ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

<table>
<thead>
<tr>
<th>Contract: NC-040</th>
<th>Project No.: 201900104</th>
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<tbody>
<tr>
<td>Project Description: Transmission Main</td>
<td>Van de Water Raw Water Pump Station to Van de Water Treatment Plant</td>
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</tbody>
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<tr>
<th>Item Description:</th>
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<tr>
<td>Agreement</td>
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<td>BCD</td>
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<tr>
<td>Recommendation for Award of Contract</td>
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<td>Request for Proposals</td>
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<th>Action Requested:</th>
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<tr>
<td>Board Authorization to Execute</td>
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<td>Board Authorization to Award</td>
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<td>Board Authorization to Advertise for Bids</td>
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<tr>
<th>Approvals Needed:</th>
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<tbody>
<tr>
<td>APPROVED AS TO CONTENT:</td>
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<tr>
<td>X Department Head</td>
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<tr>
<td>X Risk Manager</td>
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<td>X Director of Administration</td>
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<td>X Executive Engineer</td>
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<tr>
<td>APPROVED AS TO FORM:</td>
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<tr>
<td>X Legal</td>
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| APPROVED FOR BOARD RESOLUTION: |
| X Secretary to the Authority | Date: 5/20/19 |

Remarks: ____________________________

Resolution Date: ___________ Item No: ___________
ERIE COUNTY WATER AUTHORITY  
INTEROFFICE MEMORANDUM  
May 9, 2019

To: Terrence D. McCracken, Secretary to the Authority

From: Leonard F. Kowalski, Senior Distribution Engineer

Subject: Contract NC-040  
Transmission Main  
Van de Water Raw Water Pump Station to Van de Water Treatment Plant  
ECWA Project No. 201900104

The following material is attached:

- Blue Authorization Form for Risk Manager and Legal Department approval. The Blue Authorization Form is requesting Board Authorization to execute the attached Professional Service Contract.
- Professional Service Contract for the above referenced project (2 copies) for execution by Chairman.
- Copy of Interoffice Memorandum from Russell J. Stoll, Executive Engineer, dated April 8, 2019, detailing recommendations for individual contract assignments after review of Request for Proposals (PN 201900011).

Contract NC-040 will consist of the design and construction of approximately 5,000 linear feet of new raw water transmission main from Van de Water Raw Water Pump Station to the Van de Water Treatment Plant. The route for the new raw water transmission main will follow either the existing raw water transmission main route via National Grid rights-of-way and the NRG Huntley site per an existing easement agreement or it will be installed along River Road. The second transmission main will increase hydraulic capacity and improve system redundancy and resiliency. This project will also involve the design of a conduit duct bank, handholes, and appurtenances between the Raw Water Pump Station and Van de Water Treatment Plant for communication cabling.
To: Terrence D. McCracken, Secretary to the Authority

From: Russell J. Stoll, Executive Engineer

Subject: Request for Proposals
Design and Construction for Raw Water Transmission Main,
Van de Water Raw Water to Van de Water Treatment Plant.
Routing Study for Delivered Water Transmission Main,
Van de Water Treatment Plant to Ball Pump Station.
ECWA Project No. 201900011

The Erie County Water Authority (ECWA) recently issued a Request for Proposal (RFP) to nine consulting engineering firms for professional engineering services for performing design of a second raw water transmission main at Van de Water. A second project was included in the RFP for a routing study for finished water transmission main between Van de Water and Ball Pump Station.

Currently there is a single transmission main between Van de Water Raw Water pump station and the Van de Water Treatment Plant. The addition of the second transmission main will increase the hydraulic capacity, but more importantly will improve system redundancy and resiliency.

The finished water transmission main between the Van de Water Treatment Plant and Ball Pump Station is twinned at some limited locations and drops down to a single line at other locations. The study will help determine what the best route will be for the completion of the second transmission main. This project will also improve hydraulic capacity and will improve system redundancy and resiliency.

The Request for Proposals was issued to the following professional engineering firms:

Arcadis
Greenman-Pedersen, Inc.
CHA Consulting, Inc.
Erdman Anthony & Associates, Inc.
Clark Patterson Lee
GHD
Nussbaumer & Clarke, Inc.
Wendel Companies
Wm. Schutt and Associates
Three of the above firms chose not to submit proposals on either project. Those firms include Clark Patterson Lee, Greenman-Pederson, Inc. and Wm. Schutt & Associates.

The proposals were reviewed and discussed among the engineering staff (Russ Stoll, Len Kowalski, and Steve Denzler). Experience, staffing, scope, and project approach were considered. It was determined that each firm possessed relevant qualifications to perform the work proposed.

Review of the six design and construction phase proposals for the raw water transmission main project included the following. Each firm provided a thorough and detailed technical project understanding and approach for both the proposed projects. In addition, their proposed project level of effort is competitive and reasonable for the work being proposed. They demonstrated knowledge and experience with ECWA standards, design procedures, construction standards and procedures, and technical specifications. In addition, the firms have experienced staff to provide the construction phase services and construction oversight required by the Authority. Our staff review also considered overall performance of professional services for these firms with recent experience with ECWA projects.

Nussbaumer & Clarke provided an experienced and qualified project team to perform the work related to transmission main between Van de Water Raw Water pump station and the Van de Water Treatment Plant. They had the best understanding of the proposed project elements. Their fee was competitive compared to the other firms.

Arcadis provided an experienced and qualified project team to perform a Study of the routing of the finished water transmission main from Van de Water Treatment Plant to Ball Pump Station. Their proposal provided the most detailed project understanding and approach, and scope of work for the study. They also provided a competitive professional fee.

I am requesting the Board’s approval to negotiate with the above two firms Nussbaumer & Clarke and Arcadis to develop contracts for the referenced projects.
PROFESSIONAL SERVICES CONTRACT

AGREEMENT made this ______ day of ____________, 20__, by and between

ERIE COUNTY WATER AUTHORITY
295 Main Street, Room 350
Buffalo, New York 14203

hereinafter referred to as the “Authority”, and

NUSSBAUMER & CLARKE, INC.
3556 Lake Shore Road, Suite 500
Buffalo, New York 14219

hereinafter referred to as “Consultant”.

WHEREAS, the Authority desires to contract with the Consultant to render professional services upon the terms and for the consideration hereinafter stated;

WHEREAS, the Consultant represents that it is properly qualified to render such services, and

WHEREAS, the parties desire to set forth herein the terms and conditions under which the said professional services will be furnished,

NOW, THEREFORE, in consideration of mutual promises herein set forth, the parties agree as follows:

1. QUALIFICATIONS OF CONSULTANT:
The Consultant shall perform its services under this agreement in a skillful and competent manner in accordance with the prevailing standards of the consulting profession. The Consultant will be responsible to the Authority for errors or omissions in the performance of its services and failure to perform thereof.

2. SCOPE OF SERVICES:

A. PROJECT DESCRIPTION:
This project consists of the design and construction of approximately 5,000 linear feet of new raw water transmission main from Van de Water Raw Water Pump Station to the Van de Water Treatment Plant. The route for the new raw water transmission main will follow either the existing raw water transmission main route via National Grid rights-of-way and the NRG Huntley site per an existing easement agreement or it will be installed along River Road. The second transmission main will increase hydraulic capacity and improve system redundancy and resiliency. This project will also involve the design of a conduit...
duct bank, handholes, and appurtenances between the Raw Water Pump Station and Van de Water Treatment Plant for communication cabling. Assume four (4) four-inch conduits for estimating purposes.

B. ENGINEERING SERVICES:
Consultant shall provide all engineering services necessary to design and install the improvements described in Section A, including, but not limited to, the following:

1. **Design Report**
   a. Prepare an engineering report with recommendations for the raw water transmission main pipe size and type, route, cost estimate, and schedule.

2. **Survey**
   Upon authorization from the Authority, the Consultant shall complete the following services.
   a. Obtain field topographic survey data for the preparation of construction plans required for final design of the project. Survey data is to be according to NAD83 and NAVD88 datums and the New York State Plane Coordinate System – West Zone.

3. **Design**
   Upon authorization from the Authority, the Consultant shall complete the following services.
   a. Prepare detailed design drawings, specifications and contract documents. Tasks include, but are not limited to:
      1) Conferences with the Authority, agencies, etc., as necessary and as required.
      2) Report to the Authority bi-weekly on the progress of the work via email, with the following information:
         a) Work performed over the last two weeks.
         b) Work scheduled for the next two weeks.
         c) Schedule status/deliverable status. Attach an updated project schedule (in Microsoft Project format) identifying all project milestones and current project status.
         d) Budget status/percent complete.
         e) Input needed from ECWA or others.
         f) Other issues/concerns.
         g) Scope changes.
      3) Review of available drawings and records furnished by the Authority.
      4) Preparation of base drawings in AutoCAD version 2014 from the survey data obtained in the survey phase and the available records furnished by the Authority and other agencies.
5) Hydraulic analysis to determine the size of the proposed transmission watermain.
6) Evaluate the use of temporary waterlines to facilitate the installation of the proposed waterlines in areas where extensive rock excavation is anticipated.
7) Evaluate the use of trenchless technologies such as re-lining, directional drilling, boring, and pipe bursting.
8) Preparation of engineering calculations to support the design of the improvements, including related civil, hydraulic, mechanical, electrical, structural, and architectural features of the project.
9) Submission of the plans to various utility companies and agencies and all coordination, as required, to incorporate all existing utilities within the project limits.
10) Preparation of final plans, profiles, and job specific detail drawings that include editing of the Authority’s standard detail drawings where appropriate.
11) Preparation of a “Project Manual”, including contract specifications that include editing of the Authority’s standard “front end” specifications and standard technical specifications where appropriate, preparation of additional technical specifications as required, and inclusion of necessary appendices providing supporting information.
12) Obtaining New York State Wage Rates and inserting them into the specifications.
13) Preparation of a quantity take-off and a construction cost estimate.
14) Preparation of an engineering report and submission with contract specifications, drawings, application forms and fees to Erie County Health Department for approval.
15) Attendance at a final design meeting with the Authority.

b. Prepare engineering data, where necessary, with regard to regulatory permit applications as required to obtain local, state, federal and public utility approval for the initiation and construction of the work.

c. Furnish to the Authority five (5) sets of drawings, specifications and other contract documents, for final review by the Authority and other approving agencies.
Supply electronic (.pdf) versions of drawings and Project Manual to the Authority.

d. Prepare documentation for compliance with New York State SEQR (Type II actions) and SWPPP.

e. Prepare a schedule for the project utilizing the Authority’s standard format. The project schedule shall be updated as needed.

4. **General Services**

Upon authorization from the Authority, the Consultant shall complete the following services.

a. Furnish twenty (20) sets of contract drawings, final specifications, and other documents required for bidding and construction purposes for each contract.

b. Conduct a pre-bid meeting when appropriate.

c. Prepare and distribute addenda.

d. Provide assistance to the Authority in securing bids, tabulating bid results, analyzing bid results, and making recommendations on the award of each construction contract.

e. Provide pre-construction meeting notice to all municipalities, utility companies, fire districts, and all other interested parties, conduct a pre-construction meeting and distribute minutes.

f. Supply an approved contractor’s schedule for construction of the project.

g. Provide detailed initial stakeout (once only), including bench marks, reference and axis lines along the routes of the construction or where necessary.

h. Give consultation and advice to the Authority during construction.

i. Prepare elementary sketches and supplementary sketches, if required, to resolve actual field conditions encountered.

j. Interpret contract documents and resolve problems as to amount, quality, acceptability, and fitness.

k. Review the contractor’s submittals of material and/or equipment for compliance with the Consultant’s design concept and take appropriate action such as but not limited to: “approved”, “approved as corrected”, “revise and resubmit”; or “not approved”.

l. Furnish general construction inspection as to quality and quantity of the contractor’s work as the construction progresses in order to recommend partial payment.

m. Coordinate with all Authority’s customers within the project area regarding the construction work.

n. Schedule and attend progress meetings.
Report to the Authority bi-weekly on the progress of the work via email, with the following information:

1) Summary of the work performed in the previous two-week period.

2) Attach an updated project schedule (in Microsoft Project format) identifying all project milestones and current project status.

3) Forecast of all upcoming work and project costs expected for the project. Identify any contract items which may exceed bid quantities.

4) Attach copies of final inspection reports (in .pdf format) for reports in the previous two-week period.

Notify the Authority when a change in the work is proposed which will cause an adjustment in the contract cost. Evaluate whether the proposed change is justified and reasonable, and if necessary prepare change orders, field directives, and make recommendations for approval. Discuss changes in the plans or procedures authorized by the Consultant with the Authority prior to implementation. Obtain approval for all change orders from the Board of Commissioners prior to implementation.

When new waterlines are placed into service, notify the appropriate fire districts in writing, identifying addresses of new hydrants placed into service and existing hydrants soon to be removed from service. A copy of this letter shall also be sent to the Authority.

Check line and grade for preparation of record drawings.

Make a final inspection, furnish a report on project completion, and make recommendations for final payments to contractors and for the release of retained amounts, if any.

5. **Resident Inspection**

Upon authorization from the Authority, the Consultant shall complete the following services.

a. Provide technical inspection of construction by a full-time resident engineer and/or inspectors as required, who will:

1) Inspect all work to determine the progress, quality, quantity and conformance of the work in accordance with contract documents.

2) Notify customers prior to start of construction.

3) Prepare daily inspector reports.

4) Review, verify and approve requests for monthly and final payments to contractors, based on quantities of work put in place.

5) Provide bi-weekly updates via email summarizing the Resident Inspection costs and projecting future
 Resident Inspection costs for the duration of the project.

6. **Record Drawings**

   Upon authorization from the Authority, the Consultant shall complete the following services.

   a. Provide record drawings, including the basemapping, (on AutoCAD Version 2014) of all completed work according to the latest ECWA As-Built Standards. Update the existing ECWA valve and hydrant details to reflect the completed work. Furnish one set of mylar transparencies and all AutoCAD files on CD of these drawings to the Authority.

   b. Provide horizontal and vertical coordinates using survey grade Real Time Kinematic (RTK) GPS with horizontal centimeter level accuracy and best possible vertical precision given the environmental conditions during collection for all mainline valves, hydrants, hydrant valves, permanent blow-offs, and meter pits. Coordinates shall be presented as points within an ESRI geodatabase feature class, or provided in Microsoft Excel, Microsoft Access, or .dbf format. At a minimum, the coordinate file shall contain a Northing, Easting, Elevation, horizontal precision, vertical precision, and Description for each feature.

   c. Record Drawings and coordinates to be based on the NY State Plane Coordinate System – West Zone. Data is to be according to NAD83 and NAVD88 datums. Coordinates shall be provided in Microsoft Excel, Microsoft Access, or .dbf format. At a minimum, the coordinate file shall contain a Northing, Easting, Elevation, and Description for each feature.

   d. Submit two stamped/signed full size sets, AutoCAD files, .pdf version of the drawings and Project Manual (with addenda) and GPS coordinates no later than one month after final payment of the Construction Contract is recommended for approval and in accordance with Authority Standards.

C. **SPECIAL SERVICES**

   The Authority may require the Consultant to provide or arrange for and assist in obtaining one or more of the following special services in carrying out the project. Because it is not possible to determine in advance the need for or the cost of such services, these are included as separate elements of cost which shall be separately negotiated. These services include:

   1. Soils Investigations - including test borings, pavement cores, and the related analysis.
2. Detailed mill, shop and/or laboratory inspection of materials and equipment.
3. Land surveys, maps, plates, descriptions and title investigations which may be required to acquire lands, easements, and rights-of-way for the proposed facilities.
4. Additional copies of reports, contract drawings and documents.
5. Extra travel and subsistence for the Consultant and his staff beyond that normally required under ordinary circumstances, when authorized by the Authority.
6. Assistance to the Authority serving as an expert witness in litigation arising from project development or construction.
7. New York State SEQR (Type I and Unlisted Actions).
8. Air, water, and/or soil sampling, testing, and/or analysis.
10. Start-up services.
11. Hazardous material testing and assessment.
12. Detailed wetlands investigations, delineation, and mitigation.
16. Use of the Water Authority hydraulic model for evaluations.
17. Applications for the NYSDEC and/or USCOE permits.
18. Coordination with NYSDEC and NRG Energy regarding site remediation.
19. Inspection and testing of the existing section of the previously installed Raw Water Transmission Main.
20. Delineation of wetlands and/or historic sites in or near the project area.

3. PAYMENT FOR SERVICES:

A. The Consultant agrees to accept a lump sum payment for all services to be provided herein except for Resident Inspection which shall be paid on a cost plus fixed fee basis per the schedule included in paragraph 3.D. The methods of payment are as follows.

1. **Survey**
   For services described under Section 2B1, Survey, the Authority shall pay Consultant a lump sum which will include all expense, labor and cost associated with this task. Payment will be made monthly based on the percentage of completion up to 100% of the total lump sum amount.

2. **Design**
   For services described under Section 2B2, Design, the Authority shall pay Consultant a lump sum which will include all expense, labor, and cost associated with this task. Payment will be made monthly based on the percentage of completion up to 70% of the total lump sum amount. After submission by the Consultant to the
Authority of a draft set of contract documents, payment will be made monthly based on the percentage of completion up to 90% of the total lump sum amount. The balance will be paid when the final contract documents are submitted to the Authority.

3. **General Services**  
For services described under Section 2B3, General Services, the Authority shall pay Consultant a lump sum which will include all expense, labor and cost associated with this task. Payment will be made monthly based on the percentage of completion up to 100% of the total lump sum amount.

4. **Resident Inspection**  
For services described under Section 2B4, Resident Inspection, the Authority shall pay Consultant the payable hourly rates listed under 3D2 and direct non-salary expenses. Overtime premium will be paid at 50% of the Resident Inspectors’ direct hourly rate in addition to the payable hourly rate listed under 3D2. Payment for Resident Inspection and expenses will be made monthly.

5. **Record Drawings**  
For services described under Section 2B5, Record Drawings, the Authority shall pay Consultant a lump sum which will include all expense, labor and cost associated with this task. Payment will be made monthly based on the percentage of completion up to 70% of the total lump sum amount. After submission by the Consultant to the Authority of draft record drawings, payment will be made monthly based on the percentage of completion up to 90% of the total lump sum amount. The balance will be paid when the final record drawings are submitted to the Authority.

B. **SPECIAL SERVICES**  
For services described under Section 2C, Special Services, the Authority shall pay Consultant an amount to be negotiated at the time such service is required. Costs for such Special Services shall not exceed $25,000.00.

C. **AUDIT**  
The Authority reserves the right to audit the Consultant’s records to verify bills submitted and representations made. For this purpose, the Consultant agrees to make company records available for inspection upon written notice by the Authority. The Authority shall have two years from the date of the Consultant’s final bill to complete its audit. If the audit establishes an overcharge, Consultant agrees to refund the excess.
D. ENGINEERING COST SCHEDULE

1. Engineering Costs:
   - Design Report $25,000.00
   - Survey $10,300.00
   - Design $52,300.00
   - General Services $51,100.00
   - Record Drawings $6,000.00
   
   **TOTAL ENGINEERING COST** $144,700.00

2. Resident Inspection Hourly Rates

<table>
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<tr>
<th>Resident Inspector NICET</th>
<th>Payable Hourly Rate</th>
<th>Employee Direct Hourly Rate</th>
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<tbody>
<tr>
<td>NICET IV</td>
<td>$117.00</td>
<td>$39.00</td>
</tr>
<tr>
<td>NICET III</td>
<td>$105.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>NICET II</td>
<td>$87.00</td>
<td>$29.00</td>
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</table>

The dollar amount for Estimated Resident inspection is based on the assumption of 1,500 hours of Resident Inspector Payable Hourly Rate – Resident Inspector NICET IV during the duration of the project. Payment will be made for actual hours worked during the duration of construction. Actual hours will vary based on production rates of the Contractor during construction, unforeseen circumstances that develop during construction, and weather conditions.

**Estimated Resident Inspection** $175,500.00

**TOTAL NOT TO EXCEED:** $190,000.00

3. Other Costs:
   - Mileage IRS rate
   - Subcontractor Expenses Cost plus 5% maximum
   - All Other Direct Non-Salary Costs At Cost
   - Direct Non-Salary Costs shall not exceed $6,000.00
4. **SUBCONTRACT AND ASSIGNMENT:** The Consultant may not subcontract or delegate any of the work, services, and/or other obligations of the Consultant without the express written consent of the Authority. The Authority and the Consultant bind themselves and their successors, administrators and assigns to the terms of this Agreement. The Consultant shall not assign, sublet or transfer its interest in the Agreement without the written consent of the Authority.

5. **AMENDMENTS:** No modification or variation from the terms of this Agreement shall be effective unless it is in writing and authorized by a resolution of the Board of Commissioners of the Authority and signed by all parties.

6. **RIGHT TO TERMINATE:** The Authority reserves the right to terminate the Consultant’s services at any time, without cause, based on seven (7) days’ written notice. Consultant shall not be entitled to lost profit and shall perform only such services, after notification of termination, as the Authority directs.

7. **INDEMNIFICATION:** The Consultant shall indemnify the Authority against any and all claims arising from the services performed by the Consultant herein and shall defend and hold harmless the Authority from and against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments or decrees based upon or arising out of damage to property or injury to persons or other tortious conduct caused or contributed to it by the Consultant or anyone under its direction or control or on its behalf in the course of its performance under this Agreement. The Consultant further agrees to indemnify, defend and hold harmless the Authority from any and all claims in reference to the services performed by the Consultant hereunder which may infringe on a patent, copyright, trade secret or other proprietary right of any third party.

8. **CONFIDENTIAL INFORMATION:** In order to assist the Consultant in the performance of this Agreement, the Authority may provide the Consultant with confidential information including, but not limited to information relative to the services to be performed. All information received by the Consultant in any fashion and under any conditions resulting from the rendering of the services in consideration of this agreement, are considered confidential. The Consultant shall hold in confidence and not disclose to any person or any entity, any information regarding information learned during the performing of services including but not limited to information relative to the services to be performed.

The Consultant shall use at least the same degree of care to protect and prevent unauthorized disclosure of any confidential information as it would use to protect and prevent unauthorized disclosure of its own proprietary information. The Consultant shall use confidential information only in the performance of this Agreement. No other use of the confidential information whether for the consultant’s benefit or for the benefit of others shall be permitted.

In no event is the Consultant authorized to disclose confidential information without the prior written approval of the Authority. Consultant may provide such
information to its subconsultants for the purpose of performing the services; or disclose such information, with notice to the Authority, if such information is required to be disclosed by law or court order. The terms of this paragraph shall be binding during and subsequent to the termination of this agreement.

9. **INSURANCE:** The Consultant shall secure and maintain such insurance as will protect itself from claims under the Workers' Compensation Act; claims for damages because of bodily injury, including personal injury, sickness or disease, or death of any of its employees or of any person other than its employees; and from claims for damages because of injury to or destruction of property including loss of use resulting therefrom in the amounts indicated on Exhibit A. The Consultant shall provide and maintain insurance that will provide coverage for claims arising out of the negligent performance of its services. The Consultant shall provide Certificates of Insurance certifying the coverage required by this provision.

10. **COPYRIGHTS, TRADEMARKS, AND LICENSING:** All materials produced under this Agreement, whether produced by the Consultant alone or with others, and whether or not produced during regular working hours, shall be considered work made for hire and the property of the Authority. The Consultant shall, during and subsequent to the terms of this Agreement, assign to the Authority, without further consideration, all right, title and interest in all material produced under this Agreement. All material produced under this Agreement shall be and remain the property of the Authority whether or not registered. In performing work under this agreement, the Consultant may be granted access to the Authority's GIS data, documents, and other information. The Consultant understands and agrees that the use of such data, documentation and information shall be treated as confidential information and the Consultant shall abide by the terms and conditions of any confidentiality and copyright leasing agreements (attached as Exhibit B).

11. **NEW YORK LAW AND JURISDICTION:** Notwithstanding any other provision of this Agreement, any dispute concerning any question of fact or law arising under this Agreement which is not disposed of by agreement between the Consultant and the Authority shall be governed, interpreted and decided by a Court of competent jurisdiction of the State of New York in accordance with the laws of the State of New York.

12. **CONFLICTS OF INTEREST:** The Consultant represents that it has advised the Authority in writing prior to the date of signing this Agreement of any relationships with third parties, including competitors of the Authority, which would present a conflict of interest with the rendering of the services, or which would prevent the Consultant from carrying out the terms of this Agreement or which would present a significant opportunity for the disclosure of confidential information. The Consultant will advise the Authority of any such relationships that arise during the term of this Agreement. The Authority shall then have the
option to terminate the Agreement without further liability of the Consultant, except to pay for services actually rendered.

13. ADDITIONAL CONDITIONS: The Consultant and the Authority acknowledge that there may be additional conditions, terms and provisions which shall apply specifically to the services to be performed. The parties agree to negotiate in good faith to agree upon such additional terms.

14. ENTIRE AGREEMENT: This Agreement constitutes the entire understanding of the parties and no representations or agreements, oral or written, made prior to its execution shall vary or modify the terms herein. This Agreement supersedes all prior contemporaneous communications, representations, or agreements, whether oral or written with respect to the subject matter hereof and has been induced by no representations, statements or agreements other than those herein expressed. No agreement hereafter made between the parties shall be binding on either party unless reduced to writing and signed by an authorized officer of the party sought to be bound thereby.

15. INDEPENDENT STATUS: Nothing contained in the Agreement shall be construed to render either the Authority or the Consultant a partner, employee or agent of the other, nor shall either party have authority to bind the other in any manner, other than as set forth in this Agreement, it being intended that the Consultant shall remain an independent contractor responsible for its own actions. The Consultant is retained by the Authority only for the purpose and to the extent set forth in this Agreement.

   The Consultant is free to choose the aggregate number of hours worked and substantially all of the scheduling of such hours as it shall see fit at its discretion within the limitations set forth hereinbefore in Paragraph 2.

   Neither the Consultant nor its employees shall be considered under the provisions of this Agreement or otherwise as having an employee, servant or agency status or as being entitled to participate in any plans, arrangements or distributions of the Authority.

   In providing the services under this Agreement, the Consultant represents and warrants that it has complied with all applicable federal, state and local laws particularly with respect to licenses, withholdings, reporting and payment of taxes. The Consultant agrees to furnish copies of documentation to the Authority evidencing its compliance with such laws. The Consultant further represents and warrants that any income accruing to the Consultant and its employees from the Agreement shall be reported as such to the appropriate taxation authorities.

16.1 COMPLIANCE: The Consultant agrees that the Agreement herein shall be in compliance with and governed by the provisions of Section 2875, 2876 and 2878 of the Public Authorities Law of the State of New York.
16.2 The Consultant further affirms under the penalties of perjury that there was no collusion in the proposal submitted herein to ECWA which forms the basis of the within Agreement.

16.3 The Consultant agrees that the Agreement herein shall be in compliance with the provisions of Section 139-L of the State Finance Law (attached as Exhibit C).

17. GRATUITIES: The Consultant prohibits its employees from using their positions for personal financial gain, or from accepting any personal advantage from anyone under circumstance which might reasonably be interpreted as an attempt to influence the recipients in the conduct of their official duties. The Consultant or its employees shall not, under circumstances which might be reasonably interpreted as an attempt to influence the recipients in the conduct of their duties, extend any gratuity or special favor to employees of the Authority.

18. NOTICE: Any notices required by this Agreement or otherwise shall be delivered by United States Postal mail or personal delivery upon the addresses hereinbefore stated. Any change in such addresses shall be required to be in writing to the other party and acknowledged as such.

19. SEVERABILITY: If any provision of this agreement shall be held invalid or unenforceable, in whole or in part, such provision shall be modified to the minimum extent necessary to make it valid and enforceable, and the validity and enforceability of all other provisions of this agreement shall not be affected thereafter.

20. TERMINATION: The Authority reserves the right to terminate this contract in the event it is found that the Certification filed by the Consultant in accordance with New York State Finance Law § 139-k was intentionally false or intentionally incomplete. Upon such finding, the Authority may exercise its termination right by providing written notification to the Consultant in accordance with the written notification terms of this contract.
ERIE COUNTY WATER AUTHORITY

By______________________________

Jerome D. Schad, Chairman

NUSSBAUMER & CLARKE, INC.

By______________________________

Michael T. Marino, PE, CEO - Engineering

STATE OF NEW YORK )
COUNTY OF ERIE ) ss:

On the _____ day of ________________, in the year 20__, before me personally came Jerome D. Schad, to me known, who, being by me duly sworn, did depose and say that he resides in Amherst, New York, that he is the Chairman of the Corporation described in the above instrument; and that he signed his name thereto by order of the Board of Directors of said Corporation.

______________________________________
Notary Public

STATE OF NEW YORK )
COUNTY OF ERIE ) ss:

On the _____ day of ________________, in the year 20__, before me personally came Michael T. Marino, P.E., to me known, who, being by me duly sworn, did depose and say that he resides in North Tonawanda, New York, that he is the President/CEO of the Corporation described in the above instrument; and that he signed his name thereto by order of the Board of Directors of said Corporation.

______________________________________
Notary Public
EXHIBIT A

INSURANCE REQUIREMENTS

ERIE COUNTY WATER AUTHORITY
**CERTIFICATE OF LIABILITY INSURANCE**  

<table>
<thead>
<tr>
<th>INSURED</th>
<th>Nussbaumer &amp; Clarke Inc.</th>
<th>Address</th>
<th>3656 Lake Shore Road</th>
<th>Buffalo, NY 14219-1494</th>
</tr>
</thead>
</table>

**PRODUCER**  
B.T. Claus & Co., Inc.  
735 Delaware Ave.  
Buffalo, NY 14209  
Eric T. Claus

**CONTACT**  
Name: Eric T. Claus  
Phone: (716) 888-9300  
Fax: (716) 888-4128

**INSURER(S) AFFORDING COVERAGE**  
| INSURER A: Travelers Indemnity | 25565 |
| INSURER B: Phoenix | 25623 |
| INSURER C: Travelers Ind. Co of America | 25666 |
| INSURER D: Beazley Insurance Company | 37540 |

**COVERAGES**  

<table>
<thead>
<tr>
<th>LETTER</th>
<th>TYPE OF INSURANCE</th>
<th>INSURED</th>
<th>ADDED</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECT DATES</th>
<th>POLICY LIMITS</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>X</td>
<td>X</td>
<td>680-SH781188-18</td>
<td>12/31/2018</td>
<td>12/31/2019</td>
<td>EACH OCCURRENCE</td>
</tr>
<tr>
<td></td>
<td>CLAIMS-MADE</td>
<td>X</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>MED EXP (Any one person)</td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY</td>
<td></td>
</tr>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE</td>
<td></td>
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<td>PRODUCTS - COMP/AGG</td>
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<td></td>
<td></td>
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<tr>
<td>B X</td>
<td>AUTOMOBILE LIABILITY</td>
<td>X</td>
<td>X</td>
<td>BA-8A390385-18</td>
<td>12/31/2018</td>
<td>12/31/2019</td>
<td>EACH OCCURRENCE</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C X</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>Y</td>
<td>N</td>
<td>XO-UB-8J680415-18</td>
<td>12/31/2018</td>
<td>12/31/2019</td>
<td>PER ACCIDENT</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>D X</td>
<td>PROFESSIONAL LIABILITY</td>
<td></td>
<td></td>
<td>V213A3190201</td>
<td>01/01/2019</td>
<td>01/01/2020</td>
<td>Occ/Agg</td>
</tr>
</tbody>
</table>

**COVERAGE LIMITS**  
- For the above described policies may be reduced or otherwise modified in accordance with the terms and conditions of such policies.

**CANCELLATION**  
X---01  
Erie County Water Authority  
Risk Management  
288 Main Street, Suite 350  
Buffalo, NY 14203  

**AUTHORIZED REPRESENTATIVE**  

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Rating Services

The Travelers Indemnity Company

A.M. Best #: 002520  NAIC #: 26658  FEIN #: 060566050

Domiciliary Address
One Tower Square
Hartford, CT 06183
United States

Web: www.travelers.com
Phone: 860-277-0111
Fax: 844-816-9447

Based on A.M. Best's analysis, 058470 - The Travelers Companies, Inc. is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

<table>
<thead>
<tr>
<th>Best's Credit Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Strength Rating</strong></td>
</tr>
<tr>
<td>Rating: A++ (Superior)</td>
</tr>
<tr>
<td>Affiliation Code: g (Group)</td>
</tr>
<tr>
<td>Financial Size Category: XV ($2 Billion or greater)</td>
</tr>
<tr>
<td>Outlook: Stable</td>
</tr>
<tr>
<td>Action: Affirmed</td>
</tr>
<tr>
<td>Effective Date: October 31, 2018</td>
</tr>
<tr>
<td>Initial Rating Date: June 30, 1922</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best's Credit Rating Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating Office: A.M. Best Rating Services, Inc.</td>
</tr>
<tr>
<td>Senior Financial Analyst: Gregory Dickerson</td>
</tr>
<tr>
<td>Director: Jennifer Marshall, CPCU, ARM</td>
</tr>
<tr>
<td>Note: See the Disclosure Information Form or Press Release below for the office and analyst at the time of the rating event.</td>
</tr>
</tbody>
</table>

| Note: Credit Ratings on this company are European Union Endorsed. |
| Disclosure Information |
| Disclosure Information Form | View A.M. Best's Rating Disclosure Form |
| Press Release | A.M. Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries |
| Effective Date: October 31, 2018 |
Rating Services

The Phoenix Insurance Company
A.M. Best #: 002518  NAIC #: 25623  FEIN #: 060303275

Domiciliary Address
One Tower Square
Hartford, CT 06183
United States

Web: www.travelers.com
Phone: 860-277-0111
Fax: 844-816-9447

Assigned to Insurers

That have, in our opinion, a superior ability to meet their ongoing insurance obligations.

View additional news, reports and products for this company.

Based on A.M. Best's analysis, 058470 - The Travelers Companies, Inc. is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

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<tr>
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<th>View Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating:</td>
<td>A++ (Superior)</td>
</tr>
<tr>
<td>Affiliation Code:</td>
<td>g (Group)</td>
</tr>
<tr>
<td>Financial Size Category:</td>
<td>XV ($2 Billion or greater)</td>
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<tr>
<td>Outlook:</td>
<td>Stable</td>
</tr>
<tr>
<td>Action:</td>
<td>Affirmed</td>
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<tr>
<td>Effective Date:</td>
<td>October 31, 2018</td>
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<tr>
<td>Initial Rating Date:</td>
<td>December 31, 1907</td>
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</table>

<table>
<thead>
<tr>
<th>Long-Term Issuer Credit Rating</th>
<th>View Definition</th>
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<tr>
<td>Long-Term:</td>
<td>aa+</td>
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<tr>
<td>Outlook:</td>
<td>Stable</td>
</tr>
<tr>
<td>Action:</td>
<td>Affirmed</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>October 31, 2018</td>
</tr>
</tbody>
</table>

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Gregory Dickerson
Director: Jennifer Marshall, CPCU, ARM
Note: See the Disclosure Information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form
View A.M. Best's Rating Disclosure Form

Press Release
A.M. Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
October 31, 2018
# STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

## CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<table>
<thead>
<tr>
<th>1a. Legal Name &amp; Address of Insured (Use street address only)</th>
<th>1b. Business Telephone Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nussbaumer &amp; Clarke, Inc. 3556 Lake Shore Road Buffalo, NY 14219</td>
<td>716-827-8000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1c. NYS Unemployment Insurance Employer Registration Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>83-500124</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1d. Federal Employer Identification Number of Insured or Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-0574460</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</th>
<th>3a. Name of Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie County Water Authority Risk Management 295 Main Street, Suite 350 Buffalo, NY 14203</td>
<td>Travelers Indemnity Co of America</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b. Policy Number of entity listed in box “1a”</th>
</tr>
</thead>
<tbody>
<tr>
<td>XO-UB-83694715-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3c. Policy effective period</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2018 to 12/31/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

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 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: [Signature] 05/08/2019

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: 716-886-6600

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (9-07)

www.web.state.ny.us
Rating Services

The Travelers Indemnity Company of America
A.M. Best #: 034003 NAIC #: 26666 FEIN #: 586020487

Domiciliary Address
One Tower Square
Hartford, CT 06183
United States

Web: www.travelers.com
Phone: 860-277-0111
Fax: 844-816-9447

Based on A.M. Best's analysis, 058470 - The Travelers Companies, Inc. is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

<table>
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<tbody>
<tr>
<td>Financial Strength Rating View Definition</td>
</tr>
<tr>
<td>Rating:</td>
</tr>
<tr>
<td>Affiliation Code:</td>
</tr>
<tr>
<td>Financial Size:</td>
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<tr>
<td>Category:</td>
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<tr>
<td>Outlook:</td>
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<tr>
<td>Action:</td>
</tr>
<tr>
<td>Effective Date:</td>
</tr>
<tr>
<td>Initial Rating Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best's Credit Rating Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating Office:</td>
</tr>
<tr>
<td>Senior Financial Analyst:</td>
</tr>
<tr>
<td>Director:</td>
</tr>
<tr>
<td>Note:</td>
</tr>
</tbody>
</table>

Disclosure Information

Disclosure Information Form
View A.M. Best's Rating Disclosure Form

Press Release
A.M. Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries
October 31, 2018
CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

<table>
<thead>
<tr>
<th>1a. Legal Name &amp; Address of Insured (use street address only)</th>
<th>1b. Business Telephone Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUSSBAUMER &amp; CLARKE INC. ATTN: JOLENE M JEFFE 3556 LAKE SHORE ROAD, SUITE 500 BUFFALO, NY 14219</td>
<td>716-827-8000</td>
</tr>
<tr>
<td>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</td>
<td>1c. Federal Employer Identification Number of Insured or Social Security Number</td>
</tr>
<tr>
<td></td>
<td>160574460</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</th>
<th>3a. Name of Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erie County Water Authority Attn: Kathy Sanok 295 Main Street - Room 350 Buffalo, NY 14203</td>
<td>ShelterPoint Life Insurance Company</td>
</tr>
<tr>
<td>3b. Policy Number of Entity Listed in Box “1a”</td>
<td>3c. Policy effective period</td>
</tr>
<tr>
<td>DBL514273</td>
<td>01/01/2019 to 12/31/2019</td>
</tr>
</tbody>
</table>

4. Policy provides the following benefits:
- [x] A. Both disability and paid family leave benefits.
- [ ] B. Disability benefits only.
- [ ] C. Paid family leave benefits only.

5. Policy covers:
- [x] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- [ ] B. Only the following class or classes of employer's employees:

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

Date Signed 1/3/2019 By (Signature of Insurance carrier's authorized representative or NYS licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

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

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B 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 and Paid Family Leave Benefits Law with respect to all of his/her employees.

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

Telephone Number Name and Title

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

DB-120.1 (10-17)

APPROVED MAY 6, 2019
Rating Services

ShelterPoint Life Insurance Company
A.M. Best #: 009877  NAIC #: 81434  FEIN #: 112284118

Domiciliary Address
1225 Franklin Avenue Suite 475
Garden City, NY 11530
United States

Web: www.shelterpoint.com
Phone: 516-829-8100
Fax: 516-504-6412

Based on A.M. Best's analysis, 055780 - ShelterPoint Group, Inc. is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings

<table>
<thead>
<tr>
<th>Financial Strength Rating View Definition</th>
<th>Best's Credit Rating Analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating: A- (Excellent)</td>
<td>Rating Office: A.M. Best Rating Services, Inc.</td>
</tr>
<tr>
<td>Financial Size Category: VII ($50 Million to $100 Million)</td>
<td>Senior Financial Analyst: Prafull Jhawar</td>
</tr>
<tr>
<td>Outlook: Stable</td>
<td>Senior Financial Analyst: Kathryn Steffanelli</td>
</tr>
<tr>
<td>Action: Affirmed</td>
<td>Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.</td>
</tr>
<tr>
<td>Effective Date: September 19, 2018</td>
<td>Disclosure Information</td>
</tr>
<tr>
<td>Initial Rating Date: June 30, 1990</td>
<td>Disclosure Information Form</td>
</tr>
</tbody>
</table>

Long-Term Issuer Credit Rating View Definition
Erie County Water Authority Insurance Requirements for Professional Services

Project Number: 201900011 & 201900104

Contract Number: NC-040

Description: January 2, 2019 through December 31, 2020. Secondary waterline optimum path study, Van de Water to Ball / Raw Water Pipe Replacement (Intake to Van de Water)

The following minimum insurance requirements shall apply to professional service providers under agreement with the Erie County Water Authority (ECWA). The professional service provider carries relevant insurance for the services covered. If at anytime, in the opinion of ECWA, there is an unusual or exceptional risk, ECWA may establish additional insurance requirements for the duration of the agreement. All insurance required herein shall be obtained at the sole cost and expense of the professional service provider, including deductibles and self-insured retentions. These requirements include but are not limited to the minimum insurance requirements.

An X indicates insurance coverage is required.

X Commercial General Liability Insurance: (including, but not limited to, Bodily (Personal) Injury, Premises Operations, Property Damage Liability (broad form), Contractual Liability, Advertising Injury, Independent Contractors, Product Liability, Completed Operations Liability and Explosion, Collapse and Underground Coverage) – in an amount not less than $1,000,000 combined single limit and $2,000,000 in the aggregate:

X Per Policy

X Per Project or Job

X Per Location

There should be no exclusions for any claims filed, actual or alleged, for violation of any applicable statute including, but not limited to, the New York State or federal labor laws, ordinances, administrative orders, executive orders, rules, regulations, or decrees of any court of competent jurisdiction.

X Commercial Business Automobile Insurance in an amount of not less than $1,000,000 each accident and shall cover liability arising out of any automobile owned, leased, hired, borrowed and non-owned automobiles. Additionally, if vehicles are used for transporting hazardous materials, the contractor shall obtain and maintain the “broadened” coverage (endorsement CA 99 48 10 01 or CA 99 48 12 93), as well as proof of MCS 90 04 00.
Excess Umbrella Liability Insurance:

- $1,000,000 in the aggregate
- $2,000,000 in the aggregate
- $3,000,000 in the aggregate
- $4,000,000 in the aggregate
- $5,000,000 in the aggregate

  Per Policy
  Per Project or Job
  Per Location

Professional Liability Insurance: Per each occurrence and in the aggregate. Continuous coverage shall be maintained, or on an extended discovery period ("tail coverage"), for a period of not less than two years from the time the agreement has been completed in an amount of not less than:

- $1,000,000 in the aggregate
- $2,000,000 in the aggregate
- $3,000,000 in the aggregate
- $4,000,000 in the aggregate
- $5,000,000 in the aggregate

  Per Policy
  Per Project or Job
  Per Location
Workers’ Compensation and Employers’ Liability and New York State Disability Benefits Insurances, as required by New York State statute.

Certificates of Insurance and renewals, on forms approved by the New York State Department of Insurance, must be submitted to ECWA prior to the award of contract. Each insurance carrier issuing a Certificate of Insurance shall be rated by A. M. Best no lower than “A-” with a Financial Strength Code (FSC) of at least VII. The professional service provider shall name ECWA, its officers, agents and employees as additional insured on a Primary and Non-Contributory Basis, including a Waiver of Subrogation endorsement (form CG 20 26 11 85 or equivalent), on all applicable liability policies. Any liability coverage on a “claims made” basis should be designated as such on the Certificate of Insurance.

To avoid confusion with similar insurance company names and to properly identify the insurance company, please make sure that the insurer’s National Association of Insurance Commissioners (N.A.I.C.) identifying number or A. M. Best identifying number appears on the Certificate of Insurance.

Acceptance of a Certificate of Insurance and/or approval by ECWA shall not be construed to relieve the professional service provider of any obligations, responsibilities or liabilities.

Certificates of Insurance should be e-mailed to AALESSI@ECWA.ORG or mailed to Mr. Anthony Alessi, ECWA Claims Representative/Risk Manager, Erie County Water Authority, 295 Main Street – Room 350, Buffalo, New York 14203-2494, or If you have any questions you can contact Mr. Alessi by e-mail or phone (716) 849-8477.

Please refer to the bid and the contract document(s) for additional information regarding insurance requirements.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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(s) 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: 
PHONE: 
FAX: 
E-MAIL: 
ADDRESS: 
CUSTOMER ID #: 

INHER(S) AFFORDING COVERAGE: 
NAIC #: 

INSURED

INSURER A: 
INSURER B: 
INSURER C: 
INSURER D: 
INSURER E: 
INSURER F: 

COVERAGES

CERTIFICATE NUMBER: 
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.

<table>
<thead>
<tr>
<th>INSR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUBJ INSURED</th>
<th>POLICY NUMBER</th>
<th>POLICY COVERAGES</th>
<th>POLICY EXPIRATION</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GENERAL LIABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>X</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CLAIMS-MADE</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GENERAL AGGREGATE LIMIT APPLIES PER:</td>
<td>POLICY</td>
<td>X</td>
<td>LOC</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>ACCOUNTABLE AUTOS</td>
<td>X</td>
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</tr>
<tr>
<td></td>
<td>X</td>
<td>MEANINGFUL EXCESS LIABILITY</td>
<td>OCCUR</td>
<td>CLAIMS-MADE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEDUCTIBLE</td>
<td>X</td>
<td>Per Specific Agreement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>RETENTION</td>
<td>$10,000</td>
<td>SUBMIT proof of Workers Compensation and disability as per examples attached</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

| Y/N | |
| N/A | |

ANY PROPRIETORS/OWNERS EXECUTIVE OFFICERS/MEMBERS EXCLUDED (Mandatory in NY) If Yes, describe under DESCRIPTION OF OPERATIONS below

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

Additional Insured on a Primary and non-contributory basis (General and Auto Liability): Erie County Water Authority

Additional Insured form CG 20 26 or equivalent.

CERTIFICATE HOLDER

Erie County Water Authority
295 Main St, Suite 350
Buffalo, NY 14203

Attn: Anthony Alessi

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

Attr: Anthony Alessi
Understanding New York Workers Compensation Board
Workers Compensation and N.Y.S Disability Benefits Liability

This is a brief description for governmental organizations to validate vendor workers compensation and
NYS Disability Benefits coverage. These requirements should be used when applying for permits, licenses
or secure contracts. Copies should be obtained not only at the initial issuance but at renewal as well. A full
instruction manual can be obtained from the Workers Comp Board.

The forms discussed are:

1) Form CE-200- Affidavit of Exemption (obtain at: www.wcb.state.ny.us/content/biz/wc_db_exemptions/requestExemptionOverview.jsp)
   ➢ Acceptable proof that the business listed is exempt from providing workers’ compensation
   and/or disability insurance coverage.

2) Workers Compensation
   • Form C-105.2: Certificate of Workers Compensation (WC) (Obtain from your insurance agent)
     ➢ All private NYS licensed workers’ compensation carriers are required to issue the C-105.2.
   • Form SI-12: Certificate of WC when self-insured. (Obtain from workers compensation board)
     ➢ Only the Self-Insurance Office of the Workers’ Compensation Board issues the SI-12. The
       Self-Insurance Office can be contacted at 518-402-0247. Only one legal name and Federal
       Employer Identification Number can be listed on each Form SI-12. (Multiple legal entities
       must not be listed.)
   • Form GSI-105.2: Certificate of WC when participating in a group self-insured program.
     ➢ The self-insurance administrator of the group completes the form.
   • Form U-26.3: Certificate of WC
     ➢ Acceptable proof that the business has workers’ compensation coverage through the New
       York State Insurance Fund. Only available through (NYSIF).

3) New York State Disability Benefits Law (DBL)
   • Form DB-120.1: Certificate of DBL Insurance (obtain from workers compensation board)
     ➢ The DB-120.1 must be completed by either the NYS statutory disability benefits insurance
       carrier, or a licensed NYS insurance agent of that carrier. The form can be obtained by
       contacting the Bureau of Compliance. (certificates@web.state.ny.us)
   • Form DB-155: Certificate of DBL Self-Insurance
     ➢ The Self-Insurance Office of the Workers’ Compensation Board issues the DB-155. The
       Board’s secretary will approve the DB-155. The Self-Insurance Office can be contacted at
       518-402-0247.

4) Exemption 1, 2, 3, or 4 Family, Owner Occupied residence (http://www.web.state.ny.us/content/main/forms/bp-1.pdf)

   NOTE: ACORD Certificates of Insurance are not acceptable proof. Must use one of the forms
   noted above:
## Certificate of New York State Workers' Compensation Insurance Coverage

<table>
<thead>
<tr>
<th><strong>1a. Legal Name &amp; Address of Insured (use street address only)</strong></th>
<th><strong>1b. Business Telephone Number of Insured</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insured Name</strong></td>
<td><strong>1c. NYS Unemployment Insurance Employer Registration Number of Insured</strong></td>
</tr>
<tr>
<td>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</td>
<td><strong>1d. Federal Employer Identification Number of Insured or Social Security Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</strong></th>
<th><strong>3a. Name of Insurance Carrier</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Holder Name</strong></td>
<td><strong>3b. Policy Number of entity listed in box “1a”</strong></td>
</tr>
<tr>
<td></td>
<td><strong>3c. Policy effective period</strong></td>
</tr>
<tr>
<td></td>
<td><strong>3d. The Proprietor, Partners or Executive Officers are</strong></td>
</tr>
<tr>
<td></td>
<td>☐ included. (Only check box if all partners/officers included)</td>
</tr>
<tr>
<td></td>
<td>☐ all excluded or certain partners/officers excluded.</td>
</tr>
</tbody>
</table>

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 in 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 “3.”

**Will the carrier notify the certificate holder within 7 days of a policy being canceled for non-payment of premium or within 30 days if canceled 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 Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: William Lawley Jr.

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature]

(Signature) (Date)

Title: Managing Partner

Telephone Number of authorized representative or licensed agent of insurance carrier: (716) 849-8618

**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.
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.
Certificate of Attestation of Exemption
From New York State Workers' Compensation and/or Disability Benefits Insurance Coverage

**This form cannot be used to waive the workers' compensation rights or obligations of any party.**

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<table>
<thead>
<tr>
<th>In the Application of (Legal Entity Name and Address):</th>
<th>Business Applying For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXXXXX</td>
<td>BUILDING PERMIT</td>
</tr>
<tr>
<td></td>
<td>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</td>
</tr>
<tr>
<td></td>
<td>The location of where work will be performed is 123 ACME AVENUE, ALBANY, NY 12303. Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009. The estimated dollar amount of project is $25,001 - $50,000</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under this Disability Benefits Law.)

I, JOHN SMITH, the Sole Proprietor with the above-named legal entity, I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE

Exemption Certificate Number 2008-08197

Date: October 2, 2008

Received by

NYS Workers' Compensation Board

CE-200 (Date 06/22/08)
Form SI-12

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
SELF-INSURANCE OFFICE
20 PARK STREET - ROOM 206
ALBANY, NY 12227

(518) 402-0247
FAX (518) 402-6199

COMPLIANCE WITH DISABILITY BENEFITS LAW*
(Permit To Series 220, subd. 8 of the Disability Benefits Law)

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>FEDERAL EMPLOYER IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION OF OPERATION</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS (HOME OR MAIN OFFICE):

OPERATIONS TO BEGIN OR ABOUT:

There are on file with the Workers' Compensation Board, documents indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his or her employees in the following manner:

☐ By approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law.

☐ By a combination of approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law and insurance with authorized insurance carrier(s).

Date:

By: Gina Wagner
WC Examiner

*This agency employs & serves people with disabilities without discrimination.
New York State Insurance Fund
Workers' Compensation & Disability Benefits Specialists Since 1914
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3883

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

<table>
<thead>
<tr>
<th>POLICYHOLDER</th>
<th>CERTIFICATE HOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>CERTIFICATE NUMBER</th>
<th>PERIOD COVERED BY THIS CERTIFICATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>01/01/2009 TO 05/01/2010</td>
<td>1/8/2009</td>
</tr>
</tbody>
</table>

This is to certify that the policyholder named above is insured with the New York State Insurance Fund under policy no. 2058 840-6 until 05/01/2010, 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.

If said policy is cancelled, or changed prior to 05/01/2010 in such manner as to affect this certificate, 10 days written notice of such cancellation will be given to the certificate holder above. Notice by regular mail so addressed shall be sufficient compliance with this provision. The New York State Insurance Fund does not assume any liability in the event of failure to give such notice.

This certificate does not apply to building demolition.

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

John Manetti
DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at https://www.nysif.com/cert/validate.asp or by calling (888) 875-5790

VALIDATION NUMBER: 107031806

U-28 3 0/CD23592-21/94
**STATE OF NEW YORK**
**WORKERS' COMPENSATION BOARD**
**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION GROUP self-INSURANCE**

<table>
<thead>
<tr>
<th>1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only)</th>
<th>1d. Business Telephone Number of Business referenced in box “1a”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box “1a”</td>
</tr>
<tr>
<td>1b. Effective Date of Membership in the Group</td>
<td>1f. Federal Employer Identification Number of Business referenced in box “1a”</td>
</tr>
<tr>
<td>1c. The Proprietor, Partners or Executive Officers are [ ] included (Only check box if all partners/officers included) [ ] all excluded or certain partners/officers excluded</td>
<td>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder)</td>
</tr>
<tr>
<td>3. Name and Address of Group Self-Insurer</td>
<td></td>
</tr>
</tbody>
</table>

This certifies that the business referenced above in box “1a” is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box “3” and participation in such group self-insurance is still in force. The Group Self-Insurer’s Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box “2”.

The Group Self-Insurer’s Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box “1a” is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

If this certificate is no longer valid according to the above guidelines and the business referenced in box “1a” continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof 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 of the Group Self-Insurer referenced above and that the business referenced in box “1a” has the coverage as depicted on this form.

Certified by: ________________________________________
(Print name of authorized representative of the Group Self-Insurer)

Certified by: ________________________________________
(Signature) (Date)

Title: _____________________________________________

Telephone Number: _________________________________

GSI-105.2 (2-02) WORKERS' COMPENSATION LAW
**CERTIFICATE OF INSURANCE COVERAGE**

**DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

<table>
<thead>
<tr>
<th>1a. Legal Name &amp; Address of Insured (Use street address only)</th>
<th>1b. Business Telephone Number of Insured</th>
</tr>
</thead>
</table>

**Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)**

<table>
<thead>
<tr>
<th>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</th>
<th>3a. Name of Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ShelterPoint Life Insurance Company</td>
<td>3b. Policy Number of Entity Listed in Box &quot;1a&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3c. Policy effective period</th>
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<tbody>
<tr>
<td>20</td>
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</tbody>
</table>

**4. Policy provides the following benefits**

- [ ] A. Both disability and paid family leave benefits.
- [ ] B. Disability benefits only.
- [ ] C. Paid family leave benefits only.

**5. Policy covers**

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

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

**Date Signed_________________ By ______________________________**

**Signature of insurance carrier's authorized representative or licensed insurance agent of that carrier**

**Telephone Number_________________ Name and Title ______________________________**

**IMPORTANT:** If Boxes 4A and 6A are checked, and this form is signed by the insurance carrier’s authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

**PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B 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 and Paid Family Leave Benefits Law with respect to all of his/her employees.

**Date Signed_________________ By ______________________________**

**Signature of Authorized NYS Workers' Compensation Board Employee**

**Telephone Number_________________ Name and Title ______________________________**

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.
Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave 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.

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

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

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

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

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.
COMPLIANCE WITH DISABILITY BENEFITS LAW
(Pursuant To Section 239, subd. 8 of the Disability Benefits Law)

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>FEDERAL EMPLOYER IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Location of Operation</td>
</tr>
<tr>
<td></td>
<td>Address (Home or Main Office)</td>
</tr>
<tr>
<td></td>
<td>Operations to begin or about:</td>
</tr>
</tbody>
</table>

There are on file with the Workers' Compensation Board, documents indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his or her employees in the following manner:

- [ ] By approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law.
- [ ] By a combination of approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law and insurance with authorized insurance carrier(s).

Date: ____________________________

By: ________________________________

Gina Wagoner
WC Examiner

DB-155 (1/04)

THIS AGENCY EMPLOYS & SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION
Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

**This form cannot be used to waive the workers' compensation rights or obligations of any party.**

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- [ ] I am performing all the work for which the building permit was issued.
- [ ] I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- [ ] I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR

I also agree to either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers’ Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR

- have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers’ Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

__________________________  ____________________________
(Signature of Homeowner)    (Date Signed)

__________________________
(Homeowner’s Name Printed)

Home Telephone Number

Property Address that requires the building permit:

__________________________

__________________________

__________________________

__________________________

Sworn to before me this ________ day of
__________________________.

__________________________
(County Clerk or Notary Public)

Once notarized, this BP-I form serves as an exemption for both workers’ compensation and disability benefits insurance coverage.

BP-I (12/08) NY-WCB
The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

Implementing Section 125 of the General Municipal Law

1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- insured (C-105.2 or U-26.3),
- self-insured (SI-12), or
- are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1.

Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:

- is performing all the work for which the building permit was issued him/herself,
- is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
- has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.

If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(11/04), but shall either:

- acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
- have the general contractor, (performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

BP-1 (12/08) Reverse www.wcb.state.ny.us
STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACIÓN OBRERA
NOTICE OF COMPLIANCE
LEY DE COMPENSACIÓN OBRERA

WORKERS' COMPENSATION LAW
LEY DE COMPENSACIÓN OBRERA

TO EMPLOYEES
INFORMACIÓN IMPORTANTE PARA EMPLEADOS QUE
ARE INJURED OR SUFFER AN OCCUPATIONAL
DISEASE WHILE WORKING.
SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD
OCCUPACIONAL MIENTRAS TRABAJAN.

1. By posting this notice and information concerning your rights as an injured worker, your
compliance with the Workers' Compensation Law.
1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado
concerniente a sus derechos como trabajador lesionado.

2. If you do not notify your employer within 30 days of the date of your injury your claim may be
disallowed, so do so immediately.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación
podría ser desestimada, por eso notifique inmediatamente.

3. You are entitled to be represented by an attorney who is Board authorized. However, if your employer
is involved in a certified preferred provider organization (PPO) you must first be treated by a
provider chosen by your employer and your employer must give you a written statement of your
rights concerning further medical care.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe
contratar a un representante licenciado, pero si su empleador participa en una organización
certificada de proveedores preferidos (PPO), usted debe recibir el tratamiento inicial por un médico
prestado por la correspondiente compañía. Los empleadores deben proporcionar escritura oficial de sus
derechos y obligaciones bajo la ley y el acuerdo que acuerden.

4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that
accepts Workers Compensation patients and is Board authorized. However, if your employer
is involved in a certified preferred provider organization (PPO), you must first be treated by a
provider chosen by your employer and your employer must give you a written statement of your
rights concerning further medical care.
4. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe
contratar a un representante licenciado, pero si su empleador participa en una organización
certificada de proveedores preferidos (PPO), usted debe recibir el tratamiento inicial por un médico
prestado por la correspondiente compañía. Los empleadores deben proporcionar escritura oficial de sus
derechos y obligaciones bajo la ley y el acuerdo que acuerden.

5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers
Compensation Board and with your employer's insurance company, which is indicated at the bottom
of this form.
5. Usted debe informar a su médico que envíe copias de los informes médicos de su caso a la Junta de
Compensación Obrera y a la compañía de seguros de su empleador, indicada en la parte inferior de
este comunicado.

6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more
than seven days, compels you to work at lower wages or results in permanent disability to any part
of your body. You may be entitled to rehabilitation services if you need help returning to work.
6. Usted puede recibir beneficios por tiempo perdido si su lesión laboral lo mantiene en casa por más
de siete días, obliga a trabajar en condiciones inferiores o resulta en discapacidad permanente a cualquier
parte de su cuerpo. Si necesita ayuda para regresar al trabajo.

7. You should not pay any medical providers directly. They should send their bills to your employer's
insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it
attempts to collect payment from you. If you do not comply with the Board's rules that your injury
is not work-related, you may be responsible for the payment of the bills.
7. Usted no debe pagar directamente a los proveedores médicos. Deben enviar sus facturas a su empleador.
Si hay un conflicto, el proveedor debe aguardar hasta que la Junta decida antes de intentar cobrar.

8. You are entitled to be represented by an attorney licensed to practice law, but it is not required if you
do hire a representative who does not pay you directly. Any fee will be set by the Board and will be
deducted from your award.
8. Usted tiene derecho a ser representado por un abogado licenciado, pero no es obligatorio si usted
contrata a un representante que no le pague directamente. Los honorarios serán fijados por la Junta
y se descontarán de su indemnización.

9. If you have difficulty in obtaining a claim form or need help in filling it out, you have any other
questions or problems about a work-related injury, contact any office of the Workers' Compensation
Board.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo o tiene
dudas sobre cualquier situación relacionada con una lesión o enfermedad que ocurrió en el trabajo,
contacte cualquier oficina de la Junta de Compensación Obrera.

WORKERS' COMPENSATION BOARD OFFICES
JUICIOS DE COMPENSACIÓN OBRERA

• Albany, 12241-100 Broadway-Memorial (800) 250-5157
• Brookyln, 11217-5 Livingston St. - Brooklyn (866) 677-1573
Binghamton, 13901 - State Office Bldg. - 44 Hawley St. (866) 802-3604
• Buffalo, 14202 - Statler Tower, 107 Delaware Ave. (800) 211-9045
• Hauppauge, 11788 - 220 Robin Drive - Suite 500 - (866) 691-5564
• Hastings, 13207 - 176 Fuller Avenue (866) 605-9323
• New York, 10027 - 215 W. 120th St., Manhattan (866) 677-1373
• Peekskill, 10566 - 10 North Division St. (866) 746-0252
•Queens, 11422 - 166-40 111 Ave., Jamaica (866) 877-1373
• Rochester, 14614 - 10 Main Street West - (866) 211-0644
•Syracuse, 13203 - 906 James St. (866) 802-9730
•TOMASSEN MAIL ADDRESS

Claims-related mail for the Hauppauge, Hastings, Peekskill and all NYC
offices should be mailed to:

PO Box 5200 Binghamton, NY 13902-5205

Workers' Compensation benefits, when due, will be paid by
( Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

Name of employer (Nombre del patrón)

This notice must be posted conspicuously in and about the
employer's place or places of business
(Elaviso debe ser colocado claramente en y en todos los
lugares de trabajo del empleador).

C-105(4-09)
PRESCRIBED BY CHAIR
S.I.F. VIC'D
WORKERS' COMPENSATION BOARD
STATE OF NEW YORK
www.web.state.ny.us

Failure by an employer to post this notice in and about the
employer's place of business may result in a $250
penalty for each violation.
STATED OF NEW YORK
WORKERS' COMPENSATION BOARD

NOTICE OF COMPLIANCE
DISABILITY BENEFITS LAW
TO EMPLOYEES

1. If you are unable to work because of an illness or injury not
work-related, you may be entitled to receive weekly benefits from
your employer, or his or her insurance company, or from the Special Fund for
Disability Benefits.

2. To claim benefits you must file a claim form, within 30 days from the
first date of your disability, but in no event more than 28 weeks from that
date.

3. Use one of the following claim forms:
   - If, when your disability begins you are employed or are unemployed
     for four weeks or less, use the GREEN claim form (Form DB-300), which you
     may obtain from any Unemployment Insurance Office, your health provider,
     or any office of the Workers' Compensation Board. Send completed
     claim form to the Workers' Compensation Board, Disability Benefits
     Bureau Albany, New York 12241.
   - If, when your disability begins, you have been unemployed more than
     four weeks, use the BROWN claim form (Form DB-450), which you may
     obtain from any Unemployment Insurance Office, your health provider,
     or any office of the Workers' Compensation Board. Send completed
     claim form to the Workers' Compensation Board, Disability Benefits
     Bureau Albany, New York 12241.

4. IMPORTANT Before filing your claim, your health provider must
   complete the "Health Care Provider's Statement" on the claim form,
   showing your period of disability.

5. You are entitled to be treated by any physician, chiropractor, dentist,
nurse-midwife, podiatrist or psychologist of your choice. However, unlike
workers' compensation, your medical bills will not be paid unless your
employer and/or union provide for the payment of such bills under a
Disability Benefits Plan or Agreement.

6. If you are ill or injured during the time you are receiving Unemployment
   Insurance Benefits, file a claim for Disability Benefits as soon as you
   sustain the illness or injury, by following the instructions outlined above.

7. If you are out of work in excess of seven days, your employer is
   required to send you a Disability Benefits Statement of Rights (Form
   DB-271).

8. Other information about Disability Benefits may be obtained by writing
   or calling the nearest Workers' Compensation Board Office:

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 -100 Broadway-Merance - (518) 474-6481
Rochester, 14614 -1 South Main Street (585) 271-6551
Buffalo, 14203-State Office Bldg - 125 Main St. - (716) 447-3719
Hempstead, 11550-175 Fulton Avenue - (516) 506-7710
Syracuse, 13202 - State Office Bldg No 210 - (315) 474-4455

The undersigned employer is in compliance with the provisions of the Disability
Benefits Law (El patrón abajo firmante está en conformidad con las
disposiciones de la ley de Beneficios por Incapacidad).
Disability Benefits, when due, will be paid by (Los Beneficios por Incapacidad,
cuando debidos, serán pagados por):

SAMPLE

Effective: From (En Vigor Desde) To UNTIL CANCELLED (HASTA)
Policy No. (Poliza No.)

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

LA JUNTA DE COMPENSACIóN OBRERA EMPLEA Y SERVE
A PERSONAS INCAPACITADAS SIN DISCRIMINAR.

DB-120 (2-97)

Prepared by Chair:
Workers' Compensation Board
State of New York

ESTADO DE NUEVA YORK
JUNTA DE COMPENSACIÓN OBRERA

AVISO DE CUMPLIMIENTO
LEY DE BENEFICIOS POR INCAPACIDAD
A LOS EMPLEADOS

1. Si usted no puede trabajar debido a enfermedad o lesión no relacionada
con el trabajo, podría tener derecho a recibir, beneficios semanales de su
patrón o de la compañía de seguros de él/ella o del Fondo Especial
para Beneficios por Incapacidad.

2. Para reclamar beneficios usted debe Presentar una forma de reclamación,
dentro de 30 días a partir de la Primera fecha de su incapacidad, pero en
ningún caso más de 28 semanas de dicha fecha.

3. Use una de las siguientes formas de reclamación:
   - Si, cuando comience su incapacidad usted esté empleado o ha estado
     desempleado por cuatro semanas o menos, use la forma de reclamación BLANCA
     (form DB-450), la cual puede obtener de su patrón o de la compañía de seguros de él/ella,
     o de su proveedor de cuidados de salud, o bien de cualquier oficina de la Junta de
     Compensación Obrera, y envíe a su patrón o a la compañía de seguros nombrada abajo.
   - Si, cuando comience su incapacidad, usted ha estado desempleado más
     de cuatro semanas, use la forma de reclamación VERDE (form DB-300), la
     cual puede obtener en cualquier Oficina de Seguro de Desempleo, de su
     proveedor de salud, o de cualquier oficina de la Junta de
     CompensacióN Obrera. En la forma de reclamación, debidamente
terminada, a Workers' Compensation Board, Disability Benefits Bureau,
Albany, New York 12241.

4. Usted tiene derecho a ser tratado por cualquier médico, quiropráctico,
dentista o en primera-parte, podiatra o psicólogo que usted elija. Pero, como
a la compensación obrera, sus cuentas médicas no serán pagadas a menos que su patrón y/o Unión haya pagado de tales cuentas médicas bajo un Plan o Convenio de Beneficios por Incapacidad.

5. Si usted se enferma o lesiona durante el tiempo que esté recibiendo
   beneficios del Seguro de Desempleo, presente una reclamación para
   beneficios por incapacidad, siguiendo las instrucciones arriba descritas, tan
   pronto como sufran la lesión o la enfermedad.
   Si usted está desempleado por más de siete días, su patrón está obligado a
   enviar la declaración de Derechos de Beneficios por Incapacidad (Form
   DB-271).

6. Otras informaciones relativas a Beneficios por incapacidad pueden obtenerse
   escribiendo o llamando a la oficina más cercana de la Junta de
   Compensación Obrera.

Robert R. Snashall
Chairman (Presidente)

The benefits provided are (Los beneficios provistos son)

<table>
<thead>
<tr>
<th>Statutory (Estatutarios)</th>
<th>Under a Plan or Agreement (Bajo un Plan o Convenio)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class(es) of employees covered (Clase(s) de empleados amparados)</td>
<td></td>
</tr>
</tbody>
</table>

ALL EMPLOYEES ELIGIBLE UNDER NY DBL

Name of employer (Nombre del Patrón)

By

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND
ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Erie County Water Authority
ACORD Endorsement Samples
POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.
POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.
POLLUTION LIABILITY – BROADER COVERAGE
FOR COVERED AUTOS – BUSINESS AUTO, MOTOR CARRIER AND TRUCKERS COVERAGE FORMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Liability Coverage is changed as follows:

1. Paragraph a. of the Pollution Exclusion applies only to liability assumed under a contract or agreement.
2. Exclusion B.6. Care, Custody or Control does not apply.

B. Changes in Definitions

For the purposes of this endorsement, Paragraph D. of the Definitions Section is replaced by the following:

D. "Covered pollution cost or expense" means any cost or expense arising out of:

1. Any request, demand, order or statutory or regulatory requirement; or
2. Any claim or "suit" by or on behalf of a governmental authority demanding that the "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

a. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto";

b. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraphs a. and b. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

1. The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
2. The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980

Dated at
This day of

Amending Policy No. ___________________________ Effective Date ___________________________
Telephone Number ___________________________ Countersigned by ___________________________

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by
'X', for the limits shown:

☐ This insurance is primary and the company shall not be liable for amounts in excess of
$________________ for each accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of
$________________ for each accident in excess of the underlying limit of $________________
for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a
duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized
representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is:

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in
writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be
sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by
providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the
FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or
environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power
and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

ENVIRONMENTAL RESTORATION means restitution for the loss, damage, or destruction of natural resources arising out of
the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any
commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to
minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.
The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.
**FORM MCS 90 04 00 ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980**

## SCHEDULE OF LIMITS

**Public Liability**

<table>
<thead>
<tr>
<th>Type of Carriage</th>
<th>Commodity Transported</th>
<th>Minimum Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Property (nonhazardous).</td>
<td>$ 750,000</td>
</tr>
<tr>
<td>(2)</td>
<td>Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.</td>
<td>5,000,000</td>
</tr>
<tr>
<td>(3)</td>
<td>Oil listed in 49 CFR 172.101; hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.</td>
<td>1,000,000</td>
</tr>
<tr>
<td>(4)</td>
<td>Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.</td>
<td>5,000,000</td>
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</table>
EXHIBIT B

ERIE COUNTY WATER AUTHORITY
CONFIDENTIALITY AND COPYRIGHT LICENSING AGREEMENT

LICENSE:

Upon execution of this Agreement, the Licensee acquires from the Licensor a license to use the aforementioned property of the Licensor for the purpose of completing the work under this Agreement.

The Licensor reserves the right to incorporate any Licensee-created data into the Licensor's database.

OWNERSHIP:

This License Agreement does not constitute a transfer of title or interest in the data. Any portion of the data that is modified or merged into another computer file or program by the Licensee, or is integrated with other programs or data to form derivative products, shall continue to be subject to the provisions of this License Agreement. The Licensor retains ownership of the data and all such portions.

CONFIDENTIALITY CLAUSE:

The Licensee agrees that all digital data and hard copy from the ECWA GIS Basemap Features provided to the Licensee are copyrighted by the Licensor, are protected by the copyright laws of the United States, and are furnished to the Licensee with all rights reserved. Therefore, the Licensee is hereby permitted to use the digital data and hard copies thereof only for the purposes allowed under this Agreement. The Licensee agrees not to otherwise copy, reproduce or use the digital data, hard copy, or the information contained therein for any other purpose whatsoever.

COPYRIGHT NOTICE:

The copyright notice included in each of the files is not only to be retained in those files but is also to be included in any copies made of those files. No part of the files may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photographing and recording, or by any information storage or retrieval system, except as expressly permitted in writing by the Erie County Water Authority.

Upon notification by the Licensor of any changes in copyright requirements, the Licensee will make said changes to all subsequent maps or reports, as required.

LIMITATION OF LIABILITY:

ECWA GIS Basemap Features are compiled to National Map Accuracy Standards for 1"=100' scale mapping by Woolpert, Dayton, Ohio, using Stereo photogrammetric methods from aerial photography dated April, May, and/or November, 1990. The control grid is based on New York
State Plane Coordinates and North American Datum 1983. The parcels are from Erie County Tax Maps which were available in the County Finance office in June of 1993.

The Licensor makes no claims as to the accuracy of the ECWA GIS Basemap Features and assumes no responsibility for their positional or content accuracy. The Licensor makes no claims as to the ability of the ECWA GIS Basemap Features to fulfill Licensee application requirements.

In providing data, the Licensor assumes no obligation to assist the Licensee in the use of the data, or in the development, use, or maintenance of any applications applied to the data.

Licensee recognizes and agrees that the Licensor makes NO REPRESENTATIONS OF ANY KIND INCLUDING, BUT NOT LIMITED TO, THE WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR USE, NOR ARE ANY SUCH WARRANTIES TO BE IMPLIED, WITH RESPECT TO THE DATA OR INFORMATION FURNISHED.

**TERMINATION:**

The License to use data terminates upon completion of the work under this Agreement.

**LIQUIDATION OF DAMAGES FOR BREACH OF AGREEMENT:**

The parties agree that if Licensee breaches the Agreement and uses or discloses any of the copyrighted information in any way other than that allowed, during or subsequent to the terms of this Agreement for any purpose whatsoever, the damages of the Licensor shall be deemed liquidated at three times the amount of the total value of the data as determined by the Erie County Water Authority.

In addition to treble damages for breach of Agreement, Licensee will additionally forfeit the license acquired to use aforementioned copyrighted property of the Licensor.

**SPECIFIC TERMS OF ACCEPTANCE:**

This Agreement constitutes the entire agreement between the parties.
EXHIBIT C

SECTION 139-L OF THE STATE FINANCE LAW
STATEMENT RELATING TO SEXUAL HARASSMENT POLICY

1. “Bidder” has the same meaning as the term, “Offerer,” as that term is defined in State Finance Law § 139-k(1)(h), and includes anyone who submits a bid or proposal.

2. Every proposal or bid hereafter made and submitted to the Erie County Water Authority, where competitive bidding or a sealed proposal is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the following statement subscribed by the Bidder and affirmed by such Bidder as true under penalty of perjury:

SEXUAL HARASSMENT BIDDING CERTIFICATION

(a) "By submission of this bid/proposal, EACH BIDDER AND EACH PERSON SIGNING ON BEHALF OF ANY BIDDER CERTIFIES, AND IN THE CASE OF A JOINT BID EACH PARTY THEREETO CERTIFIES AS TO ITS OWN ORGANIZATION, under penalty of perjury, that the Bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all its employees. Such policy shall, at a minimum, meet the requirements of Section two hundred one-g of the Labor Law."

3. A bid/proposal shall not be considered for award nor shall any award be made to a Bidder who has not complied with subdivision one of this section; provided, however, that if in any case the Bidder cannot make the foregoing certification, the Bidder shall so state and shall furnish with the bid/proposal a signed statement which sets forth in detail the reasons therefore.

The undersigned CERTIFIES, under penalty of perjury, that he is authorized to make this bid/proposal and execute this statement on sexual harassment; that he is familiar with the statements contained in §2(a) of this document, as well as the provisions of State Finance Law §139-L and Labor Law §201-g, and such statements are true and have been complied with by the Bidder.

(Name of Individual, Partnership or Corporation)

By ____________________________________________

(Person authorized to sign)

(SEAL)