

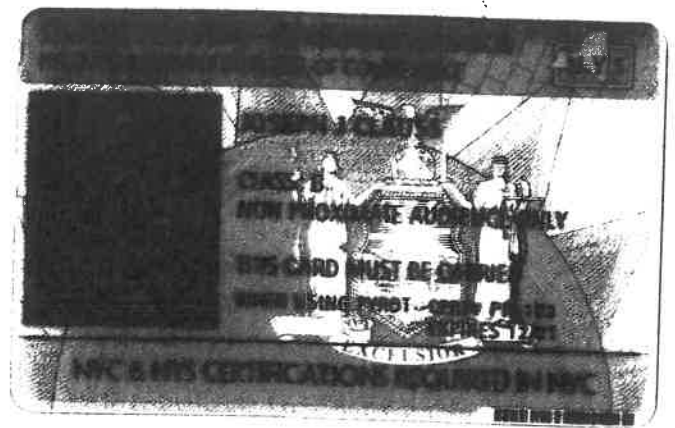
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

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TOWN CLERK'S OFFICE  
TOWN OF PLATTSBURGH

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 179842477



U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

Federal Explosives License/Permit  
(18 U.S.C. Chapter 40)

OPTIONAL FORM NO. 100-1 (Rev. 1-19-15)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Chief, ATF  
Correspondence To  
ATF - Chief, FELC  
244 Needy Road  
Martinsburg, WV 25405-9431

License/Permit Number  
6-NY-019-54-0G-00859

Chief, Federal Explosives Licensing Center (FELC)

Expiration Date  
July 1, 2020

Name  
CLAUSS, JOSEPH

Premises Address (Changes? Notify the FELC and call 10 days before the move.)  
457 GENE LEFEVRE ROAD  
MORRISONVILLE, NY 12962

Type of License or Permit

54-USER OF EXPLOSIVES

Purchasing Certification/Statement  
The licensee or permittee named above shall use a copy of this license and permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the licensee or permittee. This is a true copy of a license or permit issued to the licensee or permittee named above. The business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)  
CLAUSS, JOSEPH  
PO BOX 3046  
PLATTSBURGH, NY 12901

Licensee/Permittee Responsible Person Signature

Printed Name

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2020

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**

Foy Agency, Inc.  
P. O. Box 42

**CONTACT**

NAME: Maureen Steria

PHONE (A/C No. Ext): (315) 493-2391

FAX (A/C No.): (315) 493-3267

E-MAIL: maureen@foyagency.com

ADDRESS:

Dear River NY 13627

**INSURED**

Fountain Brothers Post #1619

219 Rand Hill Road

PO Box 248

Morrisonville NY 12962

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: GA Assurance Ins Co

26344

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 2020 01 15

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	ADOL INSR	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		MAC185207419	6/21/2019	6/21/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

Town of Plattsburgh is added as an Additional Insured regarding the Winter Festival.

**CERTIFICATE HOLDER**

(518) 563-8136

Town of Plattsburgh  
151 Banker Road  
Plattsburgh, NY 12901

**CANCELLATION**

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

Michael Hayes/MH

*Michael Hayes*

**\*\*\* RECEIPT \*\*\***

**Date:** 01/16/20

**Receipt#:** 36756

Quantity	Transactions	Reference	Subtotal
1	Fireworks	284	\$250.00
<b>Total Paid:</b>			<b>\$250.00</b>

**Notes:**

Payment Type	Amount	Paid By
CK #1006	\$250.00	1619, Fountain Brothers Post

**R E C E I V E D**  
JAN 16 2020

TOWN CLERK'S OFFICE  
TOWN OF PLATTSBURGH

**Name:** 1619, Fountain Brothers Post  
Po Box 248  
Morrisonville, NY 12962

**Clerk ID:** CLERK

Internal ID: 284