

June 10, 2014

Mr. Michael Sweeton, Supervisor  
Town of Warwick Town Board  
132 Kings Highway  
Warwick, New York 10990

**Re: Watchtower Performance Bond**  
**1 Kings Drive**  
**Tax Map Reference: 85-1-2.22, 2.3, 5.22, and 6**

**Task: PB001**

Dear Mr. Sweeton:

Watchtower has requested a Performance Bond reduction for the work that has been completed to date. The current Performance Bond is for \$33,103,464; the requested reduction is for \$11,113,899. This would result in a Performance Bond in the amount of \$21,989,565.

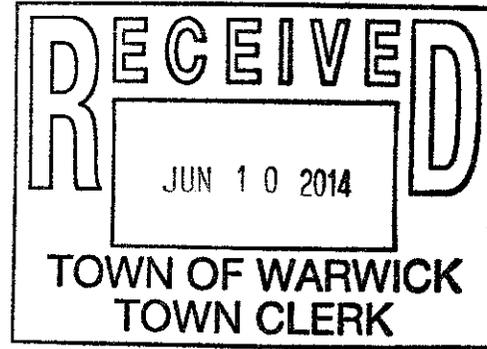
A site inspection was conducted on June 09, 2014 and determined that work associated with the requested reduction has indeed been satisfactorily completed.

At this time, I recommend that the Town Board maintain a Performance Bond in the amount of \$21,989,565 provided that an acceptable form of a replacement bond is provided by Watchtower.

Sincerely,

Henningson, Durham & Richardson  
Architecture and Engineering, P.C.  
in association with HDR Engineering, Inc.

Laura A. Barca, P.E.  
Project Manager



June 10, 2014

Mr. Michael Sweeton, Supervisor  
Town of Warwick Town Board  
132 Kings Highway  
Warwick, New York 10990

**Re: Former LaMarca Subdivision  
184 Penaluna Road  
Tax Map Reference: 58-2-13.2**

**Task: TB020**

Dear Mr. Sweeton:

The LaMarca Subdivision plans, prepared by Fusco Engineering & Land Surveying, P.C last revised May 10, 2006, were signed by the Planning Board Chairman on June 19, 2006. A cash performance bond in the amount of \$4,600.00 was deposited with the Town of Warwick by Jose Tempera on September 17, 2013.

A site inspection was conducted on May 22, 2014 and determined that the site appears to have been developed in accordance with the approved subdivision plan. All areas have been stabilized either by grass or by stone. The driveway appears to have been prepared for paving but the paving has not been completed at this time.

A driveway application was filed with the Building Department on May 16, 2014 and the owner paid \$4,500 (\$1,500 for the driveway entrance bond and \$3,000 because the first 25-ft of the driveway was not paved at the time that the owner requested a Certificate of Occupancy).

At this time, I recommend that the Town Board release the Planning Board Performance Bond in the amount of \$4,600.00. The Building Department still has a driveway entrance/paving bond in the amount of \$4,500 to ensure that the driveway paving is completed.

Sincerely,

Henningson, Durham & Richardson  
Architecture and Engineering, P.C.  
in association with HDR Engineering, Inc.

Laura A. Barca, P.E.  
Project Manager

CC: Connie Sardo, Planning Board Secretary  
Jose A. Tempera, Applicants  
HDR Project No. 233144, Task No. TB020

Jose Tempera  
P.O. Box 858  
Greenwood Lake, NY 10925  
May 16, 2014

RECEIVED  
MAY 16 2014  
Town of Warwick

Warwick Town Board  
Town Hall  
132 Kings Highway  
Warwick, NY 10990

RE: 58.2.13.2 Subdivision Performance Bond Release

58-2-13.2  
184 Denalona Road  
Gentlemen,

Formally The La Marca Subdivision

I am requesting the release of the bond on the above mentioned property. The amount is \$4600.00. The driveway has been prepared for paving and improvements have been made.

Sincerely,

*Jose Augusto Tempera*

Jose Tempera

5/19/14

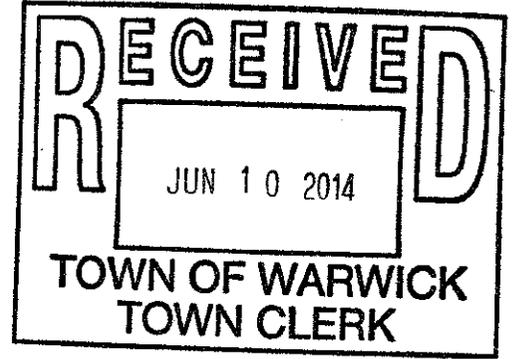
haura,

Please go + inspect  
Tempera property  
Formally the La Marca  
Subdiv. They are looking  
to have their \$4,600.  
Performance Bond Released.

Thanks, (C)



TB



June 10, 2014

Mr. Michael Sweeton, Supervisor  
Town of Warwick Town Board  
132 Kings Highway  
Warwick, New York 10990

**Re: Sanzone Landscaping Bond  
25 Mountain Top Drive  
Tax Map Reference: 53-1-41**

**Task: PPB005**

Dear Mr. Sweeton:

Joseph and Monica Sanzone were required to submit a three-year landscaping bond for the cost of five evergreen trees to provide screening for the new driveway installation on their property. The landscaping bond of \$1,848 was paid and the trees were installed by May 03, 2011.

A site inspection was conducted on June 03, 2014 and determined that the five trees were in place and appear to be healthy.

At this time, I recommend that the Town Board release the Landscaping Bond in the amount of \$1,848.

Sincerely,

Henningson, Durham & Richardson  
Architecture and Engineering, P.C.  
in association with HDR Engineering, Inc.

Laura A. Barca, P.E.  
Project Manager

Michael Sweeton  
Town Supervisor  
132 Kings Highway  
Warwick, NY 10990

RECEIVED

MAY 29 2014

Town of Warwick

Dear Mr. Sweeton:

In 2011 we were required to plant 5 evergreen trees and place \$1,848 in a 3-yr landscaping bond for the trees (to be held in an interest-bearing account for three years). The trees were planted on May 03, 2011.

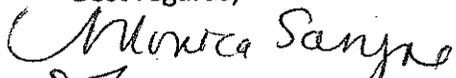
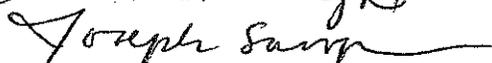
May 03, 2014 marked 3 years, and the date that the bond is to be released. The trees are very much alive and thriving.

Please release our money to the following address:

Monica & Joseph Sanzone  
25 Mountain Top Drive.  
Warwick, NY 10990

If you have any questions, we may be reached at 845-988-9894.

Best regards,

  
  
Monica & Joseph Sanzone

Cc: Laura Barca

TB

X

# TOWN OF WARWICK

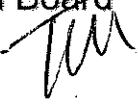
## DEPARTMENT OF POLICE

132 Kings Highway  
Warwick N.Y. 10990  
(845) 986-5000

Thomas F. McGovern, Jr. N.A.  
Chief of Police

1<sup>st</sup> June 2014

MEMO

To: Michael Sweeton Supervisor, Town Board  
From: Thomas F. McGovern Jr., Chief   
Re: Budget Line Transfer

Please acknowledge and accept the attached check from the County of Orange District Attorney's Office, in the amount of \$820.00 and deposit funds into the our Narco account.

If you have any other questions, do not hesitate to contact me.

Thank you.

cc: Joanne Wilcox & Meg Quackenbush

TM/km

X

cu  
mq  
TOSD

Betty Lundy  
18 Locust Street  
#2A  
Warwick, NY 10990  
845 986 2127

May 27, 2014

To Whom It May Concern,

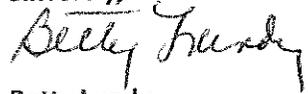
I am interested in serving on the Shade Tree Commission. I have been a resident of the village of Warwick since 1982. My husband and I settled in Warwick in 1977 when we moved from Memphis Tenn. We lived in Amity and Pine Island before moving to the village.

My husband Robert is a local artist with a studio on River Street and a local builder/golf instructor. Our daughter is disabled and attends a day program at Shervier Pavillion. I previously served on the Architectural Review Board with Michael Bertolini and was a member of the steering committee of a grassroots organization called W.A.R.D. .Warwick Against Radioactive Dump was successful in defeating a plan by the New jersey DEP to dump radioactive contaminated soil on our aquifer. We were named Jaycees Citizens of the Year in the 1980s.

I retired from Orange Ulster BOCES in 2010 and would like to become active again in our community. Preserving the natural beauty of the village is of particular interest to me. With climate change and the subsequent severe weather the loss of trees is especially disturbing to me. I will relish being part of a commission to preserve, protect and add to our canopy of trees.

Please consider me a candidate for a position on the commission.

Sincerely,



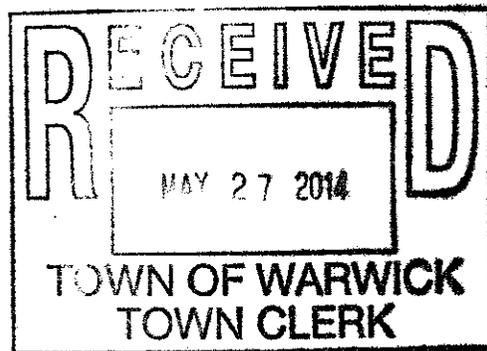
Betty Lundy

MS  
TB

X

**DANIEL P. DUTHIE**  
**Attorney and Counselor at Law**  
**P.O. BOX 8**  
**BELLVALE, NY 10912**

845-988-0453  
Fax 845-988-0455  
[duthie@attglobal.net](mailto:duthie@attglobal.net)



May 22, 2014

Hon. Marjorie Quackenbush  
Town Clerk  
Town of Warwick  
132 Kings Highway  
Warwick, NY 10990

Dear Ms. Quackenbush

**Re: Conservation Board**

Given that my present appointment to the Conservation Board expires next month, I would like to request re-appointment for another term.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Dan Duthie".

Daniel P. Duthie

DPD:bsb

State of New York  
Executive Department  
Division of Alcoholic Beverage Control  
State Liquor Authority

OFFICE USE ONLY  
 Original  Amended Date

Standardized NOTICE FORM for Providing 30-Day Advanced Notice  
Local Municipality or Community Board

1. Date Notice was Sent: (mm/dd/yyyy) 6/2/14

2. select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License  
 New Application  Renewal  Alteration  Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: Town of Warwick, Town Clerk

Applicant/Licensee Information

4. License Serial Number, if not a New Application:  Expiration Date, if not a New Application:

5. Applicant or Licensee Name: Edenville General Store LLC

6. Trade Name (if any): Edenville General Store

7. Street Address of Establishment: 240 Pine Island Turnpike

8. City, Town or Village: Warwick NY Zip Code: 10990

9. Business Telephone Number of Applicant/Licensee: (845) 988-2255

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee: Edenville@Ymail.com

For New applicants, provide description below using all information known to date.  
For Alteration applicants, attach complete description and diagram of proposed alteration(s).  
For Current Licensees, set forth approved Method of Operation only.  
Do Not Use This Form to Change Your Method of Operation.

12. Type(s) of Alcohol sold or to be sold: ("X" One) Eating Place Beer  
 Beer Only  Wine & Beer Only  Liquor, Wine & Beer

13. Extent of Food Service: ("X" One)  Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)  Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)  
 Recorded Music  Live Music  Disc Jockey  Juke Box  Karaoke Bar  Stage Shows  
 Patron Dancing (small scale)  Cabaret, Night-Club (Large Scale Dance Club)  Catering Facility  
 Capacity of 600 or more patrons  Topless Entertainment  Restaurant  Hotel  
 Recreational Facility (Sports Facility/Vessel)  Club (e.g. Golf Club/Fraternal Org.)  Bed & Breakfast  
 Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)  
 None  Patio or Deck  Rooftop  Garden/Grounds  Freestanding Covered Structure  
 Sidewalk Cafe  Other (specify):

State of New York  
Executive Department  
Division of Alcoholic Beverage Control  
State Liquor Authority

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice**  
**Local Municipality or Community Board**  
 (Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: 1st Floor
17. List the room number(s) the establishment is located in within the building, if appropriate: \_\_\_\_\_
18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (If Yes: SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name: Debbie Walker
22. Building Owner's Street Address: 242 Pine Island Turnpike
23. City, Town or Village: Warwick State: Ny Zip Code: 10990
24. Business Telephone Number of Building Owner: (845) 988-2255

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice**

25. Attorney's Full Name: Michael Kelly
26. Attorney's Street Address: 136 Waverly Rd
27. City, Town or Village: Scarsdale State: NY Zip Code: 10583
28. Business Telephone Number of Attorney: 914-632-6036
29. Business Email Address of Attorney: Kellym1k@aol.com

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

30. Printed Name: Deborah Watter Title: President

Signature: X \_\_\_\_\_

# TOWN OF WARWICK

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ASSESSMENT DEPARTMENT  
Deborah A. Eurich, IAO, Assessor

132 Kings Highway  
Warwick, New York 10990  
845.986.1123

## Memorandum

**DATE:** June 9, 2014  
**TO:** Warwick Town Board  
**FROM:** Deborah Eurich, IAO, Assessor   
**RE:** Training Request

I respectfully request the Board's approval to attend the Institute of Assessing Officer's Seminar on Appraising held at Cornell University July 13-17, 2014.

This seminar is important in fulfilling the State's annual recertification requirement and to further enhance appraisal skills.

The necessary funds for attending were previously approved by the Town Board in the current budget. Additionally, I have been asked to assist with one of the courses. Consequently, most of my expenses will be paid by the New York State Assessors' Association, so the expense to the Town will be minimal.

Please contact me with any questions.

TB

X

**Web Site Account**

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**From:** "Michael P Sweeton" <supervi@warwick.net>  
**To:** "Warwick Town Clerk" <townclk@warwick.net>; "Deputy Supervisor" <depsupv@warwick.net>;  
"Floyd DeAngelo" <FDEANGE1@optonline.net>; "micky shuback" <shuback@warwick.net>;  
"Russell Kowal" <russdeb@warwick.net>  
**Sent:** Thursday, May 22, 2014 2:23 PM  
**Subject:** FW: Serving on the Conservation Board

**From:** joseph dans [mailto:jdans@warwick.net]  
**Sent:** Thursday, May 22, 2014 10:48 AM  
**To:** supervi@warwick.net  
**Subject:** Serving on the Conservation Board  
**Importance:** High

Dear Supervisor Sweeton,

As per our discussion the other day, I would like to be appointed to serve as a member of the Conservation Board in the Town of Warwick As you know, I have always had an interest in Warwick's environment.

I appreciate your consideration in this matter. If you need anything else, please let me know.

Best regards,

Joseph Dans

Town of Warwick  
Town Board  
132 Kings Highway  
Warwick NY 10990

X May 19 2014

NEXT MONTH  
6/12

To Whom it May Concern:

I am writing as per instructions from  
Mr. Wayne Stevens, to request that the  
unused balance of 225.00 that was left  
after the review of our Septic System.  
Please send the Check to Michael and  
Amy Tulin - 50 Wawayanda Rd - Warwick  
NY - 10990.

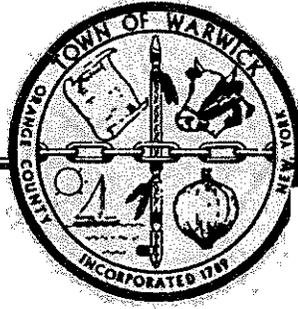
Thank you,

Sincerely,

Amy Tulin

RECEIVED  
MAY 21 2014  
TOWN OF WARWICK  
SUPERVISOR'S OFFICE

# TOWN OF WARWICK



132 KINGS HIGHWAY  
WARWICK, NEW YORK 10990

BUILDING & PLANNING DEPT (845) 986-1127  
FAX NO. (845) 987-9644  
BUILDING DEPT EXT. 258/260  
PLANNING DEPT EXT. 261  
ENGINEER EXT. 259

May 1, 2014

Michael & Ivy Tulin  
50 Wawayanda Road  
Warwick, NY 10990

RE: 49-1-52.1  
50 Wawayanda Road

Dear Mr. & Mrs. Tulin:

The Building Department has received comments from Laura Barca from the Town of Warwick Engineering Department pertaining to septic review at the above property. As per Orange County Department of Health, no upgrades to the septic tank and leach field are required if the system is currently operating in a satisfactory manner and it will remain a four bedroom dwelling. The Building Department would recommend the septic tank be changed to a 1,250 gallon tank or if any changes are made to the system.

Fees in the amount of \$250 have been charged for engineering & county review. Please be advised, an unused balance of \$225 remains. You may write a letter to the Town of Warwick Town Board to request the balance of \$225 be returned to you.

Sincerely,

Wayne Stevens  
Building Inspector

WS/sw

# TOWN OF WARWICK



132 KINGS HIGHWAY  
WARWICK, NEW YORK 10990

TOWN HALL TELEPHONE (845) 986-1124  
POLICE DEPT. TELEPHONE (845) 986-3423  
PUBLIC WORKS TELEPHONE (845) 986-3358  
TOWN HALL FAX (845) 986-9908  
SUPERVISOR [supervi@warwick.net](mailto:supervi@warwick.net)  
TOWN CLERK [townclk@warwick.net](mailto:townclk@warwick.net)

**PUBLIC ENTERTAINMENT**  
**CHAPTER 115**  
**TOWN OF WARWICK MUNICIPAL CODE**

PERMIT # PE-2014-1 DATE OF ISSUANCE: 6/11/14  
# OF PERSONS EXPECTED: 400  
APPLICANT: PENNINGS Farm Market Inc  
ADDRESS: 161 State Rt. 94 South  
WARWICK NY 10990  
DATE/DATES OF EVENT: 6/14/14  
LOCATION OF EVENT: OUTSIDE W BEER GARDEN  
BRIEF DESCRIPTION OF EVENT: Fillmore East Tribute Concert  
3 BANDS 1pm 7pm

FEE: \$25/DAY PAID 6/11/14  
DATE

[Signature]  
POLICE APPROVAL

[Signature]  
TOWN CLERK

[Signature]  
SIGNATURE OF APPLICANT

(845) 986-1059  
TELEPHONE NUMBER



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/11/2014

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> MATTHEW M BROGAN FARM FAMILY CASUALTY INSURANCE CO 88 OLD ROUTE 9W, SUITE 100 NEW WINDSOR, NY 12553	<b>CONTACT</b> NAME: PHONE (A/G. No. Ext.): 845-562-0701 FAX (A/G. No.): 845-562-0852 E-MAIL: ADDRESS:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>FARM FAMILY CASUALTY INS. CO.</td> <td>138903</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	FARM FAMILY CASUALTY INS. CO.	138903	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> PENNINGS FARM MARKET INC 161 ROUTE 94 S WARWICK, NY 10990																					

**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.

INSTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SELECT BUSINESS PKG GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> RET.	3136X0121	08/31/13	08/31/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence limit) \$ 100,000 MED EXP (Any and all persons) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NONOWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION:				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.				WC STATUS - <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - #A EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: EVENT - SATURDAY 6-14-2014

TOWN OF WARWICK IS NAMED AS ADDITIONAL INSURED.

<b>CERTIFICATE HOLDER</b> TOWN OF WARWICK 132 KINGS HIGHWAY WARWICK, NY 10990	<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 <i>Matthew Brogan</i>
--	--

# TOWN OF WARWICK

132 KINGS HIGHWAY  
WARWICK, NEW YORK 10990



TOWN HALL TELEPHONE (845) 986-1124  
POLICE DEPT. TELEPHONE (845) 986-3423  
PUBLIC WORKS TELEPHONE (845) 986-3358  
TOWN HALL FAX (845) 986-9908  
SUPERVISOR [supervi@warwick.net](mailto:supervi@warwick.net)  
TOWN CLERK [townclk@warwick.net](mailto:townclk@warwick.net)

## PUBLIC ENTERTAINMENT CHAPTER 115 TOWN OF WARWICK MUNICIPAL CODE

PERMIT # 2014-2 DATE OF ISSUANCE: 6/11/14

# OF PERSONS EXPECTED: 400

APPLICANT: PENNINGS FARM MARKET Inc

ADDRESS: 161 State Rt 94 South  
WARWICK NY 10990

DATE/DATES OF EVENT: JUNE 21, 2014

LOCATION OF EVENT: PENNINGS Orchard & Farm Market

BRIEF DESCRIPTION OF EVENT: MAP Apple Dash  
Obstacle Course Race 5K. DJ & after  
race celebration in Beer Garden  
10am - 5pm

FEE: \$25/DAY PAID

DATE

  
POLICE APPROVAL

  
SIGNATURE OF APPLICANT

  
TOWN CLERK

(845) 986-1059  
TELEPHONE NUMBER



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/11/2014

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**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> MATTHEW M BROGAN FARM FAMILY CASUALTY INSURANCE CO 88 OLD ROUTE 9W, SUITE 100 NEW WINDSOR, NY 12553	CONTACT NAME: PHONE (A/C No. Ext): 845-562-0701 FAX (A/C No.): 845-562-0852 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: FARM FAMILY CASUALTY INS. CO. NAIC #: 138903 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> PENNINGS FARM MARKET INC 101 ROUTE 94 S WARWICK, NY 10990	

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.

TYPE OF INSURANCE	ADDITIONAL COVERAGE (A/C)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>A GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SELECT BUSINESS PKG GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	3136X0121	08/31/13	08/31/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OR OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - SA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$

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

RE: EVENT - MAD APPLE DASH  
SATURDAY 6-21-2014

TOWN OF WARWICK IS NAMED AS ADDITIONAL INSURED.

**CERTIFICATE HOLDER**

**CANCELLATION**

TOWN OF WARWICK  
132 KINGS HIGHWAY  
WARWICK, NY 10990

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: *Matthew Brogan*