

## **REQUEST FOR QUOTES**

The Chautauqua County Board of Elections is seeking quotes from Chautauqua County nonprofit group/organizations to provide responsible drivers and passengers over the age of eighteen (18) and or/ volunteers to collect and deliver to the Board of Elections, the election data cards from all optical scan voting machines throughout the designated poll sites in the county on September 13th, 2011 (Primary Election) and November 8th, 2011 (General Election).

### **General Terms and Conditions**

This contract will be awarded to the lowest cost per team, however in the case of tie quotes, the county has the right to award to multiple vendors and assign teams as equitably as possible. The successful contractor(s) will need to supply certificates of insurance as per attached requirements and enter into an Agreement of Service (AOS) which will expire June 1, 2012. The County reserves the right to cancel this agreement with a 30 day written notice. This Request for Quote only addresses the 2011 Primary and General Elections, however other elections may arise during the Term of this contract and Board of Elections expects successful contractor(s) to provide services for those elections at the same rate of this quote. Chautauqua County has the right not to award to any vendor for any reason.

### ***See list of task and routes below.***

The intention of this request is to allow a local non-profit the opportunity to fund raise while at the same time providing a valuable service to the public. Volunteers for the successful non-profit awarded the contract should expect to meet with their team mate to arrive at the first poll site prior to the 8:45 p.m. reporting time. Allowing for worst case scenarios, all volunteers should expect to have their assigned territories complete no later than 10 p.m. Each team would roughly commit two (2) hours of time, and would be finished once they deliver the bag(s) to the Board of Elections. Twenty five (24) teams of two (2) individuals per vehicle will be needed for the General Election.

### **For the Primary Election September 13<sup>th</sup>, 2011:**

Primary Election varies every year with number of polling sites required. Each team (0-24 teams) will have poll sites with similar geographic areas as deemed necessary.

### **For The General Election November 8, 2011:**

The organization will need to provide up to twenty five (24) teams of two (2) individuals per vehicle, to report to a poll site at 8:45 p.m. to pick up one or more "secure speed bags" which will contain the data result cards from the election. The teams may be directed to additional poll site(s) to collect additional speed bag(s) for transport to Chautauqua County Board of Elections, 7 North Erie Street, Mayville, NY 14757. The goal of the operation is to have all data cards returned to the Board of Elections from fifty four different county poll sites no later than 10 p.m.

**IRVING-SILVER CREEK  
(3 SPEED BAGS-TWO STOPS)**

Team # 1 is to arrive by 8:45 PM at 12847 Erie St Irving Fire Hall, (Goodell Building) in the Town of Hanover, Irving NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 1 will proceed to its next pick up station:

Team # 1 is next to travel to 165 Central Ave (Mt. Carmel) in the Town of Hanover, 165 Central Ave, Silver Creek NY and will pick up 2 speed bags.

Finally, Team # 1 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**SILVER CREEK-FORESTVILLE  
(2 SPEED BAGS-TWO STOPS)**

Team # 2 is to arrive by 8:45 PM at 1 Dickinson St (Silver Creek High School) in the Town of Hanover, Silver Creek NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 2 will proceed to its next pick up station:

Team # 2 is to next to travel to 18 Chestnut St (Forestville Village Hall), Forestville NY, in the Town of Hanover, and will pick up 1 speed bag.

Finally, Team # 2 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**VILLENOVA-ARKWRIGHT-CASSADAGA  
(3 SPEED BAGS-THREE STOPS)**

Team # 3 is to arrive by 8:45 PM at 1094 Butcher Rd (Town Hall) in the Town of Villenova, South Dayton NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 3 will proceed to its next pick up station:

Team # 3 is to next travel to 9543 Center Rd (Town Hall) in the Town of Arkwright, Fredonia NY and will pick up 1 speed bag and proceed to the next pick up station.

Team # 3 is to next travel to 22 Mill St (Cassadaga Community Building) in the Town of Stockton, 22 Mill St., Cassadaga NY and will pick up 1 speed bag.

Finally, Team # 3 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**EAST DUNKIRK TOWN-SHERIDAN  
(3 SPEED BAGS-TWO STOPS)**

Team # 4 is to arrive by 8:45 PM at 10949 S Roberts Rd in the Town of Dunkirk (Fire Hall), 10949 S Roberts Rd, Dunkirk NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 4 will proceed to its next pick up station:

Team # 4 is to next travel to 2777 Rt 20 in the Town of Sheridan (St John Bosco Church Aud), Sheridan NY and will pick up 2 speed bags.

Finally, proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**DUNKIRK CITY-EAST SIDE  
(3 SPEED BAGS-THREE STOPS)**

Team # 5 is to arrive by 8:45 PM at 15 S Pangolin St (St. Hyacinth's Lyceum) in the City of Dunkirk, Dunkirk NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 5 will proceed to its next pick up station:

Team # 5 is to next travel to 15 N Main St (Steger Apts.) in the City of Dunkirk, Dunkirk NY and will pick up 1 speed bag.

Team # 5 is to next travel to 324 Townsend St (St. Hedwigs Social Center) in the City of Dunkirk, Dunkirk NY and will pick up 1 speed bag.

Finally, Team # 5 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**DUNKIRK CITY-WEST SIDE  
(4 SPEED BAGS-THREE STOPS)**

Team # 6 is to arrive by 8:45 PM at 214 Central Ave (FSUC Business Incubator) Room 101 in the City of Dunkirk, Dunkirk NY and will pick up 2 speed bags. Without fail no later than 9:10 PM, Team # 6 will proceed to its next pick up station:

Team # 6 is next to travel to 733 Central Ave. (St. John's Church) in the City of Dunkirk, Dunkirk NY and will pick up 1 speed bag.

Team # 6 is next to travel to 876 Central Ave (First Baptist Church) in the City of Dunkirk, Dunkirk NY and will pick up 1 speed bag.

Finally, Team # 6 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**WEST DUNKIRK TOWN- FREDONIA- POMFRET  
(4 SPEED BAGS-THREE STOPS)**

Team # 7 is to arrive by 8:45 PM at 4737 Willow Rd (Town Hall) in the Town of Dunkirk, 4737 Willow Rd, Dunkirk NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 7 will proceed to its next pick up station:

Team # 7 is to next travel to 39 Matteson St. (Harvest Chapel Free Methodist Church) in the Town of Pomfret, Fredonia NY and will pick up 1 speed bag.

Team # 7 is to next travel to 9520 Fredonia Stockton Rd (BOCES) in the Town of Pomfret, Fredonia NY and will pick up 2 speed bags.

Finally, Team # 7 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**VILLAGE OF FREDONIA  
(3 SPEED BAGS-ONE STOP)**

Team # 8 is to arrive by 8:45 PM at 32 Moore Ave (St. Anthony's Parish Center) in the Town of Pomfret, 32 Moore Ave, Fredonia NY and will pick up 3 speed bags. Without fail no later than 9:10 PM Team # 8 is then to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**PORTLAND-STOCKTON  
(3 SPEED BAGS-TWO STOPS)**

Team # 9 is to arrive by 8:45 PM at 87 W Main St (Portland Town Hall) in the Town of Portland, Brocton NY and will pick up 2 speed bags. Without fail no later than 9:10 PM, Team # 9 will proceed to its next pick up station:

Team#9 is next to travel to at 7240 Rt 380 (AKA)28 S. Main St. (Stockton Fire Hall) in the Town of Stockton, Stockton NY and will pick up 1 speed bag.

Finally, Team # 9 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**RIPLEY-WESTFIELD  
(4 SPEED BAGS-TWO STOPS)**

Team # 10 is to arrive by 8:45 PM at 12 N. State St (Ripley Central School) in the Town of Ripley, 12 N. State St, Ripley NY and will pick up 2 speed bags. Without fail no later than 9:10 PM, Team # 10 will proceed to its next pick up station:

Team # 10 is next to travel to 23 Elm St (Eason Hall Aud) in the Town of Westfield, 23 Elm St, Westfield NY and will pick up 2 speed bags.

Finally, Team # 10 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**FRENCH CREEK- MINA- SHERMAN  
(3 SPEED BAGS-THREE STOPS)**

Team # 11 is to arrive by 8:45 PM at 1405 Old Rd (Peek-n-Peak) in the Town of French Creek, 1405 Old Rd, Findley Lake NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 11 will proceed to its next pick up station:

Team # 11 is next to travel to 2883 North Rd (Mina Community Center) in the Town of Mina, 2883 North Rd, Findley Lake NY and will pick up 1 speed bag.

Team #11 is next to travel to 113 Church Street, (First Baptist Church) in the town of Sherman and will pick up one speed bag.

Finally, Team # 11 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CLYMER- HARMONY- NORTH HARMONY  
(4 SPEED BAGS-THREE STOPS)**

Team # 12 is to arrive by 8:45 PM at 595 Clymer Sherman Rd (Abbe Reformed Church) in the Town of Clymer, Clymer NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 12 will proceed to its next pick up station:

Team # 12 is to next travel to 22 E Main St (Panama Methodist Church) in the Town of Harmony, Panama NY and will pick up 1 speed bag.

Team # 12 is next to travel to 5338 Stow Rd. (Ashville Fire Station #2) in the Town of North Harmony, Stow NY and will pick up 2 speed bags.

Finally, Team # 12 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**BUSTI HAMLET-WEST ELLICOTT  
(4 SPEED BAGS-TWO STOPS)**

Team # 13 is to arrive by 8:45 PM at 886 Mill Rd (Busti Fire Hall) in the Town of Busti, Jamestown NY and will pick up 2 speed bags. Without fail no later than 9:10 PM, Team # 13 will proceed to its next pick up station:

Team # 13 is next to travel to 200 Hunt Rd, (Bethel Baptist Church) in the Town of Ellicott, and will pick up 2 speed bags.

Finally, Team # 13 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CELORON-LAKEWOOD  
(5 SPEED BAGS-THREE STOPS)**

Team # 14 is to arrive by 8:45 PM at 92 Dunham Ave (Celoron Fire Hall) in the Town of Ellicott, 92 Dunham Ave, Celoron NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 14 will proceed to its next pick up station:

Team # 14 is to next travel to 164 Shadyside Ave (Lakewood United Methodist Church) in the Town of Busti, Lakewood NY and will pick up 2 speed bags.

Team # 14 is to next travel to 9 W Summit St (Busti Rec Center) in the Town of Busti, 9 W Summit St, Lakewood NY and will pick up 2 speed bags.

Finally, Team # 14 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CITY OF JAMESTOWN-WEST SIDE  
(2 SPEED BAGS-ONE STOP)**

Team # 15 is to arrive by 8:45 PM at 40 Hallock St (Hillcrest Baptist Church) in the City of Jamestown, 40 Hallock St, Jamestown NY and will pick up 2 speed bags. Without fail no later than 9:10 PM

Team # 15 is to then proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CITY OF JAMESTOWN-SOUTH SIDE  
(2 SPEED BAGS-ONE STOP)**

Team # 16 is to arrive by 8:45 PM at 381 S Main St (Kidder United Methodist Church) in the City of Jamestown, 381 S Main St, Jamestown NY and will pick up 2 speed bags. Without fail no later than 9:10 PM

Team # 16 is then to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CITY OF JAMESTOWN-EAST SIDE/CITY CENTER  
(3 SPEED BAGS-TWO STOPS)**

Team # 17 is to arrive by 8:45 PM at 110 Sanford Dr (Camp St. United Methodist Church) in the City of Jamestown, Jamestown NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 17 will proceed to its next pick up station:

Team # 17 is next to travel to 27 Allen Street (St. James Catholic Church) in the City of Jamestown, and will pick up 2 speed bags.

Finally, Team # 17 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CITY OF JAMESTOWN-CITY CENTER  
(3 SPEED BAGS-TWO STOPS)**

Team # 18 is to arrive by 8:45 PM at 319 W 3rd St (Jamestown Savings Bank Ice Arena) in the City of Jamestown, 319 W 3rd St, Jamestown NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 18 will proceed to its next pick up station:

Team # 18 is next to travel to 556 E 2nd St (Immanuel Lutheran Church) in the City of Jamestown, 556 E 2nd St, Jamestown NY and will pick up 2 speed bags.

Finally, Team # 18 is to proceed directly to the Board of Elections, 7 North Erie Street, Mayville, NY 14757. Contact Commissioners Norman P. Green at 716-499-9628 or Brian Abram at 716-269-4765 regarding any delays.

**CITY OF JAMESTOWN-NORTH SIDE  
(4 SPEED BAGS-TWO STOPS)**

Team # 19 is to arrive by 8:45 PM at 270 Newton St (St. John's Church) in the City of Jamestown, Jamestown NY and will pick up 2 speed bags. Without fail no later than 9:10 PM, Team # 19 will proceed to its next pick up station:

Team # 19 is next to travel to 663 Lakeview Ave (Christ First United Methodist Church) in the City of Jamestown, Jamestown NY and will pick up 2 speed bags.

Finally, Team # 19 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**FALCONER**  
**(2 SPEED BAGS-ONE STOP)**

Team # 20 is to arrive by 8:45 PM at 215 S Work St (Town Hall) in the Town of Ellicott, 215 S Work St, Falconer NY and will pick up 2 speed bags. Without fail no later than 9:10 PM,

Team # 20 will proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CARROLL-KIANTONE**  
**(3 SPEED BAGS-TWO STOPS)**

Team # 21 is to arrive by 8:45 PM at 25 Hazzard St (Frewsburg Fire Station #2 – Blue Building) in the Town of Carroll, 25 Hazzard St, Frewsburg NY and will pick up 2 speed bags. Without fail no later than 9:10 PM, Team # 21 will proceed to its next pick up station:

Team # 21 is to next travel to 1521 Peck Settlement Rd (Town Hall) in the Town of Kiantone, Jamestown NY and will pick up 1 speed bag.

Finally, Team # 21 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**KENNEDY-ELLINGTON-CHERRY CREEK**  
**(3 SPEED BAGS-THREE STOPS)**

Team # 22 is to arrive by 8:45 PM at 3590 Daily Hill Rd (Kennedy Fire Hall) in the Town of Poland, Kennedy NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 22 will proceed to its next pick up station:

Team # 22 is to next travel to 813 W Main St (Town Hall) in the Town of Ellington, Ellington NY and will pick up 1 speed bag.

Team # 22 is to next travel to 6845 Main St (Town Hall) in the Town of Cherry Creek, Cherry Creek NY and will pick up 1 speed bag.

Finally, Team # 22 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**CHARLOTTE-GERRY**  
**(2 SPEED BAGS-TWO STOPS)**

Team # 23 is to arrive by 8:45 PM at 15 Main St (Sinclairville Library) in the Town of Charlotte, Sinclairville NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 23 will proceed to its next pick up station:

Team # 23 is to next travel to 4490 Gerry Levant Rd (Gerry Fire Hall) in the Town of Gerry and will pick up 1 speed bag.

Finally, Team # 23 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**FLUVANNA-GREENHURST-BEMUS POINT  
(4 SPEED BAGS-THREE STOPS)**

Team # 24 is to arrive by 8:45 PM at 3363 Fluvanna Ave Ext (Fluvanna Community Church) in the Town of Ellicott, Jamestown NY and will pick up 1 speed bag. Without fail no later than 9:10 PM, Team # 24 will proceed to its next pick up station:

Team # 24 is next to travel to 3023 Route 430 (Heritage Green Health Care Facility) in the Town of Ellery, Greenhurst NY and will pick up 1 speed bag.

Team # 24 is next to travel to 4954 Bemus Ellery Rd (Bemus Point United Methodist Church) in the Town of Ellery, 4954 Bemus Ellery Rd, Bemus Point NY and will pick up 2 speed bags.

Finally, Team # 24 is to proceed directly to the Board of Elections, 7 North Erie St., Mayville NY 14757. Contact Commissioners Norman P. Green 716-499-9628 or Brian Abram 716-269-4764 regarding any delays.

**The Chautauqua Town Poll Site Coordinator will walk 2 speed bags across the parking lot to the Board of Elections from the poll site at the Town of Chautauqua, 24 E. Chautauqua St, Mayville NY.**

Thank you for your interest, if you have questions or need additional information, please feel free to contact Doris Parment at the Board of Elections at 716-753-4510

Please fill out the quote below and e-mail back to: [parmentd@co.chautauqua.ny.us](mailto:parmentd@co.chautauqua.ny.us)

Or Mail to: Chautauqua County Board of Elections

Attn: Doris Parment

7 North Erie Street

Mayville, NY 14757

Please submit a quote consisting of teams, two (2) individuals per vehicle, each team would roughly commit two (2) hours of time, and would be finished once they deliver the bag(s) to the Board of Elections.

**All Quotes must be submitted by July 15, 2011**

Cost per team \_\_\_\_\_

Group/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

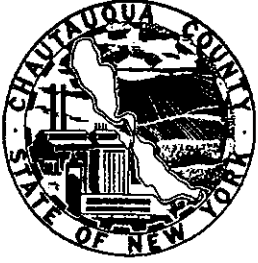
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Submit all quotes to: Chautauqua County Board of Elections  
Attn: Doris Parment  
7 North Erie Street  
Mayville, NY 14757  
(716)753-4510

Or E-mail- [parmentd@co.chautauqua.ny.us](mailto:parmentd@co.chautauqua.ny.us)



**CHAUTAUQUA COUNTY DEPARTMENT OF FINANCE**

---

3 NORTH ERIE STREET  
GERACE OFFICE BUILDING  
MAYVILLE, NY 14757

GREGORY J. EDWARDS  
*County Executive*

DARIN SCHULZ  
*Director of Finance*

May 31, 2006

To: Insurance Agent/Broker

Subject: Chautauqua County Minimum Insurance Requirements for Contractors &  
Workers Compensation

Enclosed is the revised Minimum Insurance Requirement page that will be attached to all contracts and agreements of service. It will be binding on the contractor and / or service provider. It requires some new language that will simplify the relationship between the contractor and the County where insurance is involved. It will require endorsement to existing policies to protect the contractor properly and close observation on your part for renewals.

Regardless of the requestor, the additional insured and the certificate holder shall be Chautauqua County, Insurance Department, RM 143 Gerace Office Building, Mayville, NY 14757.

Please make sure your correct agency phone #, fax #, and e-mail address are on the COI.

Additionally, the attached forms are required to be filed with the Workers Compensation board prior to their issuing a certificate of insurance for Workers Compensation and NY Disability Benefits, if applicable. The DB 120.1 can now be completed by the Insurance Carrier or it's licensed agent. The correct edition date on the DB120.1 is 5/18/06 and this form must be used beginning June 17, 2006. Your Workers Compensation agent can complete the C-105.2 (12-03) form and file it with Chautauqua County.

Thank you for your cooperation.

Respectfully,

Darin Schulz  
Director of Finance

## CHAUTAUQUA COUNTY MINIMUM INSURANCE REQUIREMENTS

Certificates of Insurance (COI) must be delivered to the County department responsible for the agreement prior to commencement of work or delivery of merchandise or equipment. The COI must comply with all coverage specifications of the contract. Any/all insurer(s) must have as a minimum, BEST'S RATING of A- and be size category VII or higher. This information sheet shall be attached to and become part of the contract/agreement/service order and any failure to comply herein shall be construed as a breach of contract pursuant to the laws of the State of New York. An "ACORD" COI may be used, provided the following two (2) additional conditions are added to the COI verbatim:

- A. **ACKNOWLEDGEMENT:** This COI acknowledges that the named insured is entering into a contract with the County of Chautauqua in which the named insured agrees to defend, hold harmless, and indemnify the County, its officials, employees and agents against all claims resulting from work performed, material handled and services rendered. **CHAUTAUQUA COUNTY** shall be an additional insured, as well as a certificate holder, on a direct, primary, and non-contributory basis. The contractual liability coverage evidenced below covers the liability assumed under the County-Contractor agreement except for professional services wherein a professional liability policy (per requirements noted below) shall apply.
- B. Prior to non-renewal or cancellation of these policies, at least thirty (30) days advance notice shall be given to the County department requesting this Certificate before such change shall be effective, except that five (5) days advance written notice shall be sufficient for Certificates from the State Insurance Fund.

### MINIMUM COVERAGE LIMITS ARE AS FOLLOWS:

Policy	Construction and Maintenance	Professional Services	Property Leased to Others or Use of Facilities or Grounds	Concessionaires Services	Livery Services	All Purposes Public Entity Contracts
Commercial General Liability *	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
- Premises & Operations	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Prods. & Completed OPS	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Independent Contractors	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Contractual	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Broad Form PD	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE
- X, C, U	INCLUDE		INCLUDE			
- Personal Injury		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Liquor Law			INCLUDE			
- Host Liquor						INCLUDE
Auto Liability	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
- Owned	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Hired	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
- Non-Owned	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess Umbrella Liability*	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$3,000,000	\$1,000,000
NYS Disability Benefit **	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
Worker's Compensation **	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
& Employer's Excess Liability	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Owners Contractors Protective	\$1,000,000					
Professional Liability		\$1,000,000				

All COI's shall be addressed to **CHAUTAUQUA COUNTY**, Department of Insurance, 3 N. Erie Street, Mayville, NY 14757-1007. Professional Liability, Worker's Compensation, Disability Insurance, Employer's Excess Liability and Automobile insurance policies are not required to have the County as an additional insured.

\*The comprehensive/commercial general liability limits can be met by one or more policies or in combination with an excess and/or umbrella liability policy. The COI must indicate if the coverage trigger is an 'occurrence' form or a 'claims-made' form.

**\*\*Effective 12/01/03 NYS Work Comp Board is requiring special certificates of insurance for these coverages. No longer is proof of coverage on an ACORD form acceptable for these two coverages. WC needs to be on C-105.2 (9-07) or U-26.3, DB needs to be on DB-120.1(5-06) showing beginning and ending dates or DB-155.**

**Bid specifications or particular contracts, leases or agreements may require alternate coverages and limits, which must be evidenced on the Certificate in lieu of the coverages and limits specified above.**

The expiration date for any claims-made policy must be at least ninety (90) days after the expiration of the contract for services or final delivery of any products. All claims made policies shall continue to provide evidence of coverage three (3) years after completion of work or product delivery.

NOTE: Childcare providers minimum liability coverage is \$500,000, with 15 day cancellation notice required. The naming of Chautauqua County as an additional insured on Day Care insurance is requested but not required.

# CERTIFICATE OF INSURANCE

## FOR THE COUNTY OF CHAUTAUQUA

ISSUE DATE (MM/DD/YY)

PRODUCER	<b>COMPANIES AFFORDING COVERAGE</b>
	COMPANY LETTER <b>A</b>
	COMPANY LETTER <b>B</b>
INSURED	COMPANY LETTER <b>C</b>
	COMPANY LETTER <b>D</b>
	COMPANY LETTER <b>E</b>

### COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS												
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">GENERAL AGGREGATE</td><td style="width: 20%;">\$</td></tr> <tr><td>PRODUCTS-COMPIOPS AGGREGATE</td><td>\$</td></tr> <tr><td>PERSONAL &amp; ADVERTISING INJURY</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (ANY ONE FIRE)</td><td>\$</td></tr> <tr><td>MEDICAL EXPENSE (ANY ONE PERSON)</td><td>\$</td></tr> </table>	GENERAL AGGREGATE	\$	PRODUCTS-COMPIOPS AGGREGATE	\$	PERSONAL & ADVERTISING INJURY	\$	EACH OCCURRENCE	\$	FIRE DAMAGE (ANY ONE FIRE)	\$	MEDICAL EXPENSE (ANY ONE PERSON)	\$
GENERAL AGGREGATE	\$																
PRODUCTS-COMPIOPS AGGREGATE	\$																
PERSONAL & ADVERTISING INJURY	\$																
EACH OCCURRENCE	\$																
FIRE DAMAGE (ANY ONE FIRE)	\$																
MEDICAL EXPENSE (ANY ONE PERSON)	\$																
	<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 <input type="checkbox"/> GARAGE LIABILITY				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">CSL</td><td style="width: 20%;">\$</td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td>\$</td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	CSL	\$	BODILY INJURY (PER ACCIDENT)	\$	BODILY INJURY (PER PERSON)	\$	PROPERTY DAMAGE	\$				
CSL	\$																
BODILY INJURY (PER ACCIDENT)	\$																
BODILY INJURY (PER PERSON)	\$																
PROPERTY DAMAGE	\$																
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%;">EACH OCCURRENCE</td> <td style="width: 10%;">AGGREGATE</td> </tr> <tr> <td></td> <td>\$</td> <td>\$</td> </tr> </table>		EACH OCCURRENCE	AGGREGATE		\$	\$						
	EACH OCCURRENCE	AGGREGATE															
	\$	\$															
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">STATUTORY</td><td style="width: 20%;">\$</td></tr> <tr><td></td><td>(EACH ACCIDENT)</td></tr> <tr><td></td><td>(DISEASE-POLICY LIMIT)</td></tr> <tr><td></td><td>(DISEASE-EACH EMPLOYEE)</td></tr> </table>	STATUTORY	\$		(EACH ACCIDENT)		(DISEASE-POLICY LIMIT)		(DISEASE-EACH EMPLOYEE)				
STATUTORY	\$																
	(EACH ACCIDENT)																
	(DISEASE-POLICY LIMIT)																
	(DISEASE-EACH EMPLOYEE)																
	<b>OTHER</b>																

County of Chautauqua is included as an additional insured under the following Policy numbers: \_\_\_\_\_

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS:

Insurance companies providing these coverages acknowledge that the named insured is entering into a contract with the County of Chautauqua, in which the named insured agrees to defend, hold harmless and indemnify the County, its officials, employees and agents against all claims resulting from work performed, material handled and services rendered. The Contractual Liability coverage evidenced above covers the liability assumed under the County - Contractor agreement. Coverage on behalf of the insured is for all locations in the County of Chautauqua, State of New York.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
County of Chautauqua Dept. of Insurance, Rm 143 Gerace Office Building Mayville, New York 14757	Prior to non-renewal or cancellation of these policies, at least thirty (30) days advance written notice shall be given to the County of Chautauqua Department of Law and the County Department requesting this Certificate, before such change shall be effective.
	AUTHORIZED REPRESENTATIVE

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p>1a. Legal Name and address of Insured (Use street address only)</p>  <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>3c. Policy effective period:</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse)</p> <p><input type="checkbox"/> included.</p> <p><input type="checkbox"/> excluded.</p>

This certifies that the insurance carrier indicated above in box "3a" 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 a maximum of one year after this form is approved by the insurance carrier or its licensed agent.

**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 the 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: \_\_\_\_\_  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: \_\_\_\_\_  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

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

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of Insurance Carrier**

1a. Legal Name and Address of Insured (Use street address only)	1b. Business Telephone Number
1c. NYS Unemployment Insurance Carrier Registration Number of Insured	1d. Federal Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Coverage (Entity Being Listed as the Certificate Holder)	
3a. Name of Insurance Carrier	3b. Policy Number of entity listed in box "1a":
3c. Policy Effective Date and Termination Date (If any):	

4. Policy covers:

a.  All of the employer's employees under the New York Disability Benefits Law

b.  Only the following class or classes of 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 Benefits insurance as described above.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number \_\_\_\_\_

**IMPORTANT:** If box "4a" is 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 and must be submitted directly to the certificate holder.  
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)**

State Of New York  
Workers' Compensation Board

According to information furnished by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

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

Telephone Number \_\_\_\_\_

*Please Note: Only insurance carriers licensed to write NYS disability 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.*