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

24th September 2014

MEMO

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

Please acknowledge and accept the attached check from the Orange County New York, in the amount of $3,568.99 and transfer funds into the 112 full time overtime line.

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

Thank you.

cc: Joanne Wilcox & Meg Quackenbush

TM/km

MS
TB

See attached

Prepared By:
Town Of Warwick
132 Kings Highway
Warwick, NY 10990

Permit #: _____
Date of Event: 4/1/15 — 11/30/15
Hours of Event: _____
From: _____
To: _____

Special Event Permit

To: Town Board
Town of Warwick
Warwick, NY 10990

Application is hereby made for a Special Event Permit for access to road(s) in the Town of Warwick.

A. Applicant: Scenic Farms Golf Course, LLC.

Telephone #: 845-258-4131

Evening #: 845-258-8221

Emergency #: 845-325 4410

B. Address: PO Box 269, 525 Glenwood Road
Pine Island NY 10969

C. Name of Road(s) (Attach map of Route):
Glenwood Road, Pine Island

D. Nature and Purpose of Permit:
Rental Use of Adjacent Sod Field for Soccer

If Permit is granted, I hereby agree to conform to all the conditions and restrictions forming a part of this Permit and to conform to all local ordinances, if any, and to conform to the provisions as set forth in the M.U.T.C.D. (Manual of Uniform Traffic Control Devices).

Applicant's Signature	Manager Title	10/25/14 Date

Address

Scenic Farms Golf Course, LLC.

PO Box 269 & 525 Glenwood Road

Pine Island, NY 10969

Special Event Permit to the Town of Warwick – Application Details

Dates: April 1, 2015 – November 30th, 2015.

Hours of Usage: Always weather permitting, and used according to participant schedules

Weekday Evenings – about 3 hours of use

Weekends – up to 8 hours of use

Parking: Onsite

Conditions and Restrictions

1. This Permit shall not be assigned or transferred except with the written consent of the Town Board.

2. Notice shall be given by said applicant at least 48 hours prior to a Regular Meeting of the Town Board held on the 2nd or 4th Thursday of each month.

3. The Applicant hereby agrees to indemnify and save harmless the Town of Warwick from all suits, actions or damages of every kind whatsoever which may arise from or on account of the event under this Permit. General Liability Insurance for the protection of the Applicant and the Town of Warwick will be maintained in such an amount and in such company and in such case as the Town Board may require. Be sure to attach a Certificate of Insurance naming the Town of Warwick, 132 Kings Highway, Warwick, NY 10990 as additional insured.

4. The Town Board reserves the right to revoke or cancel this Permit at any time should the Applicant fail to comply with the terms and conditions herein prescribed.

5. Applicant's approved copy of this Permit shall be in possession of the parties actually involved.

6. This Permit application is subject to such other consents as are required by Law.

7. Arrangements shall be made with the Town of Warwick Police Chief to provide, during the period of such Special Event, for the handling of pedestrian and motor vehicle traffic, the re-routing of traffic, caring for emergencies and other related needs.

8. Applicant will be charged a fee for police personal services (payroll/labor) if additional police officers are required at this event. Additional personnel and amount to be determined by the Police Chief.

9. The Applicant herby agrees to clean up any debris along the Town of Warwick Roads in the vicinity of the specified locations arising out of or as a result of the activity under this Permit.

Approved by Chief of Police 11/3/14

I Herewith agree to the "Conditions and Restrictions".

[signature] 10/25/14
Applicant's Signature Date

Witness's Signature Date

Permission is hereby granted to applicant.

A Certificate of General Liability (bodily injury/property damage) Insurance must be on file at the Office of the Town Clerk, Town of Warwick.

Town Clerk (Signature) Date

Approved by Town Board on _____
Date

*****Note*****As per following the Town Board Resolution. If additional police personal are required for this Special Event, Police Chief will bill you for services provided.

#R96-69 POLICE CHARGE FOR SPECIAL EVENTS

Motion Councilwoman Gamache, seconded Councilman Lust to adopt a resolution charging the sponsor of special events in the Town of Warwick for police services provided by the Town of Warwick Police. The amount of the charge is to be determined by the Town of Warwick Police Chief, and is to be equal to the additional personal services (payroll/labor) cost resulting from the police services provided for the special event. Motion Carried (5 ayes)

Following information to be completed by the Police Chief

Number of additional police personnel required at this event: _____

Amount of Charge as prepared by Police Chief: $_____

Date Billed: _____

Date Paid: _____

cc: Fire Department, Ambulance Department

NYSIF New York State Insurance Fund
Workers' Compensation & Disability Benefits Specialists Since 1914
105 CORPORATE PARK DRIVE SUITE 200, WHITE PLAINS, NEW YORK 10604-3814
Phone: (914) 293-4861

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^^ 081519975
SCENIC FARMS GOLF COURSE LLC
PO BOX 269
PINE ISLAND NY 10969

POLICYHOLDER	CERTIFICATE HOLDER
SCENIC FARMS GOLF COURSE LLC PO BOX 269 PINE ISLAND NY 10969	TOWN OF WARWICK 132 KINGS HWY WARWIC NY 10990

POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE
W 1065 570-8	416632	07/07/2014 TO 07/07/2015	10/10/2014

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1065 570-8 UNTIL 07/07/2015, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 07/07/2015 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 POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

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

NEW YORK STATE INSURANCE FUND

DIRECTOR,INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at https://www.nysif.com/cert/certval.asp or by calling (888) 875-5790
VALIDATION NUMBER: 100464746

U-26.3

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/10/2014

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).

PRODUCER
MATTHEW BROGAN
FARM FAMILY CASUALTY INS. 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	NAIC #
INSURER A: FARM FAMILY CASUALTY INS. CO.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
SCENIC FARMS GOLF COURSE LLC
PO BOX 269
PINE ISLAND, NY 10969

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		3101X1855	01/01/14	01/01/15	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
TOWN OF WARWICK IS NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

TOWN OF WARWICK
132 KINGS HWY
WARWICK, NY 10990

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

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DeBuck's Sod Farm of NY, Inc
120 DeBuck's Drive
Pine Island, NY 10969
845-258-4131
845-258-7637 Fax

De Buck's SOD FARM of New York, Inc.

Fax Transmission Cover Sheet

Date: 10/25/14 Fax #: 987-1499

To: Town of Warwick - Town Clerk

From: Greg DeBuck

Re: Special Event Permit

Number of Pages: 7

Special Instructions/ Comments:

Please forward to the Warwick town Council.
I can be reached at 845-258-8221 with
any other questions.
I will follow up to see which meeting this
will be addressed at.

Thank you,
Greg

ORANGE COUNTY NEW YORK

Stop-DWI / Traffic Safety Programs

22 Wells Farm Rd
Goshen, N.Y. 10924
845-615-0575

Steven M. Neuhaus
County Executive

Coordinator
Craig Cherry
Deputy Commissioner
Police Services

Administrator
Christina Hale

TO: Town of Warwick Police Department

FROM: Craig Cherry, Orange County Stop-DWI Coordinator

DATE: October 31, 2014

Thank you for participating in the upcoming Thanksgiving and Holiday Season Crackdown Campaign events. Enclosed is your contract change order in the amount of $780. for those Crackdown dates. Please have the change order form signed and presented to your Board or Common Council as soon as possible as we will need a new Resolution associated with the change order to your existing contract.

If you have any questions, please feel free to contact me. Thank you again, for your support of this Crackdown initiative.