

Richard Pascoe
RichardPascoe@yahoo.com
917-543-6608
10 Hancock Place
Irvington
NY, 10533
8/17/2021

Building Department
Village of Irvington

Reference: Job Number: 231187 – follow up on Pool Alarm

Hi, This letter is in reference to your follow up email regarding Pool Alarm

Your application proposed:

This application is the request for relief and approval to construct a pool, fence and associated hardscape which will push the lot coverage over the allowable.

After review of your last submitted plans for the noted project we have the following comments:
8/24/2021 1:30:50 PM : Provide specifications for pool alarm.

A pool alarm installed on the in-ground pool will not work with the automatic cover.



POOLGUARD/PBM INDUSTRIES, INC. has been manufacturing pool alarms, door alarms, and gate alarms since 1982. All Poolguard products are proudly Made in the USA. Poolguard Pool Alarms were tested and "Top Rated" by Good Housekeeping Magazine. Poolguard Pool Alarms have been Tested and Certified by NSF International to the ASTM Standard Safety Specification for Residential Pool Alarms, ASTM F 2208-08.

POOLGUARD IN GROUND POOL ALARM
NSF CERTIFIED TO ASTM F 2208-08
NEW Weatherproof Design
NEW Sensing Technology
NEW Microprocessor Technology
3 Year Warranty

The automatic cover I am installing is compliant with ASTM F1346 (see documents uploaded alongside this letter: ASTM Standard information part 2.pdf and ASTM sheet part 1.pdf). I thought that means it's an exception to the Pool Alarm section of the building code (R326.7 ?).

If there is a different / newer standard, can you let me know.

I'll call about this directly too but wanted to drop this letter on the site too.

Thanks

Richard Pascoe
RichardPascoe@yahoo.com
917-543-6608



Coverstar Automatic Covers and UL / ASTM standard F 1346-91

All Coverstar cover systems including the Eclipse (CS 1800 SS), CS1800 (CS 1800), Leading Edge (CS1800 LE), CS1800 SwimWise (CS1800 SW), Omega (CS 1800), CS3000 (CS 1800) are UL listed (UL certification listing is shown in parenthesis). All meet the ASTM standard for safety covers as specified in ASTM standard F 1346-91 when they are installed and maintained properly according to the installation and homeowner instructions which have been provided by Coverstar. On several different occasions, the Coverstar covers, both automatic and manual have been tested by independent testing laboratories and have always been found to be in compliance with all the ASTM requirements for safety covers. Our covers are also listed by UL (File E164833) and classified by UL as a power safety cover in accordance with ASTM F 1346-91

If you wish to verify either of the UL certifications, take the following steps:

Go to www.ul.com

Once there click on Search UL.com

Click on [Online Certifications Directory](#).


Under General Search click on UL File Number

Type in E164833 and hit enter

You should now see Coverstar's listings. If you have problems, you can also search by company or by Automatic Pool Covers

If more information is required about ASTM and its standards, you can go to their website at www.astm.org.

Shown below is the UL authorized label that is attached to the automatic cover system that we ship which shows both UL certification and compliance with ASTM F 1346-91. A label is also placed on the front of every cover stating that we meet the ASTM safety standards.

POWERED SAFETY COVER		
MODEL _____	 US LISTED	Safety Pool Cover Operator 98RJ
OWNER _____		
DATE _____		
SERIAL # _____		
18.8 Amperes 110 Volts 60 Hz		ALSO CLASSIFIED POWER SAFETY COVER in accordance with ASTM F 1346-91



Coverstar East Coast, Inc.

Main Office

1704 Back Acre Circle
Mount Airy, MD 21771
301-829-6000 800-870-3329 Fax 301-829-6866

North East Branch

207 Crothers Road
Rising Sun, Maryland 21911
410-658-7615 866-801-7538 Fax 410-658-7632

CT/NY Branch

196 East Main Street
Thomaston, CT 06787
860-283-6699 866-746-8444 Fax 866-799-4911

*Automatic Pool Cover Builders Guide
for Gunitite Pools*

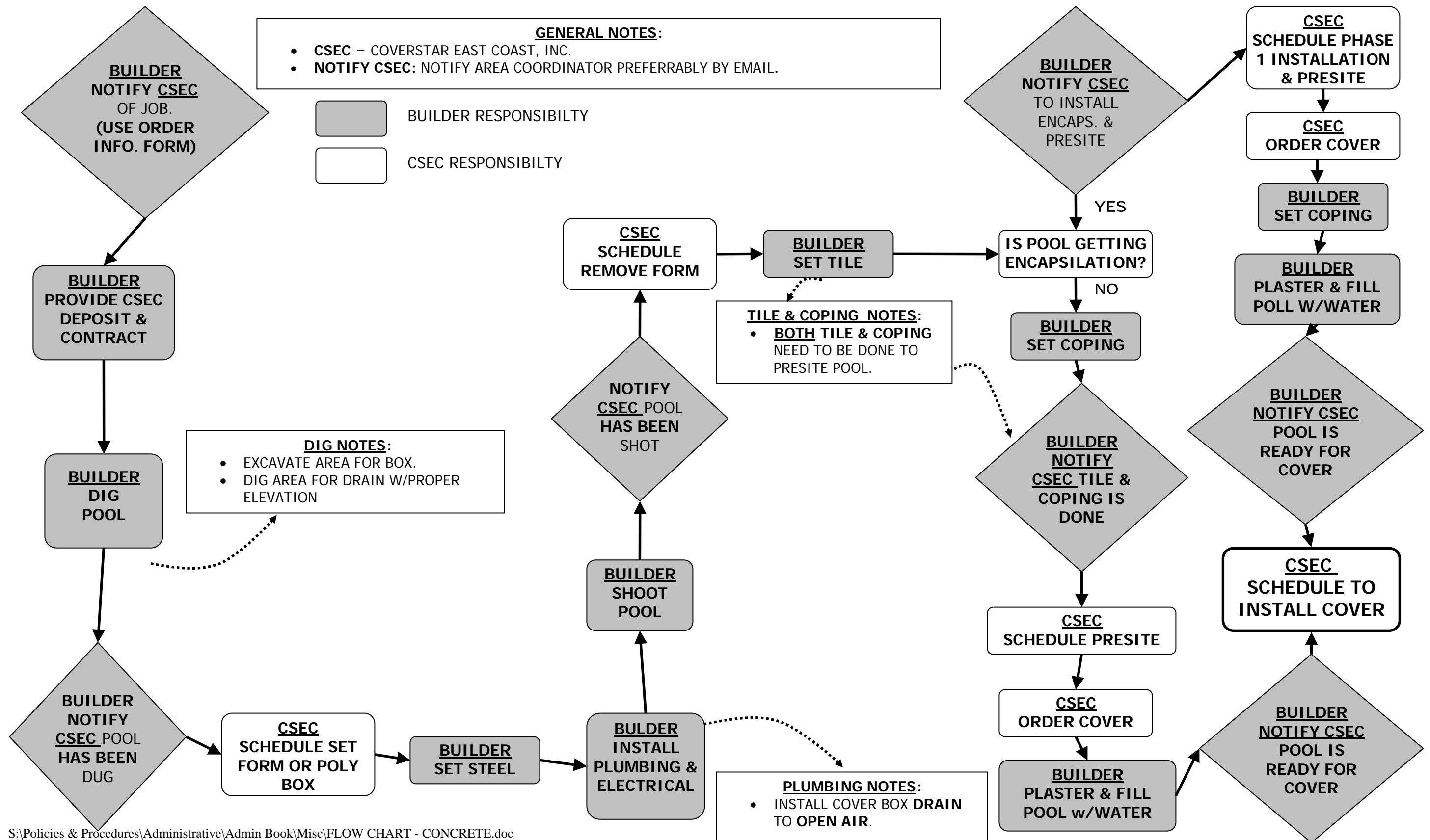
Table of Contents

1. Auto Cover Installation Process Flowchart
2. Eclipse Underguide Gunitite Specs - Screw-on Guide
3. Eclipse Underguide Gunitite Specs – Encapsulated Guide
4. 110VAC Wiring Diagram
5. Coping Overhang Detail –Screw-on Underguide
6. Coping Overhang Detail – Encapsulated Guide
7. Coverstar Concrete Cover Box Detail – Top View
8. Coverstar Concrete Box Detail – Stone Lid w/ Poured Deck
9. Coverstar Concrete Cover Box Detail – Alum Lid w/ Pavers
10. Stone Lid Installation Policy
11. Winter Use Policy
12. Slack Policy
13. Warranty Summary
14. ASTM Certificate Memo
15. Motorized Pool Cover Installation Readiness Checklist



COVERSTAR AUTO COVER INSTALLATION PROCESS

CONCRETE POOLS

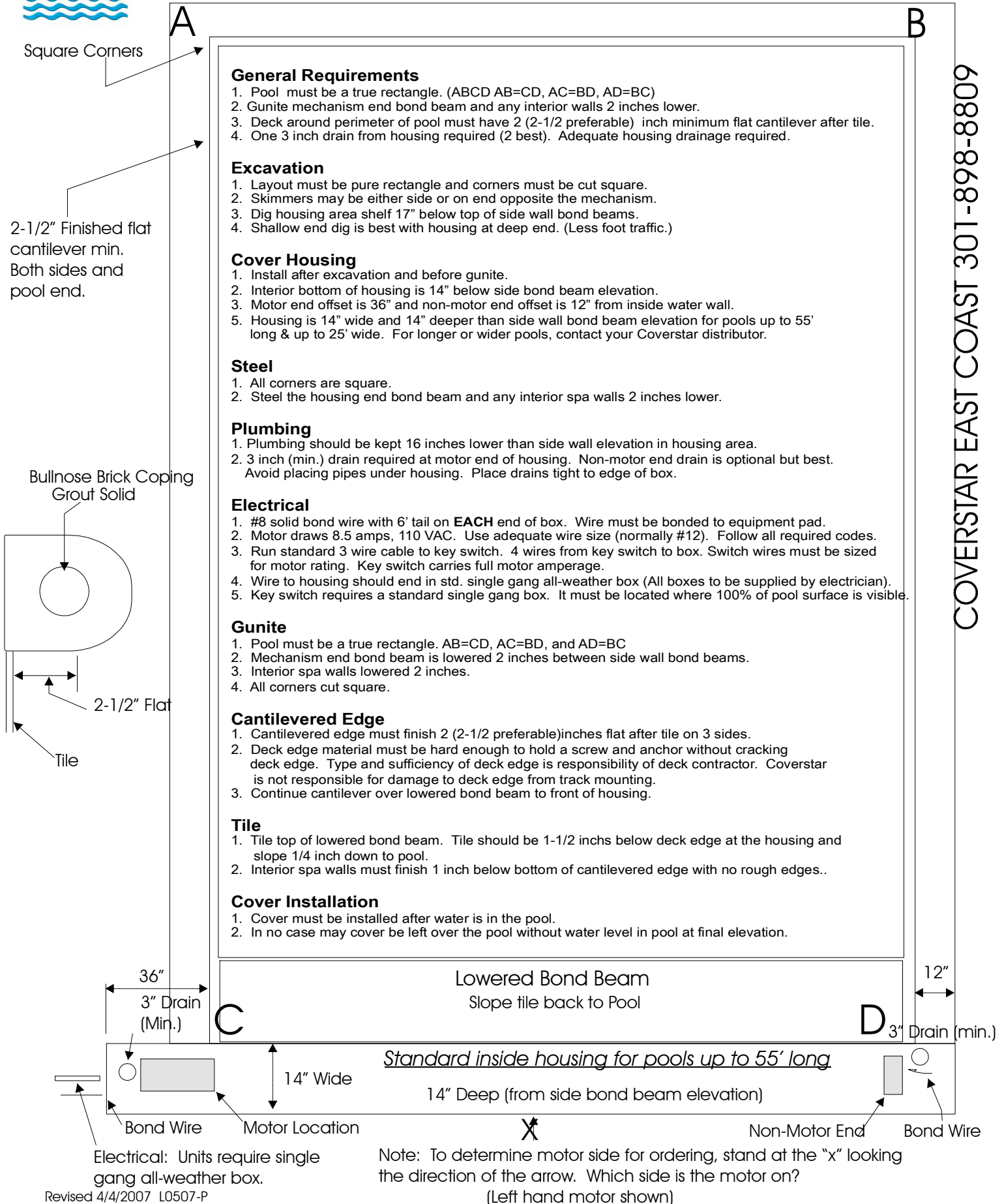




Eclipse UNDERGUIDE SPECS - Condensed

For Screw-on guide 110 Volt AC Model Only

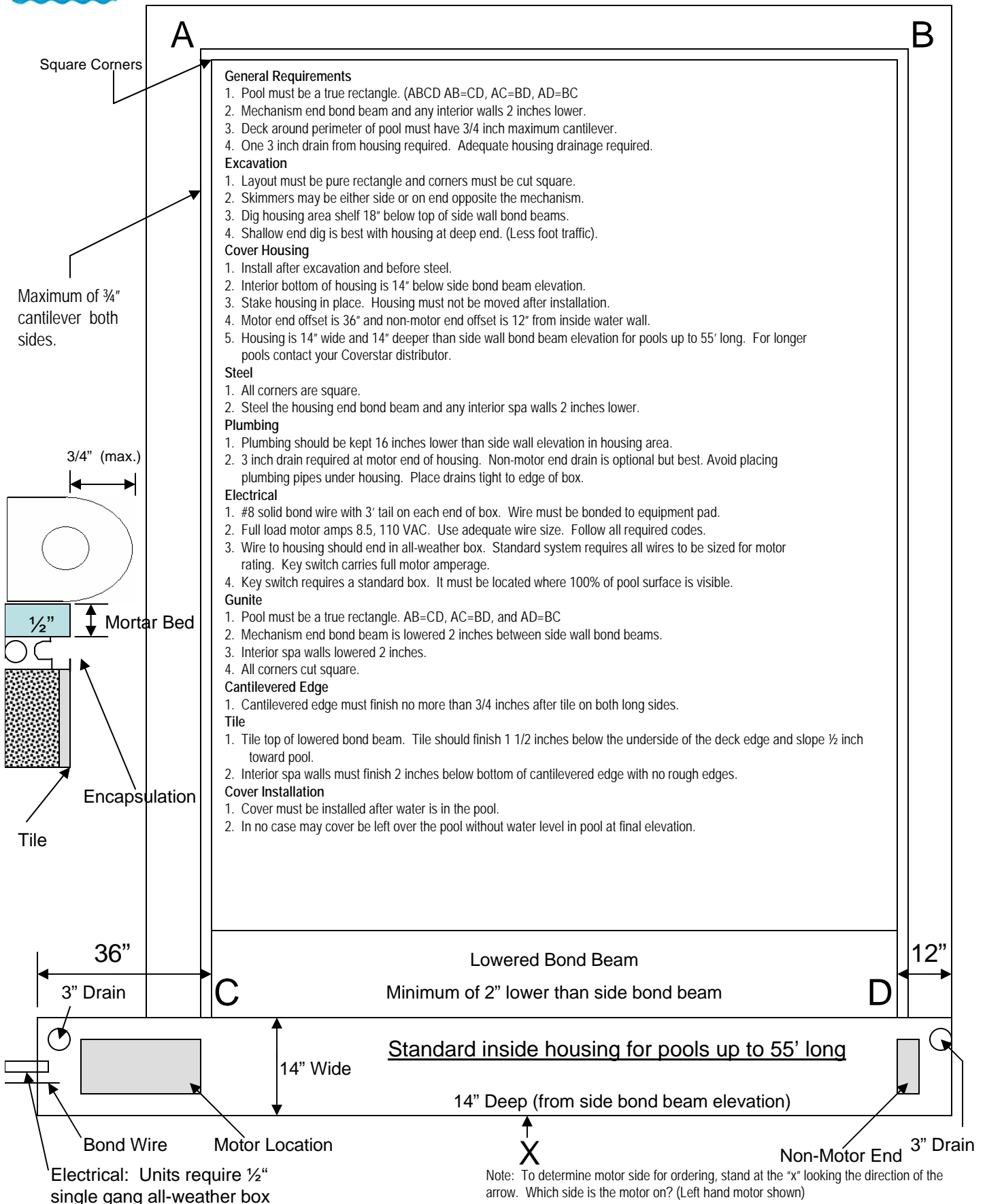
COVERSTAR EAST COAST 301-898-8809





ECLIPSE™ UNDERGUIDE – GUNITE ENCAPSULATION

110VAC Model Only

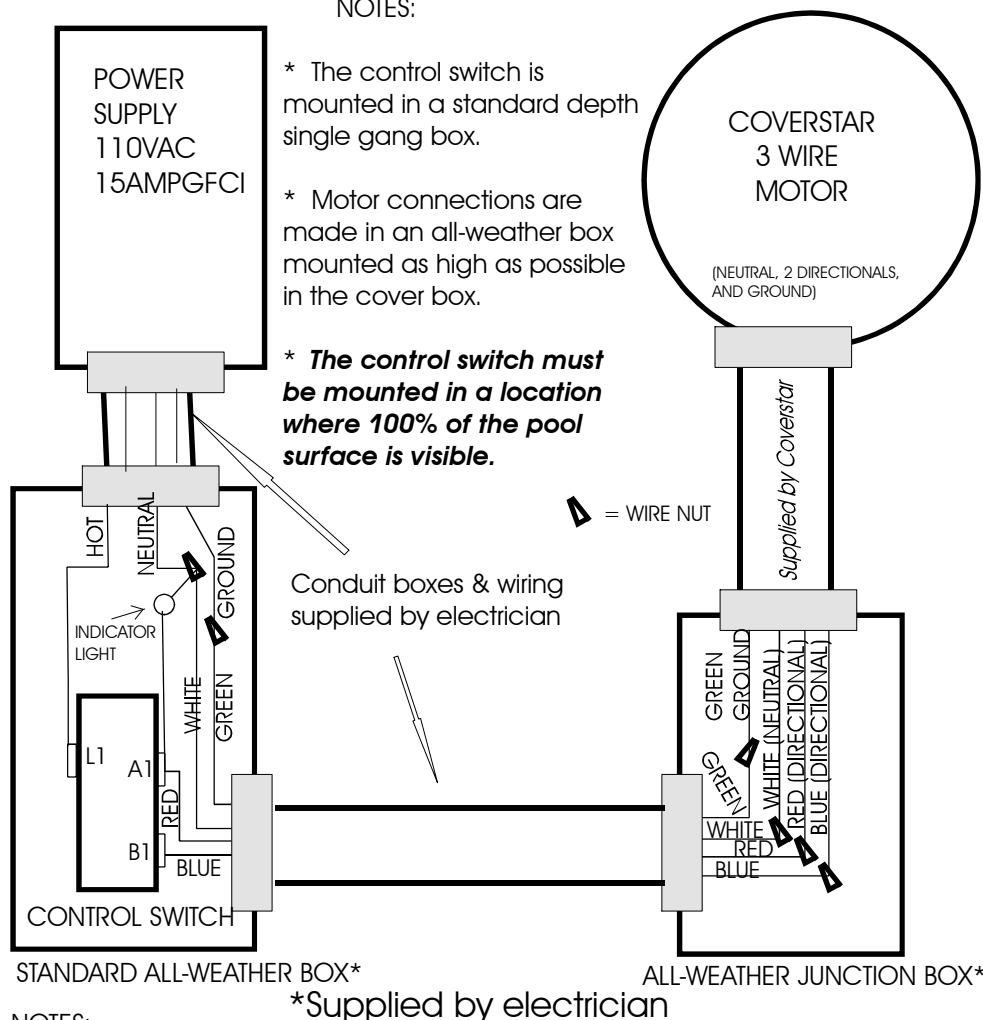




110V. WIRING DIAGRAM

FOR 3 WIRE MOTOR USING LEVITON SWITCH

NOTES:



- * The control switch is mounted in a standard depth single gang box.
- * Motor connections are made in an all-weather box mounted as high as possible in the cover box.

*** The control switch must be mounted in a location where 100% of the pool surface is visible.**

△ = WIRE NUT

Conduit boxes & wiring supplied by electrician

COVERSTAR
3 WIRE
MOTOR

(NEUTRAL, 2 DIRECTIONALS,
AND GROUND)

Supplied by Coverstar

TROUBLE SHOOTING TIPS

(USING THE INDICATOR LIGHT)
* If the indicator light does not come on in either switch position, check the power supply for 110 v.

* If the indicator light comes on in one direction but not the other, the problem is probably a connection either at the switch or in the junction box in the cover box.

* If the indicator light comes on in both directions but the motor does not run at all, check the neutral wire and it's connections.

(THEN CHECK THE FOLLOWING)

* Disconnect wires from the switch and test for continuity, you should have continuity between L1 and A1 when you toggle the switch in one direction and between L1 and A2 in the other direction. (Do not attempt to run this test with wires connected to the switch, you will get false readings.)

* Using a test cord, disconnect wires in the all weather box and connect the neutral wire to the white motor wire and connect the hot wire to the red motor wire. The motor should run. Then switch the hot wire over to the blue motor wire. The motor should run in the other direction.

If the motor runs in both directions using this method, the trouble is in the components or wiring leading up to that point in the system. If the motor still does not run properly, you may need to investigate the capacitor inside the control box mounted on top of the motor.

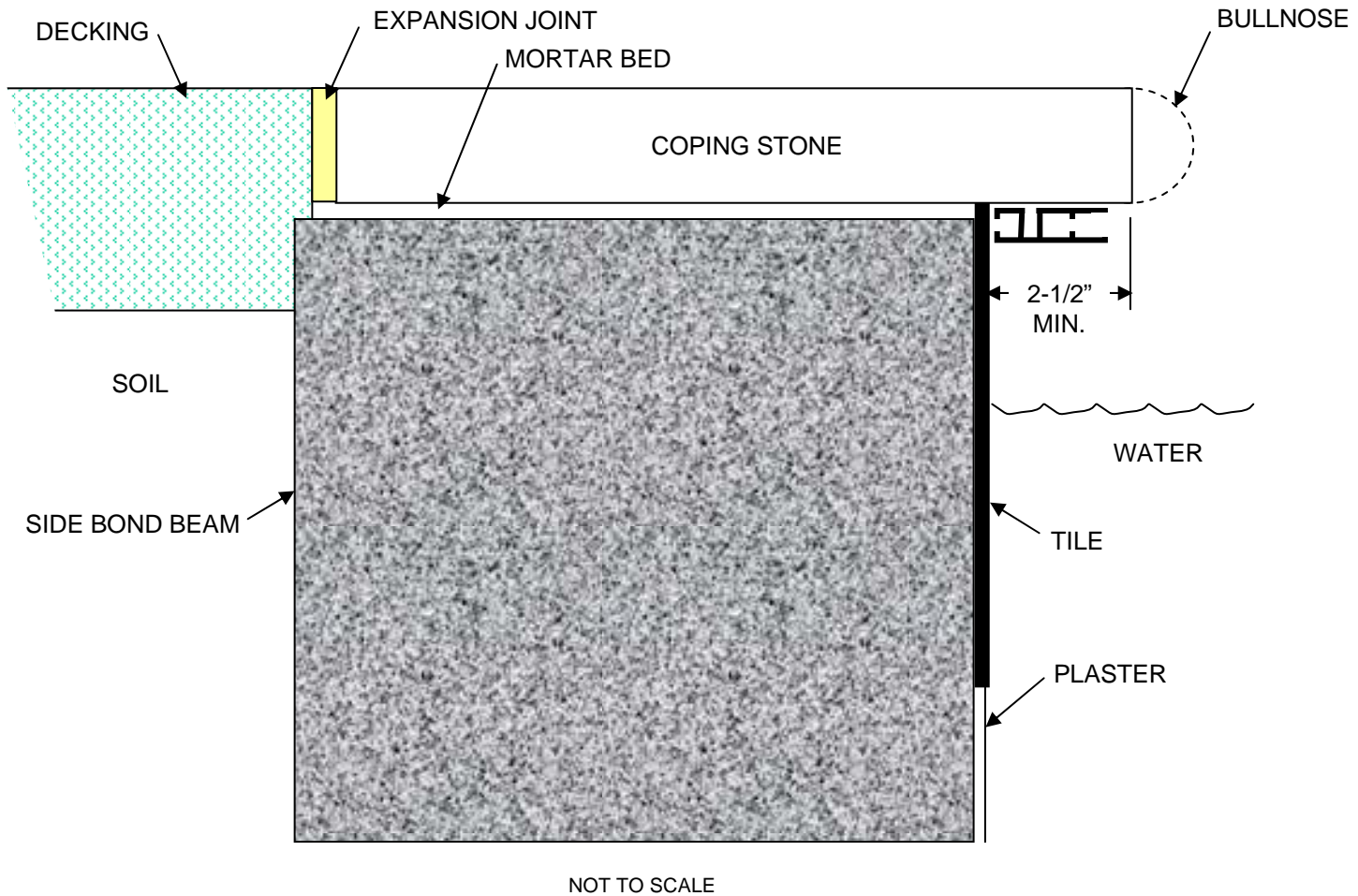
NOTES:

- * The **HOT** (black) wire from the power supply connects to the L1 terminal on the switch.
- * The **NEUTRAL** (white) wire from the power supply connects to the indicator light and also passes through to be connected at the motor conduit white wire.
- * The remaining wire on the indicator light connects to a directional terminal on the switch (A1 or A2).
- * The Red and Blue wires from the motor connect to the directional terminals on the switch. (A1 and A2) The red and blue wires may be switched with each other to change the motor direction.
- * The motor requires 8.5 amps and all wiring from the power supply to the motor must be sized accordingly.
- * Use a 15amp GFCI breaker at the panel.
- * The motor capacitor is located inside the motor control compartment on top of the motor.



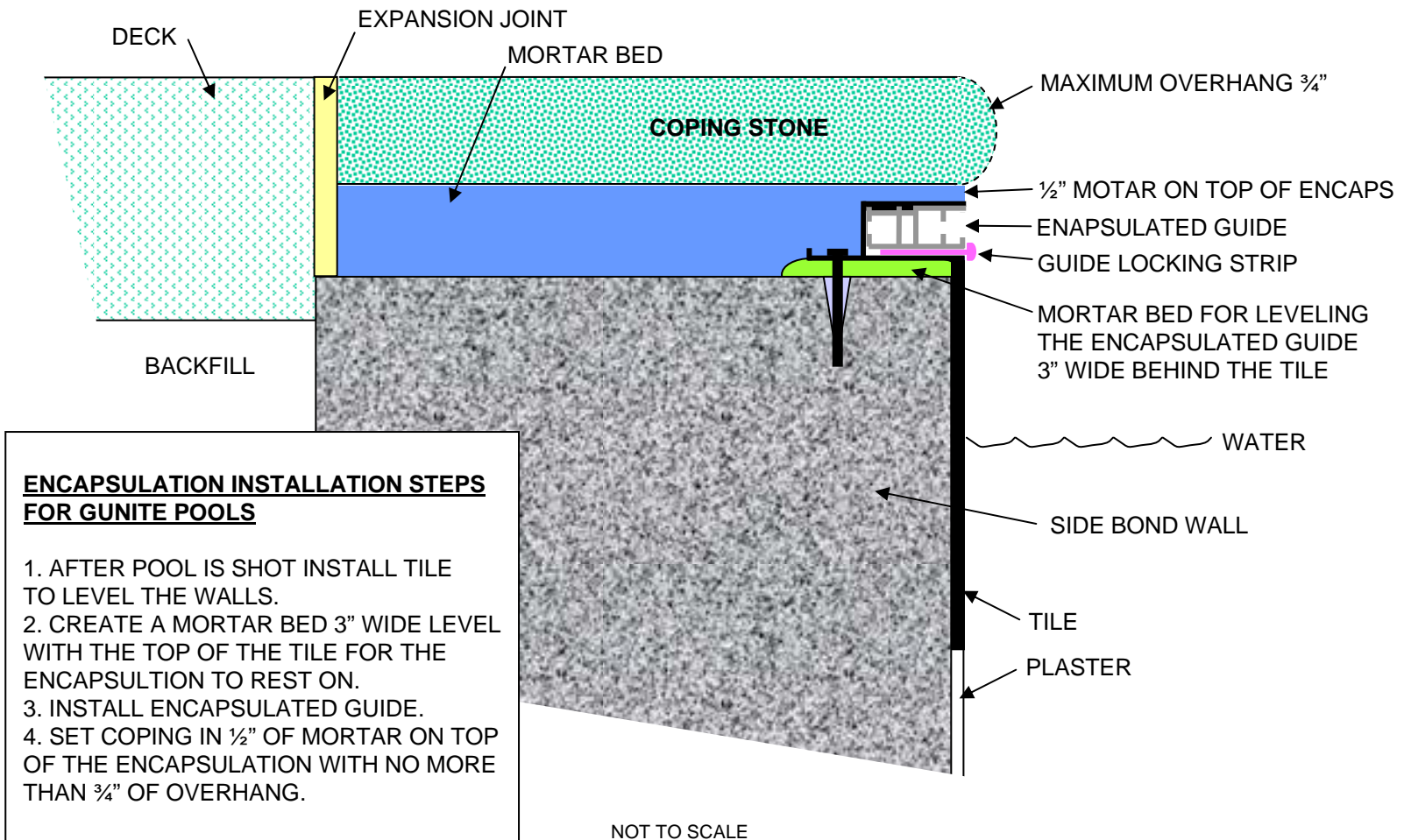
Coverstar East Coast, Inc.

Coping Overhang Detail



Coverstar East Coast, Inc.

Drawing # - Rev. 3/29/07

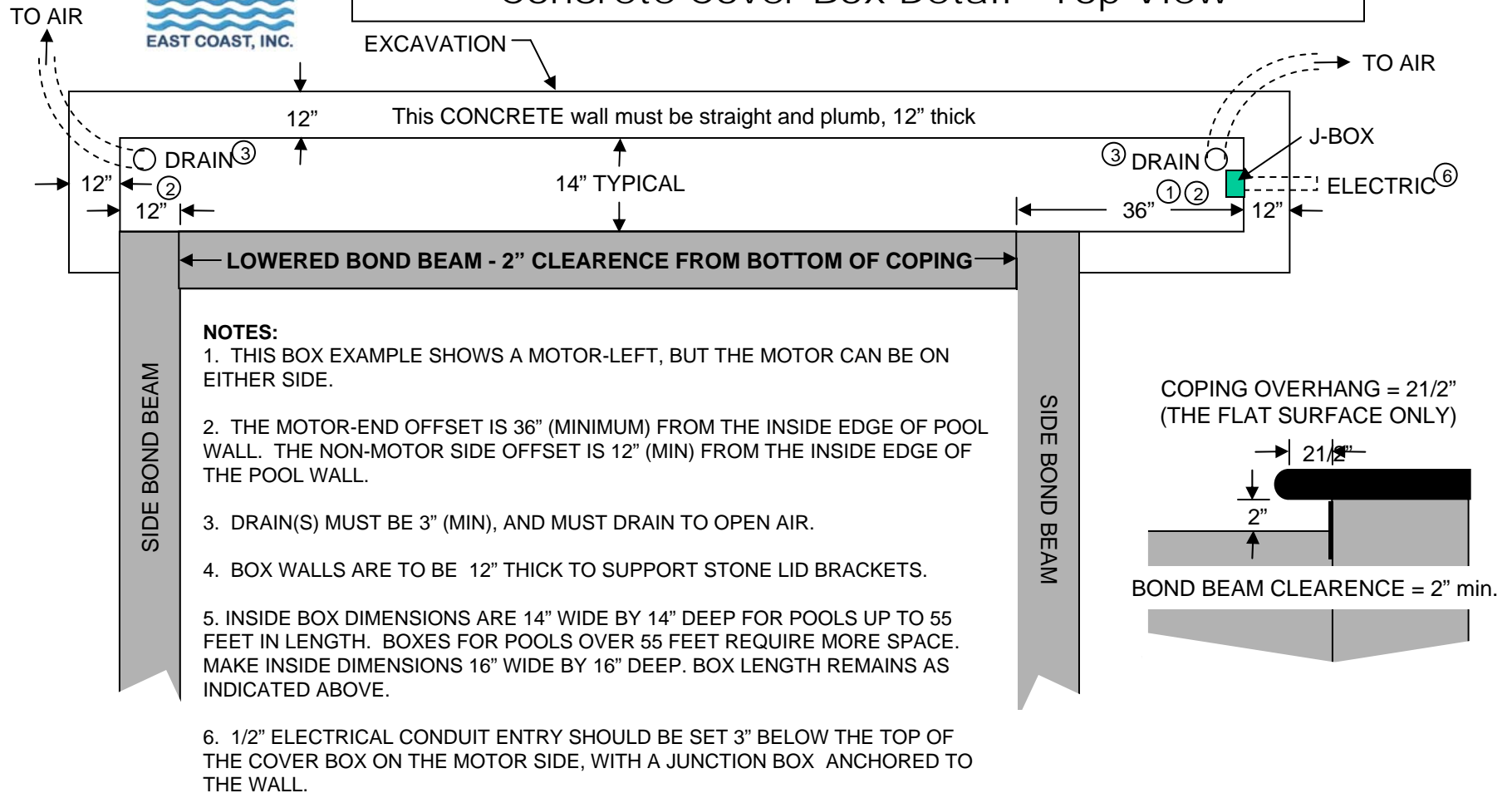


Coping Overhang Detail – Gunite Encapsulated Guide



Coverstar East Coast, Inc.

Concrete Cover Box Detail - Top View



NOT TO SCALE

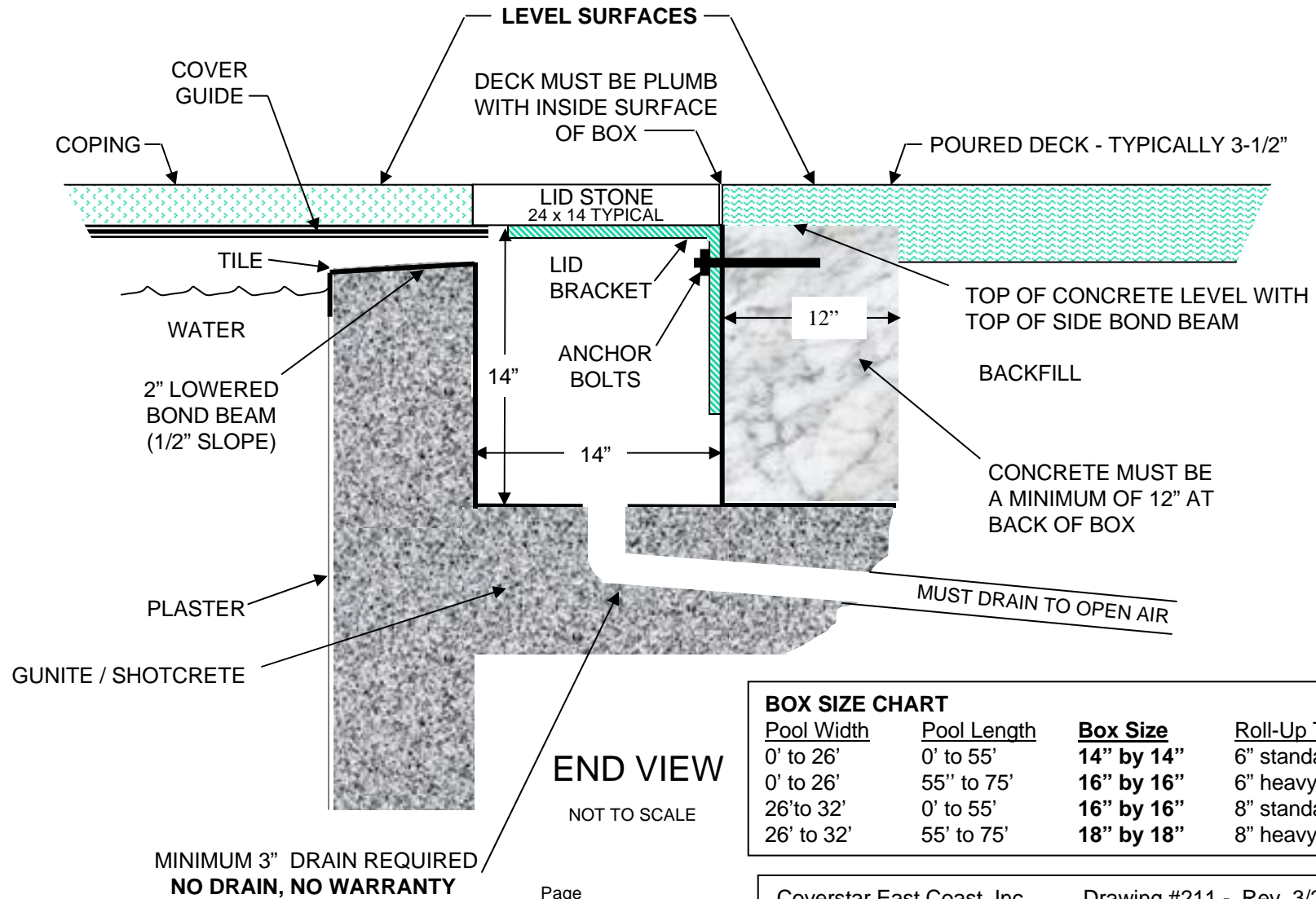
Coverstar East Coast, Inc.

Drawing #210 - Rev. 3/29/07



Coverstar East Coast, Inc.

Coverstar Concrete Box Detail Stone Lid with Poured Deck

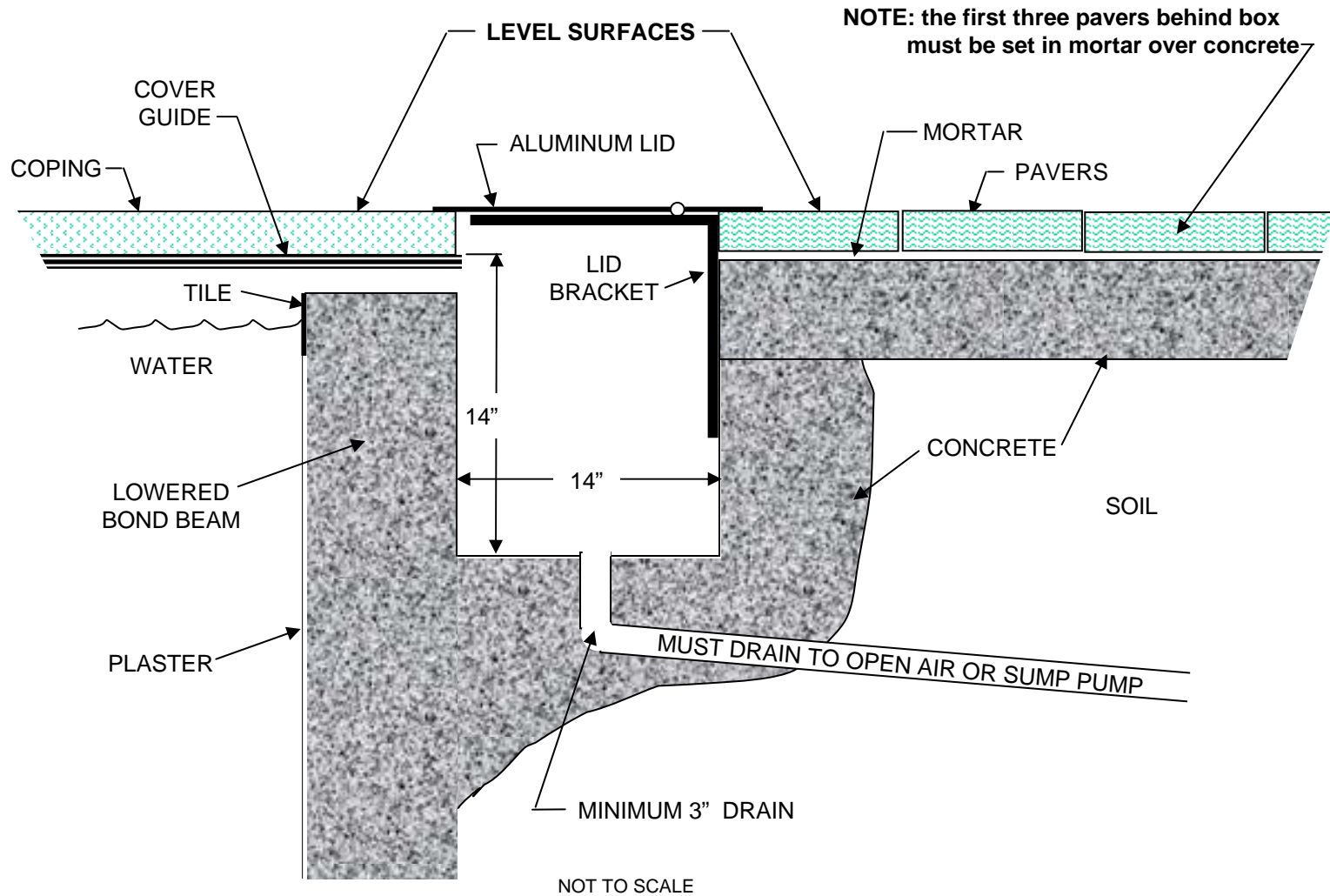


Coverstar East Coast, Inc.

Drawing #211 - Rev. 3/29/07



Concrete Cover Box Detail - Alum Lid with Pavers



Coverstar East Coast, Inc.

Drawing #203 - Rev. 3/1/07



Coverstar East Coast, Inc.
STONE LID INSTALLATION POLICY

1. Coverstar East Coast requires stones to be on site and adjacent to the box at the time of installation.
2. In the event that lid stones are not present, we need the following information.

We, _____, request the following action if the lid stones are not on site:
Pool Builder

☐

Do NOT install the lid brackets.

NOTE: We will assume responsibility for the installation of the brackets or we understand that an additional trip charge will apply to have Coverstar come to install brackets.

☐

Install stone lid brackets level with the underside of coping every _____ inches.

☐

Notify us every time this situation occurs so we can offer further instruction to Coverstar installer.



Coverstar East Coast, Inc.
MOTORIZED COVER WINTER USE POLICY

The question is often asked, "Do you recommend using the motorized cover (ECLIPSE) as a winter cover?" The answer is that it is a matter of personal choice. We neither recommend nor discourage use of the motorized cover as a winter cover. We are neutral on this issue. In order to help you make a decision, we have listed below some of the items you should consider when making your choice.

1. When proper precautions are taken, motorized covers are successfully used as a winter cover.
2. During the winter the proper water level must be maintained as the water supports the ice and snowmelt build-up. The best method is to blow out the lines and use filter plugs & cover plates so that the water level does not have to be lowered. In no case should the water level be lowered more than 6 inches below the track.
3. The cover pump must be left on the cover and plugged in, so that as water accumulates from the ice and snow melting, it will be pumped off of the cover. Excessive amounts should not be allowed to build up on top of the cover. Attempting to break and remove snow, or ice from the cover can cause damage to both the cover itself and the tracks. The cover should never be operated if it has water, snow or ice on it.
4. There are some risks associated with using the motorized cover as a winter cover, such as the water level dropping below the recommended level. If the pool loses water because of a leak or for any other reason, there may not be enough support for the cover. This could cause the tracks to pull down, possibly damaging the material to which it is attached as well as the cover itself. However, if there is adequate slack in the cover and the water level is properly maintained, there is little likelihood of problems occurring.
5. The cover is not warranted against damage to the cover or pool due to winter use, just as the warranty does not cover damage due to such things as mudslides, earthquakes, falling trees, etc.
6. Leaves and debris should be removed from the cover as they accumulate to avoid damage and staining the cover.
7. A cover should only be used as a winter cover if it has the proper slack. Proper slack is determined by where the cover touches the water. When the water level is lowered, the cover should normally touch the water no more than 12 inches from the edge of the pool. Actual slack requirements may vary depending on local conditions.
8. Another consideration has to do with the longevity of the cover. The cover will not last as long when used as a winter cover because of added exposure to the elements. If it is not used as the winter cover, it should be cleaned and rolled up during the wintertime.

3-30-2005



Coverstar East Coast, Inc. SLACK IN AUTOMATIC POOL COVERS

From time to time the question arises about the need for slack in automatic pool covers and how much is enough. Regardless of manufacturer, all automatic pool cover fabrics are made wider than the width of the track. There are several reasons for this:

1. A cover that is too tight will pull against the tracks and will not operate properly. A cover that is made too small reduces the life of the cover and mechanism, causing premature failure of both the fabric and the mechanism due to the added stress.
2. All fabric shrinks over a period of time. The amount of the shrinkage varies widely according to the type of fabric, how the fabric is manufactured, the temperature of the water, and the weather conditions. Slack is added to the fabric to compensate for fabric shrinkage.
3. The cover must lie on the water in order to meet the ASTM safety standards. Most of the supporting strength of the cover comes from the support of the water directly under it.

Each cover we manufacture is made with the slack calculated on the basis of the type of fabric, application and unit. Any other variables that may be brought to our attention are also included. Initially, a properly sized cover will drop almost directly down from the track or deck to the water, with some folds & wrinkles as it crosses the pool. Because each cover is subject to many variables, it is impossible to calculate the exact amount of shrinkage each individual cover will have, so an approximation is made based on our past experience. Our slack formula is designed to give the cover and mechanism maximum life, as well as making the cover look as attractive as possible.

Before an order for any cover which has less than the factory specified slack is processed, we must receive a signed statement from the customer which releases Coverstar from any warranty or safety liability issues which may arise because of premature failure of the fabric or system due to fabric shrinkage.

In some cases, a portion of the slack may be taken up by lowering the water level. However, you should consult with your pool builder or service man before doing so. They can advise you exactly where the water level should be to keep the pool equipment operating properly.

The slack in the front of the cover must be spread over the length of the leading edge, keeping it away from the sides near the tracks. If this is not done, it is possible that the fabric may fold over and get caught in the track.

The leading edge loop size has been designed to give maximum flexibility in properly installing and servicing the cover.



WARRANTY SUMMARY

ITEM	WARRANTY PERIOD	WARRANTED BY
1. Mechanism – All mechanical parts of reel mechanism except: rope pulleys, guide feeds and slides (considered consumed through use) *	CS1800: 10 Years ECLIPSE: 20 Years	Coverstar, Inc.
2. Extrusions – guides (tracks), leading edge bar, lid and hinge and take-up tube *	3 Years	Coverstar, Inc.
3. Electrical components – motor & switch	3 years	Coverstar, Inc.
4. Fabric (cover material) – (Ropes and webbings are covered only if it is determined that they had a manufacturing defect.) *	6 years – The first 30 months is 100% repair or replacement, after 30 months it is pro-rated from the 1 st month to the 72 nd month.	Coverstar, Inc.
5. Cover Pump, Rule *Customers must call ITT Rule directly @ 978-282-5232 and ask for Sandy Sanagra Customer Service: 978-281-0573	3 Years	Rule
6. Labor (if installed by Coverstar East Coast)	1 Year	Coverstar East Coast, Inc.

*Note: See actual warranty for complete details



MEMO

Date: January 8, 2001

To: To Whom it May Concern

From: Harold Rogers, V.P. Sales

Re: Coverstar safety covers: UL and ASTM standard F 1346-91 for safety covers for swimming pools

All Coverstar covers fully certified by UL and meet the ASTM standard for safety covers as specified in ASTM standard F 1346-91 when they are installed and maintained properly according to the installation and homeowner instructions which have been provided by Coverstar. On several different occasions, the Coverstar covers, both automatic and manual have been tested by independent testing laboratories and have always been found to be in compliance with all the ASTM requirements for safety covers. Our cover is also listed by UL (File E164833) and classified by UL as a power safety cover in accordance with ASTM F 1346-91

If you wish to verify either of the UL certifications, take the following steps:

Go to www.ul.com

Once there click on Search UL.com

Click on [Online Certifications Directory](#).


Under General Search click on UL File Number

Type in E164833 and hit enter

You should now see Coverstar's listings. If you have problems, you can also search by company or by Automatic Pool Covers

If more information is required about ASTM and its standards, you can go to their website at www.astm.org.

Shown below is the UL authorized label that is attached to the automatic cover system that we ship.

COVERSTAR™ POWERED SAFETY COVER	
533 So. 500 W., Provo, UT 84601	
MODEL _____	 US LISTED
OWNER _____	
DATE _____	
SERIAL # _____	
8.8 Amperes 110 Volts 60 Hz	
Safety Pool Cover Operator 98RJ ALSO CLASSIFIED POWER SAFETY COVER in accordance with ASTM F 1346-91	

If you have any further questions about our covers, the UL certifications or the ASTM standards, please call or Email me.

L0127 3-08-04



Motorized Cover Installation Readiness Checklist

Builder Name: _____ SupervisorName/Number: _____

Homeowner Name: _____

Is there water in the pool?	YES	NO
If NO, when will the pool be filled: _____		
Is the deck done?	YES	NO
Is there a raised bond wall ?	YES	NO
If YES, is the track installed?	YES	NO
Is the motor side the same as what was ordered?	YES	NO

Cover Box

Is there a working drain in the cover box?	YES	NO
Does concrete surround (min 6") around the box, all the way to the bottom?	YES	NO
Is the electric conduit in place at the motor-end of the box?	YES	NO
Is the cover box 14" wide & 14" deep (from underside of coping) with 36" offset from waters edge on motor side and 12" offset on non-motor side?	YES	NO
Is the back wall of the cover box vertical, smooth and without joints where the lid brackets mount?	YES	NO

Encapsulation

Is there encapsulation installed on this job?	YES	NO
(If yes, skip coping section)		

Coping

Is the coping at least 2" thick?	YES	NO
Is there at least 2 1/2" of flat surface on the underside of the coping to mount track?	YES	NO

System TypeWhat type of system is being installed: **HYDRAULIC** **ELECTRIC** If **ELECTRIC**, continue answering the following set of questions. If **HYDRAULIC**, skip to indicated section.**Electric**

How many switches will be installed?	ONE	TWO
Has (have) the switch location(s) been determined & conduit run to it (them)?	YES	NO
Has (have) the box(s) for the switch(s) been installed?	YES	NO
Has the junction box for the motor connection been installed in the box end wall of the box 3" from the top?	YES	NO
Are there three 12 gauge wires from the power panel to the switch box?	YES	NO
Are there four 12 gauge wires between the switch box and the motor box?	YES	NO
Is the 15 AMP GFCI breaker installed?	YES	NO

Hydraulic

Has the sleeve been run yet?	YES	NO
Is there a location for the power pack?	YES	NO
Has it been wired for 220 volts?	YES	NO

Deck

Has the deck been finished behind the cover housing where the lid will mount?	YES	NO
---	-----	----

Stone Lid

Are lid stones on site and next to cover housing?	YES	NO
---	-----	----

Will the homeowner be present for installation?	YES	NO
---	-----	----

If NO, who is to instruct the homeowner on the operation and care of the cover and pump?

George Laimier
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

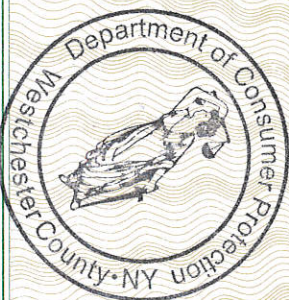
Department of Consumer Protection Home Improvement License

CORAL SEA POOLS SERVICE CORP.
518-A NORTH STATE ROAD
BRIARCLIFF MANOR, NY-10510

This license is issued in accordance with Article XVI of the Westchester County
Consumer Protection Code and is valid only upon presence of the official department seal.

License Number

WC-05480-H93



Date of Expiration

08/13/2021

Richard Pascoe
RichardPascoe@yahoo.com
917-543-6608
10 Hancock Place
Irvington
NY, 10533
8/17/2021

Building Department
Village of Irvington

Reference: Job Number: 231187

Hi, This letter is in reference to your email below:

After review of your last submitted plans for the noted project we have the following comments:

8/2/2021 6:03:15 PM : CONTRACTOR INFORMATION –

1. Provide contractors contact information including mailing address, office phone number, cell phone number, email address and input on line.
2. Provide contractor's license in hard copies as well as input and upload online.
3. Provide contractors liability insurance with the Village of Irvington as certificate holder and additional insured with no restrictions in hard copies as well as input and upload online.
4. Provide contractors Workers Compensation insurance certificate on a C-105 or equivalent as well as input and upload on line.
1. Provide specifications for gate lock.
2. Provide specifications for pool alarm.

1: Contractors contact information:

Coral Sea Pools

Nicole Ingegneri
518-A North State Road | Briarcliff Manor, New York 10510
Office: (914)-762-1133 ext.103 | Fax: (914)-944-1511 | Email: nicole@coralseapools.com

SALEM FENCE CO.

Frank Fischetti
Cell (914) 299-8145
frank@salemfence.com
34 Route 118
Baldwin Place, NY 10505
Office (845) 628-7200
Fax (845) 628-7671

2: contractor's license

Hard copies along with this letter delivered and uploaded online

Please note that the Coral Sea license expires 8/13/21. They told me the following: "The County is backed up, so we have not received the updated copy yet. Attached is our license. They can certainly call the County to confirm our paperwork is in their office waiting for new license to be issued/mailed."

3: contractor's insurance

Hard copies along with this letter delivered and uploaded online

4: contractor's workers comp

Hard copies along with this letter delivered and uploaded online

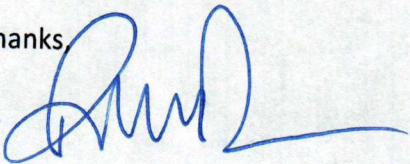
5: gate lock

Hard copies along with this letter delivered and uploaded online

6: pool alarm

Re pool alarm, they cannot be used with auto covers and I am installing an automatic safety cover on my pool.

Thanks

A handwritten signature in blue ink, appearing to read 'Richard Pascoe', with a long horizontal flourish extending to the right.

Richard Pascoe
RichardPascoe@yahoo.com
917-543-6608

World's #1

Child Safety Latch

for over 25 years

MagnaLatch® 'Series 3'

Top Pull



LIMITED

LIFETIME WARRANTY



Safer, ergonomic	Visible Lock	Rekeyable	Product	T-track innovation	Built-in post
					

Brand	MagnaLatch®
Product Code	ML3TP
Gate Application	Pool Gate, Child Safety Gate, Front Gate, Side Gate, Driveway Gate - Single, Pet Gate, Playground Gate, Public/Commercial Gate, Security Gate, Privacy Gate, Safety Gate
Gate Material	Aluminum, Steel/Ornamental Iron, Wood, Vinyl/PVC
Approx Gate Size	3ft W x 5ft H (90cm x 1.5m)
Gate Frame/Post Shape	Square-to-Square
Min Post Size	1" = (25mm+)
Ideal Gate Gap	3/4" (19mm)
Fixing Method	Screw-On
Color/Finish	Black, White
Lock Type	Rekeyable (to match door locks)

George Latimer
Westchester County Executive

Westchester
gov.com

James Maisano
Director, Consumer Protection

Department of Consumer Protection Home Improvement License

SALEM FENCE CO., INC.

SALEM IRON WORKS

PO BOX 186

BALDWIN PLACE, NY-10505

This license is issued in accordance with Article XVI of the Westchester County
Consumer Protection Code and is valid only upon presence of the official department seal.

License Number

WC-04067-H91



Date of Expiration

10/15/2021



Workers'
Compensation
Board


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

1a. Legal Name & Address of Insured (use street address only) SALEM FENCE CO INC PO BOX 186 BALDWIN PLACE, NY 10505	1b. Business Telephone Number of Insured 914-245-4500
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 133506921
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street Irvington, NY 10533	3a. Name of Insurance Carrier ShelterPoint Life Insurance Company 3b. Policy Number of Entity Listed in Box "1a" DBL427498 3c. Policy effective period 01/01/2021 to 12/31/2022

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 described above.

Date Signed 8/17/2021 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.

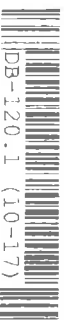
Date Signed _____ By _____

Telephone Number _____ Name and Title _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

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)





**Workers'
Compensation
Board**

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

1a. Legal Name & Address of Insured (use street address only) Salem Fence Co Inc. PO Box 186 Baldwin Place, NY 10505	1b. Business Telephone Number of Insured 914-245-4500
Work Location of Insured (<i>Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy</i>)	1c. NYS Unemployment Insurance Employer Registration Number of Insured
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Irvington 85 Main Street Irvington, NY 10533	1d. Federal Employer Identification Number of Insured or Social Security Number 133506921
3a. Name of Insurance Carrier Liberty Mutual Insurance	3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.
3b. Policy Number of Entity Listed in Box "1a" XWA(21)58553359	3c. Policy effective period 12/12/2020 to 12/12/2021

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 must notify the above certificate holder and the Workers' Compensation Board 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.**

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: Jeanine C. White

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

Approved by:

Jeanine C. White

(Date) 8/12/2021

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-855-2666

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 (9-17)

Workers' Compensation Law

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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/17/2021

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 have **ADDITIONAL INSURED** provisions or 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	JC White Agency Inc 592 Route 22		CONTACT NAME: Jeanine White PHONE (A/C, No, Ext): (845) 855-2666 E-MAIL: jeanine@jcwiteagency.com ADDRESS:	FAX (A/C, No): (845) 855-9864
Pawling	NY 12564	INSURER(S) AFFORDING COVERAGE INSURER A: ShelterPoint Life Insurance Company INSURER B: Liberty Mutual Insurance INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED	Salem Fence Co Inc PO Box 186		NAIC #	
	Baldwin Place	NY 10505		

COVERAGES

CERTIFICATE NUMBER: CL2181711953

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	ADDITIONAL SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		D427498	01/01/2014	01/01/9999	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 50,000 EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		BAA(22)58553359	03/23/2021	03/23/2022	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 50,000 EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		USO(21)58553359	03/23/2021	03/23/2022	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		XWA(21)58553359	12/12/2020	12/12/2021	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Job Site Location
10 Hancock Place
Irvington, NY 10533

CERTIFICATE HOLDER

CANCELLATION

Village of Irvington
85 Main Street

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

Irvington

NY 10533



CORAL-1

OP ID: CH

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
07/08/2021

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 have ADDITIONAL INSURED provisions or 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 Walter Rose Agency, Inc 8 Stage Road Monroe, NY 10950		845-783-2555		CONTACT NAME: Walter Rose Agency PHONE (A/C, No, Ext): 845-783-2555 FAX (A/C, No): 845-783-2425 E-MAIL ADDRESS: Lisa@walterroseagency.com	
INSURED Coral Sea Pools Service Corp Anthony Torchia 518A North State Road Briarcliff Manor, NY 10510				INSURER(S) AFFORDING COVERAGE INSURER A: Acadia Insurance Company INSURER B: Union Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:	
				NAIC # 31325 25844	

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 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CPA5364609-11	10/22/2020	10/22/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAA5364610-11	10/22/2020	10/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CUA5394855-11	10/22/2020	10/22/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCA5364612-11	10/22/2020	10/22/2021	PER STATUTE E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is listed as additional insured as required by written contract with respect to work performed for the Pascoe Residence at 10 Hancock Place, Irvington, NY 10533.

CERTIFICATE HOLDER**CANCELLATION**

IRVIN02 Village of Irvington Building Department 85 Main Street Irvington, NY 10533	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
--	---



CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Coral Sea Pools Service Corp Anthony Torchia 518A North State Road Briarcliff Manor, NY 10510</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 914-762-1133</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 133237847</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Village of Irvington Building Department 85 Main Street Irvington, NY 10533</p>	<p>3a. Name of Insurance Carrier Union Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a" WCA 5364612</p> <p>3c. Policy effective period 10/22/2020 to 10/22/2021</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded. </p>

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.**


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

Approved by:  7/8/2021
(Signature) (Date)

Title: President of Walter Rose Agency, Inc

Telephone Number of authorized representative or licensed agent of insurance carrier: 845-783-2555

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.

Workers' Compensation Law

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 INSURANCE COVERAGE

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

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

1a. Legal Name and Address of Insured (Use street address only)

Coral Sea Pools Service Corp
Anthony Torchia
518A North State Road
Briarcliff Manor, NY 10510

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

1b. Business Telephone Number of Insured

914-762-1133

1c. Federal Employer Identification Number of Insured or Social Security Number

133237847

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

Village of Irvington
Building Department
85 Main Street
Irvington, NY 10533

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of entity listed in box "1a":

D614218

3c. Policy effective period:

04/20/2021 to 04/20/2022


4. Policy covers:

- ☒ A. All of the employer's employees eligible under the New York Disability Benefits Law
- ☐ B. Only the following class or classes of the employer's employees:
- ☐ C. Only the following class or classes of the employer's employees:

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 the 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: 7/8/2021 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number: 845-783-2555 Title: President

IMPORTANT: If box "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 Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, P.O. Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by 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 NYS Workers' Compensation Board Employee)

Telephone Number _____ Name & 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.