



**TOWN OF DEERPARK**  
**OFFICE OF THE TOWN CLERK**  
**420 Route 209 PO Box 621**  
**Huguenot, New York 12746**



**Florence T. Santini**  
TOWN CLERK

Telephone: (845) 856-2210 Ext. 2

[fsantini@townofdeerpark.org](mailto:fsantini@townofdeerpark.org)

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*Resolution 10-2020*  
*Certificate of Insurance-Tax Collector*

November 16, 2020

Orange County Clerk's Office  
Hon. Annie Rabbitt  
255 Main St.  
Goshen, New York 10924

Dear Hon. Annie Rabbitt:

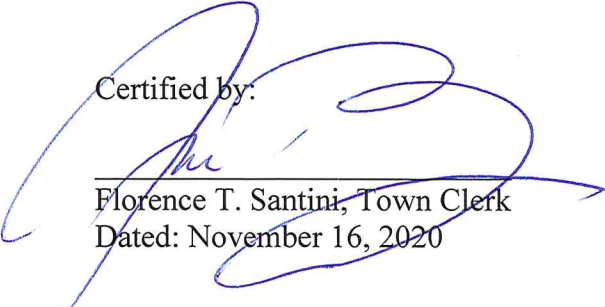
On Monday, November 16, 2020, at the Town of Deerpark Town Board meeting the following was proposed:

Motion by David Dean 2<sup>nd</sup> by Ken Smith, to approve and forward Certificate of Insurance 7/19/2020-7/19/2021, for the Tax Collector for the Town of Deerpark to the Orange County Clerk's Office.

Vote: 5 Ayes: Councilman: Art Trovei                      Councilman: David Dean  
                         Councilman: Al Schock                      Councilman: Ken Smith  
                         Supervisor: Gary Spears

MOTION CARRIED

Certified by:

  
\_\_\_\_\_  
Florence T. Santini, Town Clerk  
Dated: November 16, 2020

\_\_\_\_\_  
Town Seal



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Haylor, Freyer & Coon, Inc. P.O. Box 4743 Syracuse NY 13221	<b>CONTACT NAME:</b> Shannon O'Keefe-Clearwater <b>PHONE (A/C No, Ext):</b> 315-703-9137 <b>E-MAIL ADDRESS:</b> sokeefeclearwater@haylor.com	<b>FAX (A/C, No):</b> 315-362-5759
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Town of Deerpark 420 Route 209 Huguenot NY 12746	<b>INSURER A :</b> Argonaut Insurance Company <b>NAIC #</b> 19801	
	<b>INSURER B :</b> Main Street America Assurance Company <b>29939</b>	
	<b>INSURER C :</b> Allianz Global Risks US Ins. Co. <b>35300</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 1246056808      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		PE463657202	7/19/2020	7/19/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA463657202	7/19/2020	7/19/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			UMB463657202	7/19/2020	7/19/2021	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B A C	Crime Blanket Bldg/BPP Inland Marine Leased/Rented Equip			F283597N PE463657202 SML93080901	7/19/2020 7/19/2020 7/19/2020	7/19/2021 7/19/2021 7/19/2021	Per Employee Limit \$6,138,236 Ded \$500 Limit \$135,000 Ded \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Blanket Additional Insured applies to the General Liability per form GL 360 PE (09/07) per written contract  
Excess Crime Coverage of \$50K for Deputy Supervisor, \$450K for Deputy Tax Collector, \$450K for Supervisor, \$450K for Bookkeeper, \$950K for Town Clerk/Tax Collector

<b>CERTIFICATE HOLDER</b>  Orange County Attn: Orange County Clerk 124 Main Street Goshen NY 10924	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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