



HCC Public Risk New York

Quote Date: 12/21/2022
Quote for: **CITY OF GLEN COVE**
Policy Term: **01/13/2023 - 01/13/2024**
Payment Plan: **Annual**
Company: **U.S. Specialty Insurance Company**
Policy #: **3413196-3**

General Liability - Occurrence Form

Subject to \$1,000,000 per Occurrence / \$3,000,000 Aggregate

Subject to \$250,000 Occurrence / \$ Aggregate SIR

Limited Reporting

Sexual Abuse Endorsement \$1,000,000 / \$1,000,000

Damage to Premises Rented to you \$1,000,000 **Subject to General Liability Deductible or Self-Insured Retention**

Medical Payments \$10,000

Cemetery Professional - No Coverage

Pesticide or Herbicide \$1,000,000 per Occurrence / \$1,000,000 Aggregate

Nurses Professional Liability - No Coverage

Failure of Dam, Reservoir, Levee, Dike Coverage - Included

EAST ISLAND BRIDGE TIDAL GATES DOSONS POND GLEN COVE

Emergency Response Operations - Included

Sewer Backup Liability - Included

Special Events: Subject to receipt of Special Events Application, Risk Control review and Underwriting approval (Additional Premium may apply)

Fireworks Liability: Subject to receipt of Special Events Application, Risk Control review and Underwriting approval prior to binding coverage (Additional Premium will apply)

Employee Benefits - No Coverage Claims Made Form

Subject to \$1,000,000 per Occurrence / \$3,000,000 Aggregate

Subject to \$250,000 Occurrence / \$ Aggregate SIR Applies to 100% Claims Expense

Limited Reporting

Claims Made Retro Date: 01/13/2020

Liquor Liability - Coverage limited to Host Liquor

Public Officials Wrongful Acts Liability - Claims Made Form

Subject to \$1,000,000 per Occurrence / \$1,000,000 Aggregate

Subject to \$250,000 Occurrence / \$ Aggregate SIR - Applies to 100% Claims Expense

Limited Reporting

Claims Made Retro Date: 01/13/2020

Non-Monetary Damage \$25,000 Per Suit / \$50,000 Per Policy Limit

Subject to Deductible or SIR

Private Property Use Restriction Sublimit \$1,000,000 per Occurrence / \$1,000,000 Aggregate - Defense inside Limit

Subject to Public Officials Wrongful Acts Deductible or SIR



HCC Public Risk New York

Employment Practices Liability Insurance - Claims Made Form

Subject to \$ per Occurrence / \$ Aggregate

Subject to \$250,000 Occurrence / \$ Aggregate SIR - Applies to 100% Claims Expense

Limited Reporting

Claims Made Retro Date: 01/13/2020

Non-Monetary Damage \$25,000 Per Suit / \$50,000 Per Policy Limit

Subject to Deductible or SIR

Non-Employment Related Harassment - Medium Hazard

Subject to Deductible or SIR

Law Enforcement Liability - Occurrence Form

Subject to \$1,000,000 per Occurrence / \$1,000,000 Aggregate

Subject to \$250,000 Occurrence / \$ Aggregate SIR - Applies to 100% Claims Expense

Limited Reporting

Non-Monetary Damage - No Coverage

Excess Liability

Coverage applies to General Liability, Employee Benefits, Public Officials Wrongful Acts, Employment Practices, Law Enforcement, Auto Liability, Employers Liability

Excludes Uninsured Motorist and Underinsured Motorist Coverage

Subject to \$10,000,000 per Occurrence / \$10,000,000 Aggregate

Excludes Zoning, Regulation, and Permissive Use of Property

Pollution Exclusion Exception - Pollution with Potable Water and Hostile Fire

Dam, Reservoir, Levee, Dike: Subject to \$10,000,000 per Occurrence / \$10,000,000 Aggregate

Locations: EAST ISLAND BRIDGE TITAL GATES - DOSONS POND GLEN COVE

Employers Liability

Carrier: SAFETY NATIONA

Subject to: \$1,000,000 Each Accident for Injury

\$1,000,000 Policy Limit for Disease

\$1,000,000 Each Employee for Disease

Subject to Underwriting approval prior to binding coverage

Property - No Coverage

Automobile

Based on 174 vehicles - Schedule on file with Company

Subject to \$1,000,000 Liability Limit

Subject to \$250,000 Occurrence / \$ Aggregate SIR

Limited Reporting

Emergency Vehicle Endorsement - Standard Form

Fellow Employee Coverage

Full Coverage Window Glass - PPT Only

Fleet Coverage

\$1,000,000 Uninsured Motorist Coverage limit

\$10,000 Medical Payments

Hired and Non Owned Automobile Liability

\$35,000 Hired Auto Physical Damage Amount Subject to \$100 Comprehensive Deductible and \$1,000 Collision

Deductible

Mandatory Personal Injury Protection - Included

Additional Personal Injury Protection - \$100,000



**TOKIO MARINE
HCC**

HCC Public Risk New York

Monthly Work Loss - \$2,000
 Additional Death Benefit - \$3,000
 Optional Basic Economic Loss \$25,000
 Mutual Aid Limit \$1,000,000
 Physical Damage per schedule on file with company
 Comprehensive Deductible: \$0
 Collision Deductible: \$0
 Physical Damage to Volunteers or Employees Personal Auto
 Garage Keepers Legal - No Coverage
 Impound Vehicles Coverage - No Coverage

Inland Marine - No Coverage

EDP - Limited to coverage provided under Property Extensions

Crime - No Coverage

Annual Package Premium:	\$224,149.00
New York Fire Insurance Fee:	\$.00
Motor Vehicle Fee:	\$ 1,050.00
Total Annual Premium:	\$225,199.00

Installment plans are subject to Underwriting Approval, pending receipt of signed request on insured letterhead requesting installment options

Payment Plan: 1 st Installment:	\$57,087.25
2 nd Installment:	\$56,037.25
3 rd Installment:	\$56,037.25
4 th Installment:	\$56,037.25

****Note:** Terrorism option and optional quoted premiums are not included in installment plan premiums.

****Note:** Mold, Fungi & Bacterial Exclusion Included

****Note:** All SIR's Include Loss, Loss Adjustment Expense and Supplementary Payments

****Note:** Failure of any Dam, Levee or Dike Exclusion Included



HCC Public Risk New York

Limited Terrorism coverage and pricing subject to the Terrorism Risk Insurance Act as reauthorized in 2019.

TRIA DOES NOT APPLY TO AUTO LIABILITY, AUTO PHYSICAL DAMAGE, CRIME, EMPLOYEE BENEFITS, PUBLIC OFFICIALS WRONGFUL ACTS LIABILITY OR LAW ENFORCEMENT

U.S. Specialty Insurance Company, Additional premium for limited terrorism coverage (not included in above package quote):

PROPERTY AND/OR CASUALTY LIMITED TERRORISM COVERAGE (REAUTHORIZED IN 2019) \$930

Optional Quotes and Premium:

Supplemental Spousal Liability:

Additional Premium: \$3,965

NOTE: The following forms need to be signed and returned prior to binding coverage:

- ~ Application Declaration
- ~ Uninsured Motorist Form
- ~ Supplemental Spousal Liability Form
- ~ Terrorism Form
- ~ Regulation 107 Form
- ~ Installment Plan Pre-Approval Letter

Special Conditions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation



HCC Public Risk New York

NOTICE: These policy forms and the applicable rates are exempt from the filing requirements of the New York State insurance department. However, such forms and rates must meet the minimum standards of the New York Insurance law and regulations.

*As indicated herein, this quote remains valid until **01/13/2023** and cannot be amended or altered without express written consent of TMHCC. Also, please be aware that any required subjectivities must be received, reviewed and approved, prior to binding this risk*



Applicant Name: **CITY OF GLEN COVE - NASSAU**
Policy Effective Date: 01/13/2023
Application Number: T006010096403

Tokio Marine HCC Public Risk APPLICATION DECLARATION

After complete investigation and inquiry, to the best of applicant's knowledge and belief, no principals, partners, directors, officers, employees, or insurance managers have knowledge of any act, error, omission, fact, incident, situation, unresolved job dispute, accident, or any other circumstance that is or could be the basis for a claim under this proposed insurance policy.

Report knowledge of all such incidents to your current carrier prior to your current policy expiration. The proposed insurance being applied for will not respond to incidents about which you had knowledge prior to the effective date of the policy nor will coverage apply to any claim or circumstance identified or that should have been identified in this application.

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or other party to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as an insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to any question of this Application, such information shall be revealed immediately in writing to the Underwriter.

Signature of authorized official: _____ Date _____

Print name of authorized official: _____

Title of authorized official: _____

Client Name: **CITY OF GLEN COVE**
Application #: T006010096403
New York - HCC Public Risk

12/21/2022 11:43:10 AM

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015 and reauthorized in 2019, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM, MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. **HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, INCLUDING BUT NOT LIMITED TO, AN EXCLUSION FOR NUCLEAR EVENTS. PLEASE READ IT CAREFULLY.** UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

_____	I hereby elect to purchase coverage for a prospective premium of \$ 930
_____	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses arising from certified acts of terrorism. (Please check the box to the left and initial if this is your election)

U.S. Specialty Insurance Company

Policyholder/Applicant's Signature

Insurance Company

3413196-3

01/13/2023 - 01/13/2024

Print Name

Policy Number

CITY OF GLEN COVE

Date

Insured Name

NEW YORK REQUIRED NOTICE OF AVAILABILITY OF SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Applicant/Named Insured:

CITY OF GLEN COVE

Company:

U.S. Specialty Insurance Company

New York law permits you to make certain decisions regarding Uninsured Motorists Coverage and Supplementary Uninsured/Underinsured (SUM) Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Supplementary Uninsured/Underinsured (SUM) Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Uninsured Motorists Coverage

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured or the insured's legal representative is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your motor vehicle liability insurance policy includes Uninsured Motorists Coverage applicable to motor vehicle accidents that occur within the State of New York at limits of at least \$25,000 per person/\$50,000 per accident, unless you elect to purchase Supplementary Uninsured/Underinsured (SUM) Motorists Coverage described below.

B. Supplementary Uninsured/Underinsured Motorists Coverage

For additional protection under your policy, Supplementary Uninsured/Underinsured (SUM) Motorists Coverage is available. SUM Coverage can provide protection at higher limits than are available under Uninsured Motorists Coverage and provides protection with respect to automobile accidents that occur both in and out of New York State.

C. Basics Of SUM Coverage

You should consider purchasing Supplementary Uninsured/Underinsured (SUM) Motorists Coverage in order to protect against the possibility of an accident involving another motor vehicle whose owner or operator was negligent and who:

1. May have no insurance whatsoever; or
2. Even if insured, is only insured for third party bodily injury at relatively low liability limits, in comparison to the policyholder's own liability limits for bodily injury sustained by third parties.

By purchasing SUM Coverage, which cannot be purchased in an amount exceeding the amount of third party liability coverage purchased, the policyholder and any insured under the policy can:

1. Be protected for bodily injury to themselves, up to the limit of the SUM Coverage purchased; and
2. Receive from the policyholder's own insurer payment for bodily injury sustained due to the negligence of the other motor vehicle's owner or operator.

The maximum amount payable under the SUM Coverage shall be the policy's SUM limit reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident.

D. Examples

The following examples (using the per person limits) illustrate the proper application of SUM Coverage:

1. Example One

Insured's Bodily Injury Damages	\$ 300,000
Insured's Liability Limit	\$ 500,000
Insured's SUM Limit	\$ 250,000
Other Motor Vehicle Liability Limit	\$ 25,000

Note:
In this example, the insured has purchased the maximum amount of SUM Coverage that must be offered by the insurer, provided that the insured has purchased bodily injury liability limits of at least \$250,000. Insured recovers \$25,000 from the negligent owner or operator of the other motor vehicle, and \$225,000 (\$250,000 minus \$25,000) under the SUM Coverage, for a total recovery of \$250,000. However, in the event that the negligent owner or operator of the other motor vehicle had no liability insurance at all, the insured would collect \$250,000 in SUM Coverage from the insured's own insurer.

But, if the owner or operator of the other motor vehicle was not negligent, the insured would receive no SUM payments.

2. Example Two

Insured's Bodily Injury Damages	\$ 100,000
Insured's Liability Limit	\$ 25,000
Insured's SUM Limit	\$ 25,000
Other Motor Vehicle Liability Limit	\$ 25,000

Result:
Insured recovers \$25,000 from the negligent other motor vehicle owner or operator. But the insured receives nothing under the SUM Coverage, which equals the mandatory uninsured motorists coverage, since the other owner or operator's vehicle did not have less liability insurance than the insured's vehicle. If the insured's liability and SUM limits were both \$50,000, the insured would collect another \$25,000 in SUM Coverage from the insured's own insurer.

3. Example Three

Insured's Bodily Injury Damages	\$ 60,000
Insured's Liability Limit	\$ 100,000
Insured's SUM Limit	\$ 100,000
Other Motor Vehicle Liability Limit	\$ 50,000

Result:
Insured recovers \$50,000 from the other negligent motor vehicle owner or operator and \$10,000 under the SUM Coverage, which is the difference between the amount of the insured's SUM Coverage and the liability coverage available from the other motor vehicle owner or operator, limited by the amount of the insured's bodily injury damages.

4. Example Four

Insured's Bodily Injury Damages	\$ 150,000
Insured's Liability Limit	\$ 100,000
Insured's SUM Limit	\$ 100,000
Other Motor Vehicle Liability Limit	\$ 25,000

Result:
Suppose the insured and the other motor vehicle owner or operator were each 50 percent at fault for the accident, then the insured's total recovery would be \$75,000, in light of comparative negligence of the parties involved in the accident. The insured would recover \$25,000 from the other negligent motor vehicle owner or operator and \$50,000 under the SUM Coverage.

On the other hand, if the other motor vehicle owner or operator was totally at fault for the accident, the insured would recover \$25,000 from the negligent motor vehicle owner or operator and would then receive \$75,000 in SUM Coverage from the insured's own insurer. Had the insured purchased liability and SUM limits of \$150,000 or more, the SUM recovery would then be \$125,000.

If you elect to purchase **SUM Coverage**, please initial and select a **SUM limit**.

(Initials) _____	I select the following SUM Limits:
	\$ _____ per person, _____ per accident
	OR
	\$ _____ per accident

I hereby **decline** to purchase the SUM Coverage. Please initial the box below if you elect to reject SUM coverage.

(Initials) _____	I hereby decline to purchase Supplementary Uninsured / Underinsured Motorists Coverage. I understand that I have statutory limits for any losses resulting from Uninsured/Underinsured Motorists Coverage.
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Applicant's/Named Insured's Signature

Date

U.S. Specialty Insurance Co.
Insurance Company

3413196-3
Policy Number

CITY OF GLEN COVE - NASSAU
Insured Name

SUPPLEMENTAL SPOUSAL LIABILITY COVERAGE

New York State law requires that upon written request of an insured, and upon payment of the premium, an insurer issuing or delivering a policy that satisfies the requirements of Article 6 of the New York Vehicle and Traffic Law shall provide Supplemental Spousal Liability Insurance coverage.

Supplemental spousal liability insurance provides bodily injury liability coverage under a motor vehicle insurance policy to cover the liability of an insured spouse because of the death of or injury to his or her spouse, even where the injured spouse must prove the culpable conduct of the insured spouse.

This coverage is included within the policy's bodily injury liability limits and does not increase the amount of those limits. For example:

Insured's bodily injury policy coverage limit: \$100,000/300,000

Insured's bodily injury damage claim paid to spouse: \$75,000

Insured's bodily injury policy coverage limit available to all other claimants subject to a maximum of \$100,000 per person; \$225,000 per accident.

This example assumes the spouse and other claimants involved in the accident have a right to sue the insured for economic loss or for non-economic loss (i.e. pain and suffering) sustained as a result of a "serious injury" as defined in Section 5102 (d) of the Insurance Law. It must also have been shown that there was negligence on the part of the insured.

The additional premium for Supplemental Spousal Liability coverage is \$3,965

If you do not elect to purchase this coverage and do not remit the additional premium, Supplemental Spousal liability coverage is not included in your motor vehicle insurance policy.

_____	I hereby request Supplemental Spousal Liability coverage.
_____	I hereby reject Supplemental Spousal Liability coverage.

Coverage is generally described here. Only the policy provides a completed description of coverages and limitations.

	U.S. Specialty Insurance Company
Authorized Signature of the Insured	Insurance Company
	3413196-3 01/13/2023 - 01/13/2024
Print Name	Policy Number
	CITY OF GLEN COVE
Date	Insured Name

Special Events: Subject to receipt of Special Events Application, Risk Control review and Underwriting approval (Additional Premium may apply)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK - REGULATION 107 ACKNOWLEDGEMENT

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
EMPLOYEE BENEFITS LIABILITY COVERAGE FORM
PUBLIC OFFICIALS LIABILITY COVERAGE FORM
EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
LAW ENFORCEMENT LIABILITY COVERAGE FORM**

The following statement shall be attached to, and made a part of, the policy:

This will acknowledge that the Insured is aware that in the event we expend funds for damages or legal defense cost on behalf of the insured, we will be reimbursed for such expenditures up to the amount of the deductible shown in the Declarations; however, legal defense cost charged against the deductible will not exceed 100% of such deductible, and we will assume any legal defense cost over this amount in regard to such deductible.

SIGNATURE OF INSURED

DATE

Authorized Representative

Cybersecurity & insurance to keep your business safe

Coalition is the best way for a company to manage cyber risk. We provide comprehensive insurance coverage, free cybersecurity tools to monitor and protect your business, and 24/7 expert incident response to help you quickly respond to a cyber incident.



Hackers are smart, breaches are common, accidents happen. You need the most comprehensive protection. That's Coalition.

State-of-the-art cybersecurity

Our cybersecurity platform includes 24/7 security monitoring, automated security alerts, employee training, and access to security experts to prevent cyber incidents before they occur



Best-in-class cyber insurance

We protect the value of your entire business including financial, intangible, and tangible damage with up to \$15M of the most comprehensive cyber insurance

The most innovative and comprehensive coverage available

Coalition covers more of the financial, tangible, and intangible exposures your business faces as than any other insurance company.



Ransomware

A hacker has encrypted all of your files and won't unlock them until you pay a ransom. Not to worry, we'll cover the costs to restore your data and get you up and running again.



Wire Fraud & Social Engineering

A funds transfer request is sent to your controller by someone pretending to be your CEO. The funds may be out the door, but at least you're not out of pocket — we've got you covered.



Phishing and Data Breaches

A hacker gains access to an employee's email or breaches your network. We'll cover costs to fix the problem and breach related expenses such as credit monitoring and regulatory penalties.

Don't just protect your network, protect your business

We offer a full suite of security apps including 24/7 security monitoring, automated threat and intelligence alerts, DDoS mitigation, security benchmarking, ransomware protection, employee training, patch reminders, and more — included with each policy at no additional cost.



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★★★★★

"I never thought I'd say I was passionate about an insurance platform, but what you guys have built is exceptional."

— VERIFIED COALITION POLICYHOLDER

We're here for you when you need us most

Incidents happen, which is why you have insurance in the first place. Coalition is the only insurance firm with a dedicated 24/7 incident response and claims team to help you quickly respond to an incident. Join thousands of other organizations who rely on Coalition to provide emergency first response.

The capabilities of Coalition.

The financial strength of the world's leading insurers.

Coalition's insurance products are offered with the financial security of many of the world's leading (re)insurers including Swiss Re Corporate Solutions, Arch Insurance North America, and Lloyd's of London, among others.

Ready to protect your business?

To learn more visit www.coalitioninc.com

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Coalition Insurance Solutions, Inc.
NY License No. EX-1472466-R
55 2nd St, Suite 2500
San Francisco, CA 94105
Producer Code: 1035616

December 15, 2022

Producer:

Mark Schmiegel
Amwins Insurance Brokerage, LLC (New England)
308 Farmington Ave, 2nd Floor
Farmington, CT 06032

Re: Coalition Cyber Policy

Dear Mark Schmiegel:

We are pleased to offer the attached quotation for City of Glen Cove. Should you have any questions, please let us know.

In addition to our comprehensive insurance coverage, Coalition also provides robust cyber security tools including automated alerts, threat intelligence, expert guidance and recommendations, benchmarking, and ongoing monitoring to all of our policyholders. All are included in our apps platform at no additional cost to the insured. To learn more, visit www.coalitioninc.com.

Thank you again for the opportunity to work with you as a risk management partner to City of Glen Cove. If we can further assist you, or if you would like to learn more about our coverage or integrated approach to cyber risk management, please do not hesitate to contact us.



Coalition Insurance Solutions, Inc.
NY License No. EX-1472466-R
55 2nd St, Suite 2500
San Francisco, CA 94105
Producer Code: 1035616

COALITION CYBER POLICY QUOTATION

Please be advised this quotation is for surplus lines coverage. Compliance with applicable laws and payment of taxes and fees is the responsibility of the Insured, Insurance Agent, or Insurance Broker. Upon binding of this account, we must receive a signed application from the Insured.

Subject to the terms and conditions contained herein, Coalition Insurance Solutions ("Coalition") agrees to issue to the below Named Insured the following quotation for insurance coverage:

Coalition Quote No.:	C-4LRN-105797-CYBER-2022						
Named Insured	City of Glen Cove						
Address	9 Glen Street Glen Cove, NY 11542						
Policy Period	From: December 30, 2022 (Effective Date) To: December 30, 2023 (Expiration Date) Both dates 12:01 A.M. at the Named Insured's address above.						
Policy Premium	<table><tr><td>Premium without TRIA</td><td>\$25,763.21</td></tr><tr><td>TRIA Premium</td><td>\$25.79</td></tr><tr><td>Total Premium</td><td>\$25,789.00</td></tr></table>	Premium without TRIA	\$25,763.21	TRIA Premium	\$25.79	Total Premium	\$25,789.00
Premium without TRIA	\$25,763.21						
TRIA Premium	\$25.79						
Total Premium	\$25,789.00						
Aggregate Policy Limit of Liability	\$1,000,000						

Coverage under this policy is provided only for those Insuring Agreements for which a limit of liability appears below. If no limit of liability is shown for an Insuring Agreement, such Insuring Agreement is not provided by this policy. The Aggregate Policy Limit of Liability shown above is the most the Insurer(s) will pay regardless of the number of Insured Agreements purchased.

THIRD PARTY LIABILITY COVERAGES

Insuring Agreement	Limit / Sub-Limit	Retention / Sub-Retention
A. NETWORK AND INFORMATION SECURITY LIABILITY	\$1,000,000	\$50,000
B. REGULATORY DEFENSE AND PENALTIES	\$1,000,000	\$50,000
C. MULTIMEDIA CONTENT LIABILITY	\$1,000,000	\$50,000
D. PCI FINES AND ASSESSMENTS	\$1,000,000	\$50,000

FIRST PARTY COVERAGES

Insuring Agreement	Limit / Sub-Limit	Retention / Sub-Retention
E. BREACH RESPONSE	\$1,000,000	\$50,000
F. CRISIS MANAGEMENT AND PUBLIC RELATIONS	\$1,000,000	\$50,000
G. CYBER EXTORTION	\$1,000,000	\$50,000
H. BUSINESS INTERRUPTION AND EXTRA EXPENSES	\$1,000,000	\$50,000
		i. Waiting period: 8 hours
		ii. Enhanced waiting period: 8 hours
I. DIGITAL ASSET RESTORATION	\$1,000,000	\$50,000



Coalition Insurance Solutions, Inc.
NY License No. EX-1472466-R
55 2nd St, Suite 2500
San Francisco, CA 94105
Producer Code: 1035616

J. FUNDS TRANSFER FRAUD	\$250,000	\$50,000
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Coverages by Endorsement		Limit / Sub-Limit	Retention / Sub-Retention
BREACH RESPONSE SEPARATE LIMIT		\$1,000,000	\$50,000
Limit is separate from and in addition to the Aggregate Policy Limit of Liability			
CR.	COMPUTER REPLACEMENT ENDORSEMENT	\$1,000,000	\$50,000
SF.	SERVICE FRAUD	\$100,000	\$50,000
RHL.	REPUTATIONAL HARM LOSS	\$1,000,000	Waiting period: 14 days
	REPUTATION REPAIR ¹	\$1,000,000	\$50,000

Pre-Claim Assistance	\$5,000	Pre-claim assistance is a benefit included as part of the premium. See Section V, CLAIMS PROCESS, PRE-CLAIM ASSISTANCE of the Policy for more details.
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Insurers and Quota Share Percentage

Insurer	Policy No.	Quota Share % of Loss	Quota Share Limit of Liability	Premium
Arch Specialty Insurance Company		30%	\$300,000	\$7,736.70
Fireman's Fund Indemnity Corporation		25%	\$250,000	\$6,447.25
Ascot Specialty Insurance Company		25%	\$250,000	\$6,447.25
Fortegra Specialty Insurance Company		20%	\$200,000	\$5,157.80

Retroactive Date	Full Prior Acts Coverage
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Continuity Date	December 30, 2022
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Endorsements and Forms Effective at Inception

POLICY DECLARATIONS	SP 14 797 0221
SIGNATURE PAGE ALLIANZ - NY OR CA	CYUSP-00NT-000002-0622-00
SIGNATURE PAGE ARCH	CYUSP-00NT-000006-0922-00
SIGNATURE PAGE ASCOT	CYUSP-00NT-000004-0922-00
SIGNATURE PAGE FORTEGRA	CYUSP-00NT-000003-0922-00
COALITION CYBER POLICY	SP 14 798 0419
QUOTA SHARE ENDORSEMENT	SP 15 629 0218
SERVICE OF SUIT ENDORSEMENT	SP 14 927 0219
COMPUTER REPLACEMENT ENDORSEMENT	SP 17 514 0419
REPUTATIONAL HARM LOSS	SP 16 383 0718
REPUTATION REPAIR ENDORSEMENT	SP 14 802 1117
SERVICE FRAUD ENDORSEMENT	SP 16 183 0518
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	SP 17 252 0219
DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	SP 17 255 0220
NEW YORK CHANGES	SP 19 042 1020
BREACH RESPONSE SEPARATE LIMIT ENDORSEMENT	SP 16 296 0618
REGULATORY COVERAGE ENHANCEMENT ENDORSEMENT -- CCPA AND GDPR	SP 17 147 1119
COURT ATTENDANCE COST REIMBURSEMENT ENDORSEMENT	SP 16 777 0918

¹ REPUTATION REPAIR ENDORSEMENT amends F. CRISIS MANAGEMENT AND PUBLIC RELATIONS; use of this limit reduces limit for F.



Coalition Insurance Solutions, Inc.
NY License No. EX-1472466-R
55 2nd St, Suite 2500
San Francisco, CA 94105
Producer Code: 1035616

CRIMINAL REWARD COVERAGE	SP 16 670 0818
DUTY TO COOPERATE ENDORSEMENT	SP 17 274 0219
YOUR OBLIGATIONS AS AN INSURED ENDORSEMENT	SP 17 275 0219
INVOICE MANIPULATION ENDORSEMENT	SP 17 813 0819
MISCELLANEOUS AMENDMENTS (AMWINS) ENDORSEMENT	SP 20 112 0222
MULTI-FACTOR AUTHENTICATION (MFA) RETENTION REDUCTION	SP 17 814 0819
PHISHING (IMPERSONATION) AND PROOF OF LOSS PREPARATION EXPENSE ENDORSEMENT	SP 18 435 0720
WRONGFUL COLLECTION EXCLUSION	SP 18 324 0521
\$0 RETENTION FOR SERVICES FROM COALITION INCIDENT RESPONSE	SP 18 395 0620

Conditions:

This quotation expires within sixty (60) days or on the expiration date of the current coverage, whichever comes first.

This quotation for insurance coverage is issued based on the truthfulness and accuracy of the responses to the questions on the insurance application entered into our underwriting system.

If between the date of the quotation and the Effective Date of the proposed insurance contract, there is a material change in the condition of the Named Insured or if any notice of claim or circumstance giving rise to a claim is reported prior to the Effective Date of the proposed insurance contract, then the Named Insured must notify Coalition. Whether or not this quotation has already been accepted by the Named Insured, Coalition reserves the right to rescind this indication as of its Effective Date or to modify the final terms and conditions of the quotation upon review of the information. Coalition also reserves the right to modify the final terms and conditions upon review of the information received in satisfaction of the aforementioned conditions.

This quotation is also subject to our review and acceptance of responses to the following conditions:

- An authorized representative of the Named Insured signs the Coalition application within ten (10) days of the issuance of a binder or insurance coverage will not take effect.

Please note this quotation contains only a general description of coverage provided. For a detailed description of the terms, you must refer to the insurance contract itself and the endorsements listed herein.



Hubbinette-Cowell Associates, Inc.
1003 Park Blvd.
Suite 3
Massapequa Park, NY 11762

Invoice

DATE	INVOICE #
12/21/2022	3378

TOTAL	ENCLOSED
\$15,310.00	

BILL TO
City of Glen Cove Fire Department Attn: MICHAEL PICCIRILLO 9 Glen Street Glen Cove, NY 11542

AGENT	DUE DATE
HCA	01/20/2023

DESCRIPTION	AMOUNT
Enhanced Cancer Care Policy Policy #CAN0009480119-23 Policy Effective: 1/1/23-1/1/24 Annual Renewal Premium Based on 84 Class I Members and 10 Class II Members Includes Enhanced Cancer Care Rider	15,310.00
Thank you for your business!	TOTAL \$15,310.00

Please remit and make checks payable to:
Hubbinette Cowell Associates Inc.
1003 Park Blvd, Ste 3
Massapequa Park, NY 11762
(516)795-1330

National Union Fire Insurance Company of Pittsburgh, Pa.

Administrative Office: 1271 Ave of the Americas, Fl 37 | New York, NY 10020 | 212.458.5000
(a capital stock company, herein referred to as the Company)

SCHEDULE OF COVERAGE - VOLUNTEER

Policy Number: VFP-4433-11006E-2

Policyholder: CITY OF GLEN COVE
(Name and Address) 9 GLEN STREET
GLEN COVE, NY 11542-0000

Policy Effective Date: 12/1/2022 Term: 1 Year

Policy Termination Date: 12/1/2023 Premium: \$7,291

This Schedule of Coverage provides only those benefits that have a specified amount entered opposite the name of the benefit. Benefits that are followed by the word "none" are not provided under this policy.

THIS POLICY'S EXCLUSION SECTION CONTAINS THE FOLLOWING EXCLUSION, WHICH YOU SHOULD CAREFULLY REVIEW:

We will not cover any loss caused by or resulting from injuries that happen while flying as a crew member, or during parachute jumps from the aircraft.

PART COVERAGE

I. Accidental Death Benefits

A. Accidental Death Benefits	
(1) Accidental Death Benefit Amount	\$50,000
(2) Seat Belt Benefit Amount	\$12,500
(3) Safety Vest Benefit Amount	\$12,500
(4) Military Death Benefit Amount	\$15,000
B. Dependent Child and Education Benefit Amount	\$30,000
C. Spousal Support and Education Benefit Amount	\$15,000
D. Dependent Elder Benefit Amount	\$5,000
E. Repatriation Benefit Amount	\$2,500

II. Accidental Dismemberment and Impairment Benefits

A. Accidental Dismemberment and Paralysis Benefit Principal Sum	\$50,000
B. Vision Impairment Benefit Principal Sum	\$50,000
C. Injury Permanent Impairment Benefit Principal Sum	\$50,000
D. Cosmetic Disfigurement Resulting From Burns Benefit Principal Sum	\$50,000

SCHEDULE OF FORMS AND RIDERS

POLICY FORMS ATTACHED AT ISSUANCE:

V50000NUFIC-NY	Schedule of Coverage - Volunteer
V50004NUFIC-NY	Blanket Accident and Sickness Insurance Policy – Volunteer Members
V50010NUFIC-NY	Organized Team Sports Rider
U40015_NY_0813	Domestic Partnerships Endorsement
89644 (06/13)	Economic Sanctions Endorsement
OFAC Notice	Office of Foreign Assets Control Notice
141636 (05/21)	Change to Insurer's Address

National Union Fire Insurance Company of Pittsburgh, Pa.

Administrative Office: 1271 Ave of the Americas, Fl 37 | New York, NY 10020 | 212.458.5000
(a capital stock company, herein referred to as the Company)

IMPORTANT NOTICE

THIS IS NOT COMPREHENSIVE HEALTH OR MAJOR MEDICAL INSURANCE. IT DOES NOT SATISFY THE REQUIREMENTS OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT AND IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH OR MAJOR MEDICAL COVERAGE. LACK OF COMPREHENSIVE HEALTH OR MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Benefits that become payable under this Policy will include any additional provisions mandated by the State of New York that would attach to the type of insurance afforded by this Policy.

BLANKET ACCIDENT INSURANCE POLICY

VOLUNTEER MEMBERS

This policy is a legal contract between the **Policyholder** named in the application and **Us**. **We** agree to insure certain persons (herein called **Insured Persons**) against loss covered by this policy subject to its provisions, benefits, limitations and exclusions. The persons eligible to be insured are all persons described in this policy as **Insured Persons**. This policy provides accident insurance to **Insured Persons** while they are participating in a **Covered Activity**.

CONSIDERATION – TERM

This policy is issued in consideration of the payment of the required premium when due as shown in the **Schedule**. **We** agree to provide the benefits shown in the **Schedule** to **Insured Persons** in accordance with the provisions and conditions of this policy. This policy may be changed or terminated without consent of or notice to each **Insured Person**.

The term of this policy begins on the policy Effective Date and continues in effect until the policy Termination Date, both of which are shown in the **Schedule**, as long as premiums are paid when due, unless otherwise terminated as further provided in this policy. If this policy is terminated, insurance ends on the date to which premiums have been paid. All periods of insurance will begin and end at 12:01 AM Standard Time at the address of the **Policyholder**.

RENEWAL

After the policy Termination Date shown in the **Schedule**, this policy may be renewed for additional periods of time by mutual written consent of **Us** and the **Policyholder** at the premium rates set by **Us** for the renewal period. If this policy is not renewed, insurance will stop on the date to which premiums have been paid subject to the Grace Period provision.

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The **Covered Activity** must be performed at the direction, or with the knowledge, of an officer of the **Policyholder**, unless immediate action is required of the **Insured Person** at the scene of an emergency not on behalf of the **Policyholder** or any other organization.

Covered Person - means all members who are listed on the **Policyholder's** roster. The roster will be maintained and periodically updated by the **Policyholder**. The roster will be kept on file by the **Policyholder**.

Dependent Child - means any unmarried child of the **Insured Person** who was dependent upon the **Insured Person** for support and maintenance. **Dependent Child** includes any adopted child and stepchild dependent upon the insured and proposed adoptive child during any waiting period prior to the finalization of the child's adoption.

Firematic Events or Contests – means practice or participation in an organized event intended to enhance the **Insured Person's** skills or emergency reaction times. These events include, but are not limited to, departmental or interdepartmental:

- (1) apparatus pumping contests;
- (2) battle of the barrel;
- (3) antique pumping;
- (4) hose rolling contests;
- (5) equipment donning contests;
- (6) bucket brigades;
- (7) ladder climbs;
- (8) tug of war contests; and
- (9) apparatus operation rodeos.

Gainful Occupation – means a job for which an **Insured Person** is qualified by reason of education, training or experience, that has a reasonable expectation to provide more than 85% of pre-disability earnings.

Hemiplegia - means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

Hospital - means a short-term, acute, general hospital, which:

- (1) is primarily engaged in providing, by or under the continuous supervision of physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- (2) has organized departments of medicine and major surgery;
- (3) has a requirement that every patient must be under the care of a **Physician** or dentist;
- (4) provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- (5) if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97 (42 USCA 1395x[k]); and
- (6) is duly licensed by the agency responsible for licensing such hospitals.

A **Hospital** is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitatory care.

Medical Treatment - means treatment by a **Physician** or at a **Hospital** for the **Illness**.

Other Valid and Collectible Insurance – means any:

- (1) group plan, program, or insurance policy;
- (2) other group hospital, surgical or medical benefit plan;
- (3) union welfare plans or group employer or employee benefit programs; or
- (4) regular or disability benefits paid under a **Retirement Program** after the commencement of **Partial Disability** or **Total Disability** benefits under this policy.

Other Valid and Collectible Insurance will not include benefits provided by the United States Social Security Act, any individual disability insurance plans, Medicaid or no fault automobile insurance plans.

Out-Patient Physical Therapy – means rehabilitative physical therapy which is:

- (1) received without being confined overnight in a **Hospital** as a registered bed patient;
- (2) an approved therapy program;
- (3) necessary for the rehabilitation of an **Insured Person** from an **Injury** or an **Illness** for which he or she was confined in a **Hospital** for treatment;
- (4) administered by a licensed physical therapist; and
- (5) monitored by a **Physician**.

Paid Employee(s) – means a person who receives compensation and works an average of 25 hours or more per week for the **Policyholder**. The time frame used to determine the average hours or the salaried schedule will be the same time frame used to calculate the **Average Weekly Wage**. **Paid Employee** does not include **Administrative Personnel**.

Paraplegia - means the complete and irreversible paralysis of both lower **Limbs**.

Partial Disability, Partially Disabled – means,

- (1) For an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage**, the inability to perform one or more, but not all, of the material and substantial duties of his or her own occupation.
- (2) If the **Insured Person** does not have an occupation producing wages as described in the definition of **Average Weekly Wage**, **Partial Disability, Partially Disabled** means:
 - (a) the inability to perform one or more, but not all, of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or
 - (b) the inability to perform one or more, but not all, of the regular activities of the **Insured Person** prior to the covered **Injury** or **Illness**.

The **Insured Person** must be under the regular care of a **Physician** during **Partial Disability**.

Permanent Impairment - means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or non-progressive by the **Physician** at the time an evaluation is made.

Uniplegia - means the complete and irreversible paralysis of one **Limb**.

VAWBL means the Volunteer Ambulance Workers' Benefit Law, Chapter 64-B of the Consolidated Laws of New York.

VFBL means the Volunteer Firefighters' Benefit Law, Chapter 64-A of the Consolidated Laws of New York.

We, Us, or Our refers to National Union Fire Insurance Company of Pittsburgh, Pa.

Payment made in this manner will release **Us** from all liability to the extent of any payment made.

C. SPOUSAL SUPPORT AND EDUCATION BENEFIT

If an Accidental Death Benefit is payable under the policy, **We** will pay the Spousal Support and Education Benefit Amount shown in the **Schedule** to the **Insured Person's** surviving spouse. In no event will more than one Spousal Support and Education Benefit Amount be paid.

D. DEPENDENT ELDER BENEFIT

If an Accidental Death Benefit is payable under the policy, **We** will pay the Dependent Elder Benefit Amount shown in the **Schedule** for each "Dependent Elder". **We** may make payment directly to the "Dependent Elder". Payment made in this manner will release **Us** from all liability to the extent of any payment made.

"**Dependent Elder**" - means any parent, parent-in-law, grandparent, grandparent-in-law, great grandparent or great grandparent-in-law of the **Insured Person** who was dependent upon the **Insured Person** and claimed on the **Insured Person's** final federal tax return.

E. REPATRIATION BENEFIT

If an Accidental Death Benefit is payable under this policy and the **Insured Person** was beyond a 30 mile radius from his or her current place of primary residence at the time of death, **We** will pay for reasonable expenses incurred to transport his or her body to the local vicinity of their current place of primary residence.

We will not pay more than the Repatriation Benefit Amount shown in the **Schedule** per **Insured Person**.

B. VISION IMPAIRMENT BENEFIT

If **Injury** to an **Insured Person** results in "Permanent Damage" to the **Insured Person's** eyesight, **We** will pay the indicated percentage of the Vision Impairment Benefit Principal Sum shown in the **Schedule**, for each impaired eye, based on the degree of vision impairment as shown below. This benefit will apply separately to each eye.

<u>Vision Impairment</u>	<u>% of Vision Impairment Benefit Payable Per Each Eye</u>
20/20	0.00%
20/30	2.75%
20/40	5.50%
20/50	8.25%
20/60	11.00%
20/80	16.50%
20/100	22.00%
20/120	28.00%
20/150	36.00%
20/180	44.50%
20/200 or poorer	50.00%

If the sight of an eye is less than 20/20 before the "Permanent Damage", **We** will pay a benefit based only upon the additional impairment due to the **Injury**. In no event will **We** pay both an Accidental Dismemberment and Paralysis Benefit for a loss of sight and a Vision Impairment Benefit for **Injury** to the same eye sustained while participating in the same **Covered Activity**.

If a Vision Impairment Benefit is payable, it will be in addition to any Accidental Dismemberment and Paralysis Benefit payable for any non-vision related **Injury** sustained while participating in the same **Covered Activity**. However, in no event will the total amount of benefits payable as a result of any one **Injury** exceed 100% of the largest Principal Sum shown in the **Schedule** for these benefits.

"**Permanent Damage**" - means with reference to the eyes, irreparable **Injury** which results in permanently impaired vision, but not in total and irrecoverable loss of sight.

C. INJURY PERMANENT IMPAIRMENT BENEFIT

If an **Insured Person** suffers a **Permanent Impairment** due to an **Injury** and the **Insured Person** participates in an approved physical rehabilitation program if his or her physical condition so warrants, **We** will pay the impairment rating percentage of the Injury Permanent Impairment Benefit Principal Sum shown in the **Schedule**. In no event will an Injury Permanent Impairment Benefit be payable if the **Illness** Permanent Impairment Benefit is payable for any one **Injury** or **Illness** sustained while participating in the same **Covered Activity**.

To Determine the Benefit Payable

The **Insured Person's Permanent Impairment**, due to an **Injury**, will be assigned an impairment value by an examining **Physician**. This value will be expressed as a percentage in relation to the whole person. The impairment rating will be determined by the most current edition of the American Medical Association's (AMA) "Guides to the Evaluation of Permanent Impairment". This percentage rating will be applied to the Injury Permanent Impairment Benefit Principal Sum shown in the **Schedule** to determine the Injury Permanent Impairment Benefit amount payable under this policy.

For example, by using the Cosmetic Burn Benefit shown below:

- (a) if 100% of the surface of the right hand and forearm were burned the benefit would be $5 \times 4.5\% = 22.5\%$ of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable; or
- (b) if 50% of the surface of the right hand and forearm were burned the benefit would be $5 \times 2.25\%$ (which is 50% of 4.5) = 11.25% of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable.

The following explains how a Cosmetic Disfigurement Resulting From Burns Benefit will be determined. This benefit represents the maximum percentage of the Cosmetic Disfigurement Resulting From Burns Principal Sum payable for a covered cosmetic disfigurement. If the **Insured Person** suffers burns in more than one area as a result of any one **Covered Activity**, benefits will not exceed more than 100% of the Cosmetic Disfigurement Resulting From Burns Principal Sum.

<u>Body Part</u>	<u>Area Classification</u>	<u>Maximum Allowable % for Area Surface Burned</u>	<u>Maximum % of Cosmetic Disfigurement Resulting from Burns Principal Sum</u>
Face, Neck, Head	11	9.0%	100.0%
Hand & Forearm (Right)	5	4.5%	22.5%
Hand & Forearm (Left)	5	4.5%	22.5%
Upper Arm (Right)	3	4.5%	13.5%
Upper Arm (Left)	3	4.5%	13.5%
Torso (Front)	2	18.0%	36.0%
Torso (Back)	2	18.0%	36.0%
Thigh (Right)	1	9.0%	9.0%
Thigh (Left)	1	9.0%	9.0%
Lower Leg (Right) (below knee)	3	9.0%	27.0%
Lower Leg (Left) (below knee)	3	9.0%	27.0%

The percentage shown is based on 100% of the Body Part identified being burned. Please refer to the **Schedule** for the amount of the Cosmetic Disfigurement Resulting From Burns Principal Sum.

Any Cosmetic Disfigurement Resulting From Burns Benefit payable under this policy will be in addition to any Accidental Dismemberment and Paralysis Benefit, Vision Impairment Benefit, Injury Permanent Impairment Benefit or Illness Permanent Impairment Benefit payable under this policy. However, in no event will the total amount of benefits payable as a result of any one **Injury** exceed 100% of the largest Principal Sum shown in the **Schedule** for these benefits.

Periods of **Total Disability** or **Partial Disability** separated by less than five years (260 weeks) will be considered one period of disability unless due to separate and unrelated causes.

D. ILLNESS PERMANENT IMPAIRMENT BENEFIT

If **Illness** to an **Insured Person** results in five years (260 weeks) of Total Disability Benefits, **We** will pay the indicated percentage of the Illness Permanent Impairment Benefit Principal Sum shown in the **Schedule**.

To Determine the Benefit Payable

If the **Insured Person** is unable to return to his or her occupation after five years (260 weeks) of Total Disability Benefits, 50% of the Illness Permanent Impairment Benefit Principal Sum shown in the **Schedule** is payable. If the **Insured Person** is unable to return to any **Gainful Occupation** after five years (260 weeks) of Total Disability Benefits, 75% of the Illness Permanent Impairment Benefit Principal Sum shown in the **Schedule** is payable. If the **Insured Person** has been approved for Social Security disability benefits or, if not eligible for Social Security disability benefits, otherwise meets the eligibility criteria for Social Security disability benefits, 125% of the Illness Permanent Impairment Benefit Principal Sum as shown in the **Schedule** is payable.

The five year (260 week) period of **Total Disability** does not need to be consecutive weeks but must be payable as a result of one **Illness** sustained while participating in the same **Covered Activity**.

PART VI. MEDICAL EXPENSE BENEFITS – (INJURY ONLY)

A. MEDICAL EXPENSE BENEFIT

If, as a result of a covered **Injury**, an **Insured Person** incurs medical expenses, **We** will pay the **Reasonable and Customary Expenses** for necessary:

- (1) medical, **Hospital** or surgical treatment;
- (2) "Home Health Care"; or
- (3) nursing services prescribed and monitored by a **Physician**.

We will pay the medical expense benefits subject to the **Policyholder's** choice of 1 or 2 below:

- (1) If "1" in the **Schedule** is marked with an "X", **We** will pay any covered medical expenses incurred by an **Insured Person** in excess of benefits paid or payable under any Workers' Compensation act, **VFBL**, **VAWBL** or similar law. If benefits are not payable under the applicable Workers' Compensation act, **VFBL**, **VAWBL** or similar law, but are covered under this policy, **We** will pay such benefits.
- (2) If "2" in the **Schedule** is marked with an "X", **We** will pay any covered medical expenses incurred by an **Insured Person** on a primary basis regardless of benefits paid or payable under any Workers' Compensation act, **VFBL**, **VAWBL** or similar law or any **Other Valid and Collectible Insurance**.

We will also pay New York Mandated Benefits required by New York Insurance law to the extent that they are appropriate for the care and treatment of a covered loss sustained by an **Insured Person**.

Medical Expense Benefits are not payable for any **Illness**.

We will not pay more than the Medical Expense Benefit Maximum Amount shown in the **Schedule** for any one **Injury**.

"Home Health Care" - means those nursing and other home health care services provided to an **Insured Person** in his or her place of residence. "Home Health Care" must be:

- (1) performed by a "Home Health Care Practitioner";
- (2) in lieu of confinement in a **Hospital** or nursing facility; and
- (3) pursuant to the orders of the attending **Physician**. Such attending **Physician's** orders must be written and include a plan of care which must be reviewed and approved by the **Physician**.

"Home Health Care Practitioner" - means a nurse, medical social worker, home health aide, physical therapist, or other medical practitioner. However, no provider will be considered a "Home Health Care Practitioner" unless such practitioner is:

- (1) duly licensed and/or certified in compliance with all applicable laws and regulations to provide the care received; and
- (2) not an **Insured Person** or an **Immediate Family Member**.

B. COSMETIC PLASTIC SURGERY BENEFIT

If an **Insured Person** requires skin grafting or plastic surgery due to an **Injury** for which Medical Expense Benefits are payable, **We** will pay the **Reasonable and Customary Expense(s)** incurred. **We** will not pay more than the Cosmetic Plastic Surgery Maximum Amount shown in the **Schedule** for any one **Injury**.

PART VII. CONTINUATION OF HEALTH INSURANCE PREMIUM BENEFIT

We will pay a benefit equal to the "Continuation of Health Insurance Premium", up to the Continuation Health Insurance Premium Benefit Maximum Amount shown in the **Schedule** if:

- (1) as a result of **Injury** or **Illness**, an **Insured Person** becomes **Totally Disabled**;
- (2) **We** have paid six weeks of Total Disability Benefits under the policy; and
- (3) the **Insured Person** is responsible for his or her "Continuation of Health Insurance Premium".

The **Insured Person** must submit to **Us** proof that the premium contribution was previously paid by the **Insured Person's** employer or by the **Insured Person** himself or herself.

This coverage does not apply if the **Policyholder** provides health insurance benefits for the **Insured Person**. This benefit also does not apply for an **Insured Person** who is:

- (1) self-employed as described under item (4) of the **Average Weekly Wage** definition; or
- (2) an officer or a partner in any organization that purchases health insurance for the **Insured Person**.

"**Continuation of Health Insurance Premium**" means payments by the **Insured Person** to maintain employer-provided individual or family health insurance, after the employer paid premium or contribution becomes the responsibility of the **Insured Person**.

PART VIII. FELONIOUS ASSAULT BENEFIT

If an **Insured Person** suffers a covered **Injury** or **Illness** as a result of a "Felonious Assault" that is directed at the **Insured Person** while he or she is participating in a **Covered Activity**, and one or more of the following are payable: Accidental Death Benefit, Accidental Dismemberment and Paralysis Benefit, Vision Impairment Benefit, Injury Permanent Impairment Benefit, Illness Permanent Impairment Benefit or Cosmetic Disfigurement Resulting from Burns Benefit as provided by this policy, and the Felonious Assault Benefit is indicated in the **Schedule**, **We** will pay the Felonious Assault Benefit Amount.

We will not pay more than the Felonious Assault Benefit Amount shown in the **Schedule** per **Insured Person**.

"Felonious Assault" will not apply to a Police Officer while acting within the scope of his or her employment.

"**Felonious Assault**" - means any willful or unlawful use of force upon the **Insured Person**:

- (1) with the intent to cause bodily injury to the **Insured Person**; and
- (2) that results in bodily harm to the **Insured Person**; and
- (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

PART X. OPTIONAL BENEFITS

A. WEEKLY HOSPITAL BENEFIT

If Weekly Disability Benefits are payable under this policy and the Weekly Hospital Benefit is indicated in the **Schedule**, **We** will also pay the Weekly Hospital Benefit shown in the **Schedule** if the **Insured Person** eligible to receive the Weekly Disability Benefits requires **Hospital** confinement or **Out-Patient Physical Therapy** for the same **Injury**.

The Weekly Hospital Benefit starts on the first day the **Insured Person** is confined to a **Hospital** or begins **Out-Patient Physical Therapy**. If benefits are payable for less than a full week, **We** will pay 1/7 of the Weekly Hospital Benefit shown in the **Schedule** for each day the **Insured Person** is confined in the **Hospital** or receives **Out-Patient Physical Therapy**. This benefit will be limited to a maximum of 104 weeks for all **Injuries** resulting from the same **Covered Activity**.

If the **Insured Person** is in an intensive or critical care unit, the Weekly Hospital Benefit Amount shown in the **Schedule** is doubled.

B. FIRST WEEK TOTAL DISABILITY BENEFIT

If an **Insured Person** becomes **Totally Disabled** and is eligible for Total Disability Benefits under this policy and the First Week Total Disability Benefit is indicated in the **Schedule**, **We** will pay a one-time additional weekly benefit equal to the First Week Total Disability Benefit Amount shown in the **Schedule** for the first week the **Insured Person** is **Totally Disabled**. If the **Insured Person** is **Totally Disabled** for less than one week, **We** will pay 1/7 of the First Week Total Disability Benefit Amount for each full day of **Total Disability**. **We** will pay the First Week Total Disability Benefit Amount in addition to any other weekly benefit payable under this policy.

C. COORDINATED 28 DAY TOTAL DISABILITY BENEFIT

If an **Insured Person** becomes **Totally Disabled** and is eligible for Total Disability Benefits under this policy and the Coordinated 28 Day Total Disability Benefit is indicated in the **Schedule**, **We** will pay 100% of the difference between the **Insured Person's Average Weekly Wage** and the sum of the Total Disability Weekly Amount (first 28 days) payable under this policy and any disability income benefits received by the **Insured Person** from any Workers' Compensation act, **VFBL**, **VAWBL** or similar law not to exceed the Coordinated 28 Day Total Disability Benefit Maximum Amount shown in the **Schedule**, for each week the **Insured Person** is **Totally Disabled**. This benefit is payable for the first 28 days of **Total Disability**.

If the **Insured Person** is **Totally Disabled** for less than one week, **We** will pay 1/7 of the Coordinated 28 Day Total Disability Benefit for each full day of **Total Disability**.

D. EXTENDED TOTAL DISABILITY BENEFIT

If an **Insured Person** is **Totally Disabled** and the Extended Total Disability Benefit is indicated in the **Schedule**, **We** will increase the maximum benefit period as indicated under the Total Disability Benefit from five years (260 weeks) to 10 years (520 weeks).

H. OFF-DUTY ACCIDENT BENEFIT – INJURY ONLY

Off-Duty Accidental Death Benefit. We will pay the Off-Duty Accident Benefit Amount shown in the **Schedule** if bodily injury to a **Covered Person** results in the **Covered Person's** death.

Off-Duty Accidental Dismemberment and Paralysis or Vision Impairment Benefit. In the event of dismemberment, paralysis or vision impairment the amount payable under this benefit will be calculated based on the Off-Duty Accident Benefit Amount Indicated in the **Schedule** and the percentage indicated in the Accidental Dismemberment and Paralysis Benefit or the Vision Impairment Benefit.

We will pay the Off-Duty Accident Benefit, as described above, when a **Covered Person** suffers a bodily injury that does not occur during a **Covered Activity**, other than during participation in a league sports event or any form of football, hockey, lacrosse, soccer, boxing, rugby, or martial arts, that results in the **Covered Person's** accidental death, dismemberment, paralysis or vision impairment.

In no event will the total amount of benefits payable as a result of any one bodily injury exceed 100% of the largest Benefit Amount for an Off-Duty Accidental Death, and/or an Off-Duty Accidental Dismemberment and Paralysis and/or a Vision Impairment. We will not pay more than 100% of the Off-Duty Accident Benefit Amount shown in the **Schedule**, or the indicated percentage in the Accidental Death, Dismemberment and Paralysis Benefit per **Covered Person**, whichever is greater.

In no event will both, an Off-Duty Benefit and a 24-Hour Accident Benefit be provided under this policy.

Claim Forms: When **We** receive the written notice of claim, **We** will send the claimant forms for filing proof of loss. If such forms are not furnished before the expiration of fifteen days after **We** receive notice of claim under the policy, the claimant shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time frame fixed in the policy for filing proof of loss, written proof covering the occurrence, character, and extent of loss for which the claim is made.

Proof of Loss: In the case of claim for loss of time for disability, written Proof of Loss must be given within 30 days after the commencement of the period for which **We** are liable. Subsequent written proof of continuing disability must be furnished to **Us** at intervals as **We** may reasonably require. For any other loss, **We** must be given written proof within 120 days after the loss. If it was not reasonably possible to give written proof in the time required, **We** will not reduce or deny the claim for this reason, if the proof is filed as soon as reasonably possible.

Time of Payment of Claims: Subject to our receipt of written proof of loss for other than loss of time, **We** will pay any benefits due within 60 days of receipt of due written proof of loss.. Benefits that provide for periodic payment will be paid at least monthly. When **Our** liability ends, **We** will pay any remaining balance as soon as **We** receive written proof of loss.

Payment of Claims: Any Accidental Death Benefit will be paid in accordance with the beneficiary designation on record with **Us** or the **Policyholder**.

If no beneficiary is named, Accidental Death Benefits will be paid to the first surviving class of the following classes: the **Insured Person's** (1) spouse; (2) child(ren); (3) parents; or (4) brothers or sisters. Otherwise, **We** will pay benefits to the **Insured Person's** estate.

All other benefits are payable to the **Insured Person**, unless otherwise indicated in this policy. **We** may pay all or a part of any benefits for health care services directly to the provider. **We** cannot require that the service be given by a certain provider.

Any payment **We** make in good faith will end **Our** liability to the extent of the payment.

Physical Examination and Autopsy: **We**, at **Our** expense, have the right to have the **Insured Person** examined as often as reasonably necessary while a claim is pending under this policy. **We** may also have an autopsy performed unless prohibited by law.

Legal Actions: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after three years from the time written proof of loss is required to be given.

Change of Beneficiary: The **Insured Person** can change the beneficiary at any time by sending a written notice to the **Policyholder**. The beneficiary's consent is not required for this or any other change in this policy, unless the designation of the beneficiary is irrevocable.

Conformity with State Statutes: Any provision of this policy, which, on its effective date, is in conflict with the laws of the state in which the **Insured Person** resides on that date, is amended to conform to the minimum requirements of such laws.

Clerical Error: The insurance of any **Insured Person** will not be affected by a clerical error made by the **Policyholder** or **Us**. An error will not continue the insurance of an **Insured Person** beyond the date it would end under the policy terms if the error had not been made.

National Union Fire Insurance Company of Pittsburgh, Pa.

Administrative Office: 1271 Ave of the Americas, Fl 37 | New York, NY 10020 | 212.458.5000
(a capital stock company, herein referred to as the Company)

Policyholder: CITY OF GLEN COVE
Policy Number: VFP-4433-11006E-2
Effective Date: 12/1/2022

ORGANIZED TEAM SPORTS RIDER

SOFTBALL

This rider is attached to and made a part of the above mentioned policy. It applies only with respect to **Injuries** that occur on or after the effective date shown above. Any changes in premium apply as of the effective date of this rider. This rider is subject to all of the provisions, benefits, limitations and exclusions of the policy except as they are specifically modified by this rider. If there is a conflict between the policy and this rider, the terms of this rider will govern. This rider amends the policy in the following manner:

If "Injury" or death to an **Insured Person** results from participation in, including travel to and from, a specific organized team sport, **We** will pay the benefits as indicated below.

A. ACCIDENTAL DEATH BENEFIT

We will pay the Accidental Death Benefit shown below if "Injury" to an **Insured Person** results in the **Insured Person's** death.

Accidental Death Benefit Amount..... \$10,000

B. ACCIDENTAL DISMEMBERMENT AND PARALYSIS BENEFIT

If a "Loss" listed below results in "Injury" to an **Insured Person**, **We** will pay the indicated percentage of the Accidental Dismemberment and Paralysis Principal Sum shown below for the "Loss" suffered. If the **Insured Person** suffers more than one "Loss" as a result of any one "Injury", only one amount, the largest, will be paid.

- (3) The minimum benefit payable for **Total Disability** will be the Total Disability Minimum Weekly Amount shown below. If, after **Total Disability** commences, benefits are payable under a **Retirement Program**, the Total Disability Minimum Weekly Benefit does not apply.

Total Disability Minimum Weekly Amount.....\$200

If an **Insured Person** is **Totally Disabled** for less than a week, **We** will pay 1/7 of the benefit otherwise payable for each full day the **Insured Person** is so disabled.

We will pay up to a maximum of 26 weeks for any one "Injury".

Periods of **Total Disability** separated by less than five years (260 weeks) will be considered one period of disability unless due to separate and unrelated causes.

D. MEDICAL EXPENSE BENEFIT

If, as a result of a covered "Injury" an **Insured Person** incurs medical expenses, **We** will pay the **Reasonable and Customary Expenses** for necessary:

- (1) medical, **Hospital** or surgical treatment;
- (2) **Home Health Care**;
- (3) nursing services prescribed and monitored by a **Physician**.

We will pay any covered medical expenses incurred by an **Insured Person** on a primary basis regardless of benefits paid or payable under any Workers' Compensation act, **VAWBL**, **VFBL** or similar law or any **Other Valid and Collectible Insurance**.

All medical expense benefits will be paid subject to the terms and limits of each applicable part.

We will not pay more than the Medical Expense Maximum Amount shown below for any one "Injury".

Medical Expense Maximum Amount.....\$10,000

Deductible Amount (if applicable)\$100

Total Additional Premium.....

"Injury" as used in this rider, means accidental bodily injury sustained by the **Insured Person**:

- (1) during and resulting from an **Insured Person's** participation in an organized team sport while coverage under this rider is in force as to the **Insured Person**;
- (2) which directly and independently causes a loss to the **Insured Person**; and
- (3) which is not an illness.

The term "Injury" includes, but is not limited to, hernia, back strain or sprain, heat exhaustion, and over-exertion.

National Union Fire Insurance Company of Pittsburgh, Pa.

Administrative Office: 1271 Ave of the Americas, Fl 37 | New York, NY 10020 | 212.458.5000
(a capital stock company, herein referred to as the Company)

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY

Policyholder: CITY OF GLEN COVE
Policy Number: VFP-4433-11006E-2
Effective Date: 12/1/2022

DOMESTIC PARTNERSHIPS ENDORSEMENT

This Endorsement is issued in consideration of the premium paid and is attached to and made part of the Policy or Certificate as of the Effective Date shown above at 12:01 AM Standard Time at the address of the Policyholder. It applies only with respect to coverages that are in effect under the referenced Policy or Certificate on or after that date. Any changes in the premium apply as of the first premium due date on or after the effective date of this Endorsement. This Endorsement is subject to all of the provisions, benefits, limitations, and exclusions of the Policy or Certificate except as they are specifically modified by this Endorsement. If there is a conflict between the Policy or Certificate and this Endorsement, the terms of this Endorsement will govern. This Endorsement amends the Policy or Certificate in the following manner:

- The following is added to and made a part of the Policy or Certificate. It replaces any material pertaining to Domestic Partnership that may already be contained in the Policy or Certificate. This Endorsement amends the Policy or Certificate to provide coverage for Domestic Partnerships.

Domestic Partner means a person who has entered into a Domestic Partnership.


Domestic Partnership means an arrangement whereby two persons of the same or opposite sex have established a domestic or civil union relationship and who have submitted proof of such arrangement in the form of the following:

1. Registration as a Domestic Partnership indicating that neither individual has been registered as a member of another Domestic Partnership within the last six months, where such registry exists, or
2. For partners residing where registration does not exist, by:
 - a. an alternative affidavit of Domestic Partnership. The affidavit must be notarized and must contain the following
 - The partners are both eighteen years of age or older and are mentally competent to consent to contract.
 - The partners are not related by blood in a manner that would bar marriage under laws of the State of New York
 - The partners have been living together on a continuous basis prior to the date of the application;
 - Neither individual has been registered as a member of another Domestic Partnership within the last six months; and
 - b. Proof of cohabitation (e.g., a driver's license, tax return or other sufficient proof); and

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa., witness this Endorsement:



President



Secretary

**IMPORTANT NOTICE TO OUR CUSTOMERS
REGARDING THE
OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")**

Your rights as a policyholder and payments to you, any insured, additional insured, loss payee, mortgagee, or claimant, for loss under this policy may be affected by the administration and enforcement of U.S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL ("OFAC").

The United States imposes economic sanctions against countries, groups and individuals, such as terrorists and narcotics traffickers. These sanctions prohibit US persons from dealing with these sanctioned parties. The purpose of this notice is to inform you that we cannot violate US sanctions by engaging with sanctioned countries or people.

WHAT IS OFAC?

OFAC is an office of the Department of the Treasury and acts under presidential wartime and national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze foreign assets under U.S. jurisdiction. OFAC administers and enforces economic embargoes and trade sanctions primarily against:

- Targeted foreign countries and their agents
- Terrorism sponsoring agencies and organizations
- International narcotics traffickers
- Proliferators of Weapons of Mass Destruction

PROHIBITED ACTIVITY

- OFAC enforces certain embargoes and sanctions against designated countries. No U.S. business or person may enter into transactions involving designated "sanctioned" countries.
- OFAC publishes on its website a list known as the "Specially Designated Nationals and Blocked Persons" ("SDNBP") list. No U.S. business or person may enter into transactions involving any person or entity named on the SDNBP list.

Additional information about OFAC Sanctions Programs and Countries can be found at:
<http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

OBLIGATIONS PLACED ON US BY OFAC

If we determine that you or any insured, additional insured, loss payee, mortgagee, or claimant are on the SDNBP list or are connected to a sanctioned country as described in the regulations, we must block or "freeze" property and payment of any funds transfers or transactions.

POTENTIAL ACTIONS BY US

1. We shall not be deemed to provide cover when it would violate any applicable sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America. You will not receive a return premium unless approved by OFAC. All funds will be placed in an interest bearing blocked account established on the books of a U.S. financial institution.
2. We will not pay a claim or provide any benefit to the extent that such cover, payment of such claim or provision of such benefit would violate any trade or economic sanctions, laws or regulations of the United States of America and we will not defend or provide any other benefits under your policy to individuals, entities or companies to the extent that it would violate any trade or economic sanctions, laws or regulations of the United States of America.

YOUR RIGHTS AS A POLICYHOLDER

If funds are blocked or frozen by us in conjunction with the OFFICE OF FOREIGN ASSETS CONTROL, you may complete an "APPLICATION FOR THE RELEASE OF BLOCKED FUNDS" and apply for a specific license to request their release. Forms are available for download at the OFAC website. See <https://www.treasury.gov/resource-center/sanctions/Pages/forms-index.aspx>

POLICYHOLDER NOTICE

CHANGE TO INSURER'S ADDRESS

Please be advised that all references to the address 175 Water Street, New York, NY 10038 contained in the Policy, Policy Declarations, riders, endorsements, and Policy notices are hereby deleted in their entirety and replaced with the following:

1271 Ave of the Americas FL 37, New York, NY 10020-1304

All other terms and conditions of the Policy remain the same.

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CITY OF GLEN COVE

PROCUREMENT POLICY & PROCEDURES

Adopted: December 27, 2022
Effective: January 1, 2023



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DEFINITIONS

Purchase Order– A written authorization signed by the Purchasing Agent for a supplier to ship products at a specified price, which becomes a legally binding contract once accepted by the supplier.

Blanket Purchase Order– Written authorization for a vendor to fulfil multiple orders for the same commodities or services with a maximum dollar limit and time limit. A blanket purchase order (BPO) is an agreement between an organization and a supplier to deliver goods or services with a set price.

Goods Receipt– Confirmation of receipt of ordered goods/services by ordering Department.

Invoice– A commercial document that references a purchase order number, indicating the products, quantities and agreed prices for products or services the vendor has provided.

Purchase Contract– A legal agreement between the City and a vendor for goods and/or services.

Request for Proposal– A Request for Proposal (RFP) is the City's competitive solicitation for proposed services for technical or service-oriented projects.

Request for Formal Bid– A Request for Bid (RFB) is the City's competitive solicitation for supplies, materials, equipment, or project-based specifications developed by the City.

Specifications– Detailed description of product or service requirements as defined by the City.

Vendor Form – form to be filled out by new and current vendors to obtain either new contact information or update information in the financial system

Quote Form – form to be filled out by the requisitioning department when multiple quotes are presented to Purchasing along with Purchase Requisition Form

Request for Adjustment of Purchase Order – form used to make changes to existing purchase orders. Once completed, send to Purchasing.

Piggybacking – using other government contracts. See Section D under “Policy and Exceptions to the Competitive Bidding Requirement”

CITY OF GLEN COVE – PROCUREMENT POLICY & PROCEDURES

I. PURPOSE

This policy establishes the guidelines whereby the City of Glen Cove will obtain supplies, equipment and services in a timely manner and at the best value to the residents and taxpayers of the City. Further this policy will be carried out in a manner that maintains fairness to competitive vendors and abides by all applicable Federal, State, and local laws, and the rules and regulations governing public purchasing practices. Employees found to have willfully conducted purchases outside the approved authority may be held personally liable for the costs incurred.

This policy shall be re-authorized by the City Council annually, on the 1st Council Meeting of each year.

The Mayor will ensure that the Department Heads distribute the policy to appropriate employees, assure training by purchasing department, and obtain written receipts that both the employee and the Department Head has read and understood this policy therein.

II. AUTHORITY OF THE CITY OF GLEN COVE PURCHASING AGENT

The City Purchasing Agent is a position within the Department of Finance, appointed from an eligible Civil Service list by the Mayor and with consent of the City Council. The City Purchasing Agent shall, in accordance with the Glen Cove Charter Article 11, Section C2-10:

- A. Directly procure or approve purchasing of all supplies, materials, equipment, and contractual services required by any department, office, board or commission of the city, pursuant to such rules and regulations as may be established by the City Council. All purchases made by the Purchasing Agent shall be pursuant to a signed requisition from the head of the department, office, board or commission whose appropriation is to be charged. All purchases shall be made in accordance with the provisions of the New York State General Municipal Law, the City of Glen Cove's Purchasing Policy, and any other state or local legislation.
- B. Establish and enforce, after consultation with the heads of all departments, standard specifications for all supplies, materials and equipment to be purchase by the city.
- C. Prescribe the process of requisitioning for such supplies, materials, and equipment.
- D. Ensure the inspection of deliveries of such supplies, materials and equipment, and cause tests to be made when necessary to determine the quality and conformance with specifications.
- E. Negotiate and submit to City Council for approval all inter-municipal purchasing agreements.
- F. Assure that contracts are subject to City Council approval, providing all relevant detail on Bids/Quotes in a timely and complete fashion.

- G. Solicit by public bid or request for proposal, and recommend for award by the City Council, contracts to vendors that have met the required specifications and will provide the best value to the city.

III. POLICY AND EXCEPTIONS TO THE COMPETITIVE BIDDING REQUIREMENT

The City of Glen Cove Purchasing Agent shall approve ALL purchases and issue contracts for supplies, materials, and equipment for the City and any City official, Department, Board, or Agency for which the City may be liable.

The Purchasing Agent shall have discretionary authority to initiate the formal bidding process, whether or not a state or county bid exists. It is the responsibility of the Purchasing Agent to verify that the City Clerk has received a completed Statement of Vendor Qualifications Form from any successful bidder.

The Purchasing Agent shall prepare the notices to bidders, arrange for publication in the official newspaper of the City as prescribed by NYS 103 GML, and assure that the affidavit of publication is filed with the City Clerk's office.

The Purchasing Agent will conduct periodic reviews of the quantities of goods and services purchased by both commodity and vendor to determine if the volume of activity will likely exceed the limits beyond which formal competitive bidding must be conducted.

Competitive bidding is required in all situations as defined by threshold in this policy and where so designated under the provisions of the New York State General Municipal Law, including the "best value" provision (GML 103).

The Purchasing Agent will recommend awards of materials, equipment, and supplies to the lowest, responsible vendor where required by New York State General Municipal Law.

The City Council, via resolution, will award purchasing contracts to the lowest, responsible bidder where required by New York State General Municipal Law and recommended by the Purchasing Agent for contracted public work projects and contracted services. A purchase order will be initiated for all purchases that cost more than \$999.00.

The Mayor is the only authorized signatory power for contracting the City of Glen Cove.

Resolutions should evidence the following:

1. Department – identifies needs, scope of service, and potential providers; assigns initial proposed SEQRA determination; and forwards request to the Purchasing Department.
2. Purchasing Agent – assures proper procedure has been followed and forwards proposed arrangement to Controller.
3. Controller – assures funds are available or designated and forwards to the City Attorney.
4. City Attorney – reviews as to form and legality.
5. City Council – approves by resolution and forwards to the Mayor.
6. Mayor – signs the contract and forwards to the City Clerk.
7. City Clerk to forward a signed copy of agreement to Department.

A. Materials, Equipment, Supplies and Services

All materials, equipment, supplies or services (purchases or leases) that are not Procured through a Federal (GSA), State or County contract or approved National Cooperatives must be let by a competitive process. The City Council is required to establish guidelines to facilitate the acquisition of goods and services of maximum quality at the lowest possible cost by obtaining quotes and purchase orders in accordance with the thresholds as follows:

<u>DOLLAR RANGE</u>	<u>QUOTES REQUIRED</u>	<u>METHOD</u>
Less than \$ 999.99	One (1)	Written Quote – No P.O. required but encouraged
\$ 1,000 - \$ 9,999.99	Two (2)	Written Quotes + Quote Form + P.O. Requisition Form
\$ 10,000 - \$ 19,999.99	Three (3)	Written Quotes + Quote Form + P.O. Requisition Form
\$ 20,000 and above	Competitive Bid	Formal Sealed Bid

Pursuant to NYS General Municipal Law 104b, it is prohibited to break up purchases to stay under the established thresholds. All requisitions that require 2 or more quotes must include the Quote Form (page 19) documenting quotes obtained.

B. Public Works

The Purchasing Agent shall solicit bids and the department head shall solicit quotes for all Public Works Contracts based upon the following guidelines:

<u>DOLLAR RANGE</u>	<u>QUOTES REQUIRED</u>	<u>METHOD</u>
Less than \$ 9,999.99	Two (2)	Written Quotes + Quote Form + P.O. Requisition Form (requires prevailing wage & certified payroll)
\$ 10,000 - \$ 34,999.99	Three (3)	Written Quotes + Quote Form + P.O. Requisition Form (requires prevailing wage & certified payroll)
\$ 35,000 and above	Competitive Bid	Formal Sealed Bid

All Public Works quotes submitted must include the Quote Form #P2-19 (see Appendix

III) documenting quotes obtained. The City Council, via resolution, will award bids to the lowest responsible bidder(s) for all contracted Public Work projects and all Public Works projects of \$35,000 or above. The Purchasing Agent will provide an explanation of the recommendation for each award and make available to the City Council all written quotes to support the final decision-making processes.

C. Professional Services and the RFP Process

Professional Services are defined as those that require special/technical skills, training and/or expertise. These services include, but are not limited to, architectural/engineering design services, surveyors, accounting services, consultants, and legal services. The nature of these services does not readily lend itself to competitive procurement procedures and, therefore, may follow the RFP process and at the discretion of the Procurement Agent and the Controller.

When the Purchasing Agent determines that services fall outside the realm of competitive bidding, the Request for Proposal process may be used in place of competitive bidding. The use of RFP demonstrates the City's intent to rely on a competitive process "to assure the prudent and economical use of public moneys in the best interest of the taxpayers" as required by NYS GML 104b.

The Request for Proposal method of procurement provides prospective vendors with information about the City and promotes competition among vendors to provide the City with realistic proposals tailored to its needs. It provides the City with the proposer's qualifications and experience for purposes of evaluation so that price is not the sole criteria for selection.

All RFPs will be posted through BIDNET. The Request for Proposal shall state the importance of price and other evaluation factors. Discussions with responsible offerors and revisions to proposal may be conducted by the Purchasing Agent in conjunction with the Director of the requisitioning Department for the purpose of clarification, understanding, and conformance to, solicitation requirements with respondents who are being considered for possible award.

The Purchasing Agent and the requisitioning Department Director will recommend for award a vendor to the City Council. The City Council will award or deny via resolution.

The Purchasing Agent will be responsible to submit a recommendation for professional services to the City Council. The recommendation must provide the scope of services required and a narrative as to why the proposal is in the best interest to the City of Glen Cove. Professional Services contracts are awarded by City Council resolution.

D. Government Contracts or "Piggybacking"

Any contract to purchase apparatus, materials, equipment and supplies or to contract for services related to the installation, maintenance, or repair of such items, may be made through the use of contracts let by the United States or any agency thereof, any state or any other political subdivision or district therein. The underlying contract must be let in a manner that constitutes competitive bidding consistent with state law and made available for use by other governmental entities. Purchases made in accordance with this section are not subject to competitive bidding requirements, as authorized by General Municipal Law

Section 103.

Purchases made through any contracts that allow for political subdivisions to purchase from them, as well as NYS Contracts, are also exempt from competitive bidding, so long as the contract was awarded in a manner consistent with NYS Law.

It is not necessary to obtain formal quotations when purchases are made from Federal (GSA), State, County contracts or the approved list of National Cooperatives (see Appendix II). Under certain conditions, local townships and villages may be exempt from the formal bid process as well, as long as the following provision is stated in their solicitation: The successful bidder agrees that all political subdivisions of New York State and other entities authorized by law to make such purchases may participate in any award under this bid. These entities shall accept full responsibility for any payments due the successful bidder for their purchases hereunder.

The Departments of the City may purchase materials, supplies, or equipment through piggybacking onto the New York State Office of General Services contracts as they apply to government agencies and municipalities. Department Directors must explore the use of Federal, State, County, and other localities' contracts before requesting the initiation of a City bid for the same or similar service or commodity. Department Directors may request the Purchasing Agent to issue a City bid if there is reason to believe that better pricing can be obtained or that such actions are in the best interest of the City of Glen Cove.

D. Preferred Sources

Commodities produced, manufactured, or assembled from approved charitable non-profit agencies for the blind, severely disabled, qualified special employment programs for mentally ill persons and qualified veteran's workshops are considered to be "Preferred Sources" under New York State Finance Law 162 and are exempt from competitive bidding requirements. Below are the NYS Approved Preferred Sources:

- ❖ Corcraft
- ❖ New York State Industries for the Disabled, Inc. (NYSID)
- ❖ NYS Preferred Source Program for New Yorkers who are Blind (NYSPSP)

E. Sole-Source Procurement

A contract may be awarded without competitive bidding when the Purchasing Agent determines, through written documentation from the vendor, which must be verified by the respective Department Head, that there is only one "Sole Source" for the required commodity or service.

To qualify as a Sole Source, the vendor shall demonstrate:

1. Lack of other products providing equivalent or similar benefits;
2. No potential competition from other dealers or distributors;
3. Specific benefit to the City available only through this provider source.

Supporting written documentation of Sole Source procurement shall be maintained by the Purchasing Agent as a matter of public record and shall list each supplier name and the item provided. A vendor classified as a "Sole Source" provider will be required to provide the City with written documentation every two years to prove that their Sole Source status has not changed.

IV. COMPETITIVE BIDDING REQUIREMENTS & PROCESS

Competitive bidding is required in all situations where so designated under the provisions of the General Municipal Law, including the "best value" provision (GML § 103).

At all times, the Purchasing Agent must comply with New York States' Wicks' Law (including but not limited to General Municipal Law Section 101 and Labor Law Section 222). Notwithstanding the monetary thresholds established by the Wicks' Law for competitive bidding on public works projects, the Purchasing Agent and Department Head may, at their sole discretion, require contractors and subcontractors to include documentation with their bid proposals evidencing the existence of an apprenticeship agreement, approved by the New York State Commissioner of Labor, prior to entering into any public works contract with the City in Glen Cove in excess of \$500,000 for prime contractors and \$250,000 for subcontractors.

The Department Director must submit to the Purchasing Agent a detailed request according to the Purchasing Policy. Funding must be available and encumbered to begin the bid process and Capital project descriptions must match Capital project requests

The Purchasing Agent will publicize bid requests in a local newspaper making best efforts to assure inclusion of minority- and women-owned businesses. Legal notice will also be posted on the City's website in the "BIDS AND RFP OPPORTUNITIES" section, as well as on BIDNET.

A. Bid Specifications

The Purchasing Agent will identify specifications for supplies, commodities or services through information furnished by the requesting Department on all requisitions, and advertise for bids, when legally required, based on the specifications prepared. The requesting Department will have final approval of the specifications and send the Purchasing Agent their approval in writing prior to bid solicitation. Specifications will not be written in such a manner as to effectively favor one bidder. Specifications shall be written to allow any product, commodity, or service that is reasonably equivalent to satisfy the bid requirements.

Requests for items requiring specifications if necessary must contain the following:

1. Physical, chemical, or electrical composition of the item.
2. Dimensions, tolerance, and performance expected of the item.
3. Quantity or estimated quantity required.
4. If a trade-in/upgrade is involved, time and locations of where such items may be examined by bidders.
5. Time and place of delivery.

No employee or representative of the City may offer verbal clarification or communication of any kind relating to any bid specification. All questions regarding bid specifications must be submitted in writing to the Purchasing Agent and must be received no later than 5 business days prior to the opening date to receive a response. Responses will be made in the form of addenda and distributed to all parties of interest.

No employee, consultant, or representative of the City is permitted to reveal to any prospective bidder for any bid or RFP, the names or competitive information of any other prospective bidder or party of interest until such time as the bid or RFP has been opened and made public.

B. Bid Opening and Award

The procedure for bid openings and awards is as follows:

1. The opening of bids will occur at a place in City Hall as designated by the Purchasing Agent. All interested parties may attend.
2. Bids will be opened at the time specified in the legal notice and no bids will be received or accepted after such time.
3. The sealed Bids shall be opened one by one and the information read aloud as follows:
 - a. Name of bidder
 - b. Amount of bid price on each item in which a separate award is permissible.
4. The total amount of the bid and/or alternate bid. The Purchasing Agent shall record each bid result on a bid tabulation sheet and shall certify that it reflects the bids as read.
5. If an item for purchase offered by the lowest responsible bidder does not exactly meet all of the bid requirements as advertised, the Purchasing Agent shall still award the bid to such lowest responsible bidder if in his/her opinion and after consultation with the ordering Department, the deviations are so minor in nature that such low bid may be considered "in substantial compliance" with the specifications. Such deviations must not place the bidder in a superior or preferential competitive position to make the low bid. Such decisions by the Purchasing Agent shall be

clearly documented and supported.

6. The Purchasing Agent reserves the right to reject any and all bids but will not reject any bid without a documented reason, which must be noted in the official records of the Purchasing Department.
7. The Purchasing Agent and the requisitioning Department head are to submit a formalized bid tabulation sheet and a summary review of submitted bids to the City Council for review at the first scheduled opportunity after a recommendation is finalized. City Council has the responsibility to pass or deny a resolution to accept awarding of the bid to the vendor.

V. EXCEPTIONS TO COMPETITIVE BIDDING

Emergency Orders

Emergency orders may only be given in cases where a genuine public emergency or necessity for immediate action exists. Emergency circumstances may only be declared by the Mayor. In accordance with NYS General Municipal Law 103, such powers "are used in emergencies arising out of an accident or other unforeseen occurrence whereby circumstances affecting public buildings, public property or the life, health, safety or property of the inhabitants of a political subdivision, require immediate action which cannot await competitive bidding."

The Department Director must document the need for emergency action in a memo submitted to the Purchasing Agent, with a copy to the Mayor. The Purchasing Agent shall allow the order but then submit to the Council as soon as possible for approval after the purchase is made

In those situations where the City Council refuses to retroactively approve the Mayor's emergency expense, the Mayor's decision shall stand.

VI. PROCEDURES AND POLICIES

A. Purchase-Order Requisitions

It is the responsibility of the requisitioning Department to provide adequate specification details to the Purchasing Agent.

The Purchase-Order Requisition Form# P1-19 (see Appendix III) must be properly filled out with all quotes and all fields completed. Failure to do so will result in the paperwork being returned to the requisitioning department and will ultimately delay the order.

- a. A quote form must be completed and attached to the PO requisition form and

must list all quotes received.

- b. All quotes received from vendors must be attached to the quote form.

The Purchasing Agent will make all purchases in accordance with the City's Purchasing Policy.

B. Request for Quotation

Written formal quotations are preferred in all cases, however, telephone quotes will be allowed to expedite the process pursuant to the limits set forth in the Purchasing Policy Section and as described in Section III, A and B.

Quotations from prospective bidders who are unable to supply the required goods or service and offer a "No-Quote" response to a request are counted toward compliance with this requirement as described below:

The purchasing agent should assure that all quotes and his/her efforts to obtain such quotes in accordance with the numbers required by policy are well documented. Verbal quotes shall be documented in telephone logs that contain the date, vendor name, telephone number, name and title of person spoken to, and the amount of the quote.

In certain instances, an unresponsive quote may be substituted for one required quote. For non-responsive quotes, telephone logs should document the date, vendor name, telephone number and, if applicable, the name and title of the person spoken to or for whom the message was left. Non-responsive written quotes should be documented on the Quote Form (page 20)) when submitted to Purchasing, including all relevant information as described for verbal quotes.

Exceptions to procuring the required number of bids as established in this policy should be limited, as defined and approved by the Purchasing Agent. Public interest is best served through the competitive process and all best efforts should be expended to obtain the required number of quotes.

C. Request for Proposal

See subsection III C.

D. Purchase Orders/Blanket Purchase Orders

The Purchasing Agent (or designee) is responsible for issuing all City purchase orders based on requisitions submitted by Department Directors. Funding must be identified and available in the budget to create a purchase order. Only purchase order forms prepared by the Purchasing Agent are to be issued to a vendor.

The Purchasing Agent at his/her discretion may increase a purchase order up to 10% of its original amount to cover the incidental charges such as freight.

Blanket purchase orders are to be used for orders placed with the same vendor on a regular weekly, monthly, or quarterly basis for the same commodities and/or services.

Such vendors must have an existing contract with the City or be included via Federal, State, County, other municipality or approved National Cooperative.

Blanket purchase orders for items that are not for recurrent commodities and services on a set basis are not acceptable and may be denied for payment.

Blanket purchase orders may include, but not be limited to, the following types of expenses:

- Utilities: Light, power, telephone, water, and fuel oil.
- Rentals: Contract or Bid, copy equipment, communication radios, security alarms.

It is important to include in the requisition the bidder contract number and the expiration date of a contract or bid when submitting a blanket purchase order. Each department shall make an effort to perform their own research in obtaining proper bids and contracts for the items that they require with direction from the Purchasing Agent if needed.

Purchase requests that require a P.O. (see III A and B of this policy) must have an approved P.O. prior to accepting goods or services.

E. Confirming Purchase Orders

"Confirming Orders" (orders placed for goods and/or services prior to the creation of a requisition/purchase order and prior to approval by the Purchasing Agent) are not an acceptable practice and will result in non-payment of services.

All purchases transacted between the City of Glen Cove and any/all vendors must be authorized in advance by the Purchasing Agent. Orders for goods and services should only be placed after a requisition has been encumbered. Items may not be added to a purchase order after it has been encumbered without the documented prior approval of the Purchasing Agent. If additional items are needed after a purchase order is processed, the Purchasing Office should be contacted for direction. PURCHASE ORDERS WILL NOT BE ISSUED AFTER A PURCHASE IS MADE OR SERVICE HAS BEEN RENDERED.

F. Resolution of Change Orders

Change orders that do not exceed \$3,000.00 or 10% on the initial price of the bid, whichever is less, shall not require approval by the City Council. All other change orders require prior City Council approval before they may be assumed. In either case, the Department Head must ensure that there is additional money allotted to the order.

G. Increase/Decrease/Change to Purchase Orders

The Request for Adjustment of Purchase Order form should be used for any and all purchase-order increases or decreases. The requesting Department must attach an approved resolution to the "Request for Adjustment of a Purchase Order" form and provide justification for the changes requested.

H. Trainings & Conferences

Prior City Council approval must be obtained for all trainings and conferences by filling out the attached Training Request Form (page 21). Costs should include lodging and travel.

To obtain proper reimbursable rates for travel please refer to the following link:

<https://www.gsa.gov/travel/plan-book/per-diem-rates>

When seeking reimbursement for any above costs, please use the Report Form# P4-19 (see Appendix III) when submitting a voucher to Accounts Payable.

I. Receipt of Goods

Packing slips must be signed and dated by the employee accepting delivery for the department and submitted with the claims voucher when processing to Accounts Payable.

J. IT Purchases

All purchases of audio and visual products as well as computer software and hardware (monitors, keyboard, mouse, cables, etc.) must be completed through the IT Department Head. Claim vouchers that come for payment without authorization by IT will not be paid.

K. New Accounts

All new charge/house accounts must be opened by the Purchasing Agent and approved by the Controller prior to implementation.

VII. ACCOUNTS PAYABLE AND VOUCHER PROCEDURES

In order to process vendor payment, the Controller's office must receive the following documents from the ordering Department:

1. **New Vendors** - all new vendors require a W-9 form which can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf> with the Vendor form which can be found on page 22 of this policy. Send to Purchasing prior to submitting a claims voucher.
2. **Update to vendor details**
If the vendor should change their remit address or any other form of information, a Vendor form (page 24 of this policy) should be submitted with the request. Send to Purchasing prior to submitting claims voucher.
3. **Packing Slips**

Packing slips must be signed and dated by the employee accepting the delivery for the department and submitted with the claims voucher when processing to Accounts Payable.
4. **Payment of Invoices**

In order to process vendor payment, the Controller's office must receive the following documents from the ordering Department:

- ❖ **Invoice** – Original invoices must reference the associated purchase order number. The ordering Department must mark "Final Invoice" on the last invoice to be paid.
- ❖ **" Department Copy" of Purchase Order** – A copy, usually the department copy, of the purchase order issued by the Purchasing Department.
- ❖ **Shipping/packing slip** – signed by Department designee confirming receipt of goods as ordered.

VIII. CONFLICT OF INTEREST

Purchasing activities are to be conducted in a manner that is in accordance with the law, the best interests of the local government, avoids favoritism, wastefulness, extravagance, fraud and corruption and fosters honest competition to obtain the greatest economic benefit for every tax dollar expended. No City employee or official having responsibility for a procurement transaction shall participate in that transaction on behalf of the City when the employee or official knows, or should know, that:

- A. The employee is contemporaneously employed by a bidder, offeror, or contractor involved in the procurement transaction; or
- B. The employee, employee's partner, or any member of the employee's immediate family holds a position with a bidder, offeror, or contractor such as an officer, director, trustee, partner or the like, or is employed in a capacity involving personal and substantial participation in the procurement transaction; or
- C. The employee, employee's partner, or any member of the employee's immediate family has a pecuniary interest arising from the procurement transaction; or
- D. The employee, employee's partner, or any member of the employee's immediate family is negotiating or has an arrangement concerning prospective employment with a bidder, offeror, or contractor.

The acceptance of gifts or gratuities, financial or otherwise, from any supplier of materials or services to the City is strictly prohibited. Acceptance of such gifts or gratuities may result in disciplinary action.

APPENDIX I

NATIONAL COOPERATIVES CURRENTLY IN USE:

1. Sourcewell (formerly NJPA)
2. Omnia Partners (formerly National IPA and TCN)
3. NCPA (National Cooperative Purchasing Alliance)
4. Houston -Galveston Area Council (H-GACBuy)
5. LI Water Conference Purchasing Cooperative
6. BuyBoard National Purchasing Cooperative

The addition of participation in other cooperatives must be done through the Purchasing Agent following approval by City Council, via resolution.

PURCHASE REQUISITION FORM

REQUIRED FORM TO BE COMPLETED FOR ALL REQUESTS FOR PURCHASES



PRINT

CLEAR FORM

EMAIL

CITY OF GLEN COVE

PURCHASE REQUISITION FORM

DATE:

P.O. NUMBER:

FROM DEPT:	FUND LINE NAME:	SHIP TO:
	FUND LINE NUMBER: <input type="text"/>	ATTENTION OF:

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00

SIGNATURE OF EMPLOYEE COMPLETING FORM	RECOMMENDED VENDOR:	ESTIMATED TOTAL COST: \$ 0.00
DEPARTMENT HEAD SIGNATURE	CITY VENDOR #	ACTUAL COST: \$ 0.00

REFER TO THE PURCHASING POLICY FOR PURCHASE THRESHOLDS. IF REQUIRED, A QUOTE FORM AND QUOTES MUST BE ACCOMPANIED WITH THIS FORM. FAILURE TO DO THIS WILL RESULT IN NO PO# BEING GENERATED, NO EXCEPTIONS!

QUOTE FORM

TO BE COMPLETED WHEN USING MORE THAN 1 QUOTE



QUOTE FORM

Supplies, Materials ("Purchase") Contracts:		
Items \$0 - \$999	Items \$1,000 - \$9,999	Items \$10,000 - \$19,000
1 Written Quote - No PO required	2 Written Quotes + Quote Form + PO required	3 Written Quotes + Quote Form + PO required

The City of Glen Cove is not responsible for payment of any goods or services that are not authorized by the Purchasing Agent.

Name: _____ Date: _____ Department: _____

	VENDOR NAME AND ADDRESS	TELEPHONE NUMBERS	VENDOR REP NAME	ITEM	QUANTITY	PRICE OF EACH ITEM	TOTAL PRICE
Quote 1							\$ 0.00
		Phone					\$ 0.00
		Fax	EMAIL ADDRESS				\$ 0.00
							\$ 0.00
Quote 2							\$ 0.00
		Phone					\$ 0.00
		Fax	EMAIL ADDRESS				\$ 0.00
							\$ 0.00
Quote 3							\$ 0.00
		Phone					\$ 0.00
		Fax	EMAIL ADDRESS				\$ 0.00
							\$ 0.00

Submit Quote Form with Purchase Requisition Form

Approval of Purchasing Agent

TRAINING REQUEST FORM

TO BE COMPLETED FOR ALL TRAINING
REQUESTS AND SUBMITTED TO CITY
COUNCIL FOR RESOLUTION

Pamela D. Panzenbeck
Mayor



Phone: (516) 676-2000
Fax: (516) 676-0103
www.glencoenvy.gov

CITY OF GLEN COVE

City Hall, 9 Glen Street, Glen Cove, NY 11542

TRAINING REQUEST FORM

DATE: _____

CLASS(ES)/ CONFERENCE REQUESTED	
DATE(S) OF CLASS(ES)/ CONFERENCE	
LOCATION OF CLASS(ES)/ CONFERENCE	

	EMPLOYEE NAME	DEPARTMENT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

EXPENSES ASSOCIATED WITH CLASS(ES)/CONFERENCE:

COST OF CLASS(ES)/CONFERENCE	
AIRFARE	
CAR SERVICE	
GAS	
HOTEL	
MEALS	
MILEAGE	
PARKING	
RENTAL CAR (SEE PURCHASING AGENT)	
TOLLS	
TOTAL ESTIMATED COST:	
FUND LINE:	

DEPARTMENT HEAD SIGNATURE: _____

*MUST OBTAIN CITY COUNCIL APPROVAL BEFORE TRAINING CLASS/CONFERENCE. THIS PROCESS COULD
TAKE AT LEAST 4-6 WEEKS AND SHOULD BE SENT TO THE CITY CLERK.

TO BE COMPLETED AND SUBMITTED WITH CLAIMS VOUCHER WHEN
SEEKING REIMBURSEMENT FOR TRAVEL AND MEAL EXPENSES



REIMBURSEMENT REPORT

****MILEAGE NEEDS TO BE CORROBORATED BY ATTACHING MAPQUEST****

Approved for Payment: _____ (Signature)
Department Head

Page 20 of 22

REQUEST FOR ADJUSTMENT OF PURCHASE ORDER

TO BE COMPLETED FOR EVERY INSTANCE OF AN INCREASE, DECREASE OR CHANGE
TO AN EXISTING PURCHASE ORDER



CITY OF
GLEN COVE

Request for Adjustment of Purchase Order

Date: _____

Requestor: _____

Increase Decrease Change

Purchase Order #: _____

Vendor Name: _____

Amount of Change: _____

Resolution # and Date (if applicable): _____

Description/Reason for Change:

Department Head Approval Signature

Purchasing Agent Approval Signature

Created February 2019

VENDOR FORM

TO BE COMPLETED BY VENDOR



**CITY OF
GLEN COVE**
9 Glen Street
Glen Cove, NY 11542
Telephone: (516) 676-2000
Fax: (516) 759-6791
purchasing@glencoveny.gov

Vendor Form

Vendor #
Date: Initial:

☐ **NEW**

☐ **UPDATE**

PLEASE TYPE OR PRINT CLEARLY

Purchase Order Information: Vendor Name: <input type="text"/> DBA: <input type="text"/>		MUST HAVE COMPLETED W-9 ON FILE OR ATTACHED Vendor Federal TAX ID/ Social Security #: <input type="text"/> Vendor DUNS #: <input type="text"/>	
Vendor Address: <input type="text"/> <input type="text"/> <input type="text"/>		Accounts Payable Information: Vendor Remit Address (if different from Vendor Address): <input type="text"/> <input type="text"/> <input type="text"/>	
Phone: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/> Website: <input type="text"/>		Contact Name: <input type="text"/> Title: <input type="text"/>	
Purchase Order Dispatch Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email <input type="text"/>		Type of Business: <input type="checkbox"/> Goods: <input type="text"/> <input type="checkbox"/> Services: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	
Form Completed by: Name/Title: <input type="text"/> Phone Number: <input type="text"/> Date: <input type="text"/>			
<p>When a new vendor needs to be entered into our system, complete this form in its entirety and return to the Purchasing Office at purchasing@glencoveny.gov. INCOMPLETE FORM WILL RESULT IN NON-PAYMENT.</p>			

6K

AGREEMENT FOR THE USE OF FREEPORT RANGE

Agreement made on the 5th day of December, 2022 by and between the FREEPORT NY REVOLVER AND RIFLE ASSOCIATION INC (hereinafter referred to as the "FREEPORT RANGE") located at 125 Buffalo Avenue, Freeport, New York 11520 and City of Glen Cove Police Dept having a principal address of 1 Bridge Street Glen Cove, NY 11542 (hereinafter referred to as the "RENTER"), for use of the FREEPORT RANGE for the purpose of firearm training of your Employees under the following terms and conditions:

1. Rental Space: The "RENTER" shall have sole and exclusive use of the outdoor portion of the "FREEPORT RANGE."
2. Event Date/Time/Fees: The "RENTER" shall pay the sum of \$ 600.00 per day use of the rental space indicated above on 12-15-22-16-18-20 (date) for 8 hours
3. Firearms Instructor: The "RENTER" shall provide a certified firearms instructor on premises at all times for the duration of the rental period;
4. Participants: All persons participating in the designated portion of the range during said rental period shall be employees of the "RENTER" and covered under their policies of insurance and as outlined below;
5. Ear/Eye Protection: RENTER will ensure that all Participants/Employees shall wear provided ear protection and protective eye glasses at all times when at the FREEPORT RANGE.
6. Rules: RENTER will ensure that all Employees/Participants of RENTER are informed of the rules and regulations of the FREEPORT RANGE and shall follow them at all times. Any violation of the rules and regulations will result in the immediate removal of RENTER's Employees/Participants from the FREEPORT RANGE as well loss of future use.
7. Insurance: RENTER will provide, upon written request of FREEPORT RANGE, RENTER's qualified and licensed insurer, certifying that RENTER has, at all times during use of the FREEPORT RANGE, comprehensive general liability insurance coverage with limits of not less than \$3,000,000.00 (Three Million Dollars) per occurrence for all activities directly or indirectly related to RENTER and upon written request, shall name FREEPORT RANGE as an additional insured.
8. Indemnification: RENTER hereby KNOWINGLY AND INTENTIONALLY WAIVES AND RELEASES, INDEMNIFIES, AND HOLDS HARMLESS FREEPORT RANGE, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with

RENTER's use of the FREEPORT RANGE including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to RENTER or any Employee/Participants of RENTER, as a result of use of this facility and the engaging by RENTER or RENTER's Employees/Participants in these activities or the use of these services or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of the FREEPORT RANGE or from some other cause.

9. Governing Law: The laws of the State of New York shall govern the validity, construction, performance and effect of this Agreement. In the event any action is commenced by either party hereto against the other in connection with this Agreement, the prevailing party shall be entitled to its costs and expenses including reasonable attorney fees.
10. No modification except in Writing: This Agreement sets forth the entire Agreement between the parties, and supersedes any and all other Agreements, whether written or oral, on the same subject matter. The terms hereof cannot be changed or modified except by an instrument in writing duly signed on behalf of FREEPORT RANGE and RENTER.
11. Employee List: Renter will provide FREEPORT RANGE with a list of anticipated participants a minimum of 3 days prior to the event date.
12. Miscellaneous: If any term, provision, covenant or condition of this Agreement should be held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of this Agreement shall continue in full force and effect and shall in no way be affected, impaired or invalidated thereby.

The signatories of this Agreement warrant that they are authorized to execute this Agreement on behalf of their respective organizations.

FREEPORT NY REVOLVER AND
RIFLE ASSOCIATION INC.

By: 

By: _____

Original
12/15

6L

AMENDMENT NO. 2

THIS AMENDMENT, (together with any schedules, appendices, attachments and exhibits, if any, this "Amendment"), dated as the date that this Amendment is executed by Nassau County, is entered into by and between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County") acting for and on behalf of the Nassau County Department of Human Services, Office for the Aging, having its principal office at 60 Charles Lindbergh Boulevard, Uniondale, New York 11553-3687 and (ii)) City of Glen Cove, a municipal corporation, having its principal office at City Hall, 9 Glen Street, Glen Cove, New York 11542 (the "Contractor").

W I T N E S S E T H:

WHEREAS, pursuant to County contract number CQHS20000008 between the County and the Contractor, executed on behalf of the County on April 9, 2020 as amended by Amendment No. 1 (collectively, the "Original Agreement"), the Contractor performs certain services for the County in connection with services/ program which are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services") and Attachment A; and

WHEREAS, the term of the Original Agreement as amended is from January 1, 2020 through December 31, 2022 (the "Original Term"); and

WHEREAS, the maximum amount that the County agrees to reimburse the Contractor for Services under the Original Agreement, as full compensation for the Services, was One Million One Hundred Seventy-Seven Thousand Seven Hundred Forty-Six and 00/100 dollars (\$1,177,746.00) (the "Maximum Amount"); and

WHEREAS, the parties are desirous of extending the term of the Original Agreement for an additional year and increasing the Maximum Amount of the Original Agreement by Four Hundred Two Thousand Six Hundred Forty Two and 00/100 dollars (\$402,642.00).

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

1. Term. The term of the Original Agreement is hereby extended through December 31, 2023
2. Services. The scope of services under this Amendment is to include the continuation and expansion of services as set forth in attachment A of the original agreement.
3. Maximum Amount. The Maximum Amount in the Original Agreement shall be increased by Four Hundred Two Thousand Six Hundred Forty-Two and 00/100 dollars (\$402,642.00) so that the maximum amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be One Million Five

Hundred Eighty Thousand Three Hundred Eighty Eight and 00/100 Dollars (\$1,580,388.00) (the "Amended Maximum Amount").

4. Payments. The additional funding authorized under this Amendment shall be payable in advance at the same percentage as provided under the Original Agreement, with the remaining balance paid on a reimbursement basis.

5. Budget. The budget referred to in Section 3 (h) of the Original Agreement and attached to the Original Agreement is amended to appear in its entirety as set forth in Exhibit A attached hereto (such amended budget, the "Amended Budget").

6. Full Force and Effect. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the amended agreement.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date first above written.

City of Glen Cove

By: _____

Name: _____

Title: _____

Date: _____

NASSAU COUNTY

By: _____

Name: _____

Title: County Executive

☐ Title: Chief Deputy County Executive.

☐ Title: Deputy County Executive.

Date: _____

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)
COUNTY OF NASSAU)

On the ____ day of _____ in the year 202__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is the _____ of _____, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

STATE OF NEW YORK)
COUNTY OF NASSAU)

On the ____ day of _____ in the year 202__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

6 M

INDEPENDENT CONTRACTOR AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions, and provisions:

1. IDENTITY OF
AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: 516.759.9610

2. IDENTITY OF
INDEPENDENT
CONTRACTOR

The Independent Contractor (hereafter "IC") is identified as follows:

Name: Jorge Martinez

Type Entity: (*) Sole Proprietorship () Partnership () Corporation

Address: 80 Vanburen Street

City/State/Zip: Freeport, NY 11520

Business Telephone: 516.713.2079

Email: martinez1962@icloud.com

3. WORK TO BE
PERFORMED

AGENCY desires that IC perform, and IC agrees to perform the following work:

Support Director, collaborate with Trade Associations and Colleges.
Arrange meetings and connections with Elected Officials, Zoning Boards,
and the Media. Continue and expand outreach efforts of the program.

4. TERMS OF
PAYMENT

AGENCY shall pay IC according to the following terms and conditions: IC shall be paid

\$22,000 total for contract term to be paid twice per month for a total of
(23) payments of \$916.00 and (1) payment of \$932.00.

Dates: January 1st, 2023- December 31st, 2023

5. REIMBURSE-
MENT OF
EXPENSES

AGENCY shall not be liable to IC for any expenses paid or incurred by IC unless otherwise agreed in writing.
6. EQUIPMENT,
TOOLS,
MATERIALS, OR
SUPPLIES

Glen Cove Senior Center will provide all equipment, tools, materials and/or supplies to accomplish the work agreed to be performed. Should IC wish to purchase "supplies", IC must first obtain Glen Cove Senior Center prior written approval before it may be a reimbursable expense. IC must maintain "supplies" in good working condition through time of contract; failure may result in surcharges.
7. FEDERAL, STATE
AND LOCAL
PAYROLL TAXES

Neither Federal, not State, nor local income tax, nor payroll tax of any kind shall be withheld or paid by AGENCY on behalf of IC or the employees of IC. IC shall not be treated as an employee with respect to the services performed hereunder for federal or state tax purposes.
8. FRINGE BENEFITS &
COMPEN-
SATION

Because IC is engaged in IC's own independent business, WORKER'S IC is not eligible for and shall not participate in any employer pension, health, or another fringe benefit plan of the AGENCY. Likewise, no worker's compensation insurance shall be obtained by AGENCY concerning IC or the employees of IC. IC shall comply with the worker's compensation law concerning IC and the employees of IC.
9. WORK PRODUCT
OWNERSHIP

Any copyrightable works, ideas, discoveries, inventions, patents, products, or other information (collectively, the "Work Product") developed in whole or in part by IC in connection with the Services shall be the exclusive property of Agency. Upon request, IC shall sign all documents necessary to confirm or perfect the exclusive ownership Agency to the Work Product.
10. CONFIDENTIALTY

IC will not at any time or in any manner, either directly or indirectly, use for the personal benefit of IC or divulge, disclose, or communicate in any manner any information that is proprietary to Agency. IC will protect such information and treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation, and other items that were used, created, or controlled by IC during the term of this Agreement.

11. TERM OF
AGREEMENT

This agreement shall become effective on January 1st, 2023
and shall terminate on

December 31st, 2023

12. TERMINATION
WITHOUT CAUSE

Without cause, either party may terminate this agreement after giving 30 day written notice to the other of intent to terminate without cause. The parties shall deal with each other in good faith during the 30-day period after any notice of intent to terminate without cause has been given.

13. TERMINATION
WITH CAUSE

With reasonable cause, either party may terminate this agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

A. Material violation of this agreement

B. Any act exposing the other party to liability to others for personal injury or property damage.

14. NO AUTHORITY
TO BIND CLIENT

IC has no authority to enter into contracts or agreements on behalf of the AGENCY. This agreement does not create a partnership between the parties.

15. ENTIRE
AGREEMENT

This is the entire agreement of the parties and cannot be changed or modified orally.

16. SEVERABILITY

If any part of this agreement shall be held unenforceable, the rest of this agreement will nevertheless remain in full force and effect.

17. AMENDMENTS

This agreement may be supplemented, amended, or revised only in writing by agreement of the parties.

18. **INDEMNIFICATION** To the fullest extent permitted by law, the Independent Contractor shall (1) immediately defend and (2) indemnify the City, and its councilmembers, officers, and employees from and against all liabilities, regardless of nature or type that arise out of, pertain to, or relate to the Agreement or the Amendment as defined in this Agreement, unless arising out of the City's gross negligence. Liabilities subject to the duties to defend and indemnify include, without limitation, all claims, losses, damages, penalties, fines, and judgments; associated investigation and administrative expenses; defense costs, including but not limited to reasonable attorneys' fees; court costs; and costs of alternative dispute resolution.

Additionally, Independent Contractor shall be obligated to defend, in all legal, equitable, administrative, or special proceedings, with counsel approved by the City, the City and its councilmembers, officers, and employees, immediately upon tender to Independent Contractor of the claim in any form or at any stage of an action or proceeding, whether or not liability is established. An allegation or determination that persons other than Independent Contractor are responsible for the claim does not relieve Independent Contractor from its separate and distinct obligation to defend under this section. The obligation to defend extends through final judgment, including exhaustion of any appeals. The defense obligation includes an obligation to provide independent defense counsel if Independent Contractor asserts that liability is caused in whole or in part by the negligence or willful misconduct of the indemnified party. In order for Independent Contractor to be relieved of the duty to defend, there must be no possible factual or legal basis on which Independent Contractor duty to indemnify under any provision of this indemnity agreement could be held to attach.

***AGENCY:**

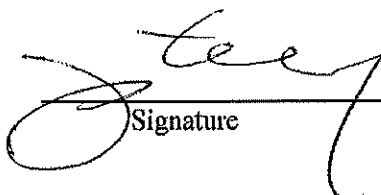
City of Glen Cove, Glen Cove Senior Center
Agency Name

_____	_____	_____
Signature	Mayor Title	Date

***INDEPENDENT CONTRACTOR**

Jorge Martinez

Firm/Individual Name

	_____	_____
Signature	Independent Contractor Title	12/18/22 Date

6N

INDEPENDENT CONTRACTOR AGREEMENT

AGREEMENT IS HEREBY MADE between the Agency and Independent Contractor set forth below according to the following terms, conditions, and provisions:

1. IDENTITY OF
AGENCY

AGENCY is identified as follows:

Name: City of Glen Cove, Glen Cove Senior Center

Address: 130 Glen Street

City/State/Zip: Glen Cove, NY 11542

Telephone: 516.759.9610

2. IDENTITY OF
INDEPENDENT
CONTRACTOR

The Independent Contractor (hereafter "IC") is identified as follows:

Name: B2 Engineering D.P.C.

Type Entity: (*) Sole Proprietorship () Partnership () Corporation

Address: 316 Trotting Lane

City/State/Zip: Westbury, NY 11590

Business Telephone: 917.502.9341

Email: BB@B2ENGINEERINGPC.COM

3. WORK TO BE
PERFORMED

AGENCY desires that IC perform, and IC agrees to perform the following work:

Support Director, consult on engineering and construction in conjunction with Zoning and Planning Boards, park development, wastelands. Address accessibility issues of livability, conversion of spaces, coding issue with plumbing, and fire protection. Arrange community Health Vehicles and neighborhood outreach opportunities.

4. TERMS OF
PAYMENT

AGENCY shall pay IC according to the following terms
and conditions: IC shall be paid

\$22,000 total for contract term to be paid twice per month for a total of
(23) payments of \$916.00 and (1) payment of \$932.00.

Dates: January 1st, 2023- December 31st, 2023

5. REIMBURSE-
MENT OF
EXPENSES

AGENCY shall not be liable to IC for any expenses paid or
incurred by IC unless otherwise agreed in writing.

6. EQUIPMENT,
TOOLS,
MATERIALS, OR
SUPPLIES

Glen Cove Senior Center will provide all equipment, tools,
materials and/or supplies to accomplish the work agreed to
be performed. Should IC wish to purchase "supplies", IC
must first obtain Glen Cove Senior Center prior written approval before it may be
a reimbursable expense. IC must maintain "supplies" in good working condition
through time of contract; failure may result in surcharges.

7. FEDERAL, STATE
AND LOCAL
PAYROLL TAXES

Neither Federal, not State, nor local income tax, nor payroll
tax of any kind shall be withheld or paid by AGENCY on
behalf of IC or the employees of IC. IC shall not be treated
as an employee with respect to the services performed hereunder for federal or
state tax purposes.

8. FRINGE BENEFITS &
COMPEN-
SATION

Because IC is engaged in IC's own independent business, WORKER'S
IC is not eligible for and shall not participate in any
employer pension, health, or another fringe benefit plan of the
AGENCY. Likewise, no worker's compensation insurance shall be obtained by
AGENCY concerning IC or the employees of IC. IC shall comply with the
worker's compensation law concerning IC and the employees of IC.

9. WORK PRODUCT
OWNERSHIP

Any copyrightable works, ideas, discoveries, inventions, patents, products, or
other information (collectively, the "Work Product") developed in whole or in
part by IC in connection with the Services shall be the exclusive property of
Agency. Upon request, IC shall sign all documents necessary to confirm or
perfect the exclusive ownership Agency to the Work Product.

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personal benefit of IC or divulge, disclose, or communicate in any manner any
information that is proprietary to Agency. IC will protect such information and

treat it as strictly confidential. This provision shall be effective after the termination of this Agreement. Upon termination of this Agreement, IC will return to Agency all records, notes, documentation, and other items that were used, created, or controlled by IC during the term of this Agreement.

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AGREEMENT

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and shall terminate on December 31st, 2023

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TO BIND CLIENT

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Additionally, Independent Contractor shall be obligated to defend, in all legal, equitable, administrative, or special proceedings, with counsel approved by the City, the City and its councilmembers, officers, and employees, immediately upon tender to Independent Contractor of the claim in any form or at any stage of an action or proceeding, whether or not liability is established. An allegation or determination that persons other than Independent Contractor are responsible for the claim does not relieve Independent Contractor from its separate and distinct obligation to defend under this section. The obligation to defend extends through final judgment, including exhaustion of any appeals. The defense obligation includes an obligation to provide independent defense counsel if Independent Contractor asserts that liability is caused in whole or in part by the negligence or willful misconduct of the indemnified party. In order for Independent Contractor to be relieved of the duty to defend, there must be no possible factual or legal basis on which Independent Contractor duty to indemnify under any provision of this indemnity agreement could be held to attach.


***AGENCY:**

City of Glen Cove, Glen Cove Senior Center
Agency Name

_____	_____	_____
Signature	Mayor Title	Date

***INDEPENDENT CONTRACTOR**

B2 Engineering D.P.C.
Firm/Individual Name

	_____	12/15/2022
Signature	Independent Contractor Title	Date

Page 4 of 4



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET AMENDMENT

60

Department: DPW - ROADS

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	EST. REVENUE INCREASE (DECREASE)	APPROPRIATION INCREASE (DECREASE)
A5110-42680	INSURANCE RECOVERIES	\$9,800	
A5110-55999	PROPERTY DAMAGE EXPENSE		\$9,800

Reason for Amendment:

TO ACCEPT INSURANCE PROCEEDS

RELATED TO PROPERTY DAMAGE SETTLEMENT

[DATE OF PROPERTY LOSS AUGUST 2021; ALLSTATE CLAIM # 0639968253]

Department Head Signature:

Michael A. Piccirillo

Digitally signed by Michael A. Piccirillo
DN: cn=Michael A. Piccirillo, o=City of Glen
Cove, email=mpiccirillo@glencove.ny.gov, c=US
Date: 2022.12.09 16:43:18 -0500

Date: DECEMBER 9, 2022

City Controller Approval:

Date: DECEMBER 9, 2022

City Council Approval-Resolution Number:

Date:



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET AMENDMENT FORM

GCF-1 (7/08)

Department: CAPITAL

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	EST. REVENUE INCREASE (DECREASE)	APPROPRIATION INCREASE (DECREASE)
H1490-42397-P1904	CRESCENT BEACH REMEDIATION	\$80,000	
H1490-52260-P1904	CRESCENT BEACH EXPENSES		\$80,000

Reason for Amendment:

TO ACCEPT ADDITIONAL PHASE I FUNDS FROM NASSAU
COUNTY RELATED TO AN INTER-MUNICIPAL AGREEMENT
IN CONNECTION WITH A PROJECT TO REMEDIATE
CONTAMINATION AT CRESCENT BEACH

Department Head Signature: Michael A. Piccirillo Digitally signed by Michael A. Piccirillo
DN: cn=Michael A. Piccirillo, o=City of Glen
Cove, email=mpiccirillo@glen Cove, c=US
Date: 2022.12.09 10:32:15 -0500 Date: DECEMBER 9, 2022

City Controller Approval:  Date: DECEMBER 9, 2022

City Council Approval-Resolution Number: _____ Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET TRANSFER FORM

DEPARTMENT: SANITATION

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	INCREASE BUDGET	DECREASE BUDGET
A8160-51120	HOURLY	\$15,000	
A8160-51140	OVERTIME	\$6,000	
A8160-54324	GENERAL SUPPLIES	\$1,500	
A8160-55420	REPAIRS & MAINTENANCE		\$2,500
A8160-55438	CONTRACTUAL SERVICES		\$20,000

Reason for Transfer:

TO RE-ALLOCATE UNEXPENDED BUDGET TO COVER SHORTAGES

Department Head Signature:

Michael A. Piccirillo

Digitally signed by Michael A. Piccirillo
DN: cn=Michael A. Piccirillo, o=City of Glen
Cove, email=mpiccirillo@glencoveny.gov, c=US
Date: 2022.12.09 16:54:18 -05'00'

Date:

DECEMBER 9, 2022

City Controller Approval:

Date:

DECEMBER 9, 2022

City Council Approval – Resolution Number: _____

Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET TRANSFER FORM

DEPARTMENT: VARIOUS

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	INCREASE BUDGET	DECREASE BUDGET
A1210-51120	HOURLY	\$32,000	
A1210-51101	ANNUAL SALARIES		\$32,000
A1220-55416	TELECOMMUNICATIONS	\$6,000	
A1220-54370	POSTAGE		\$4,000
A1990-55940	CONTINGENCY RESERVE		\$2,000
A5142-51140	OVERTIME	\$4,010	
A1990-55940	CONTINGENCY RESERVE		\$4,010
A7055-54320	UTILITIES-GAS/ELECTRIC/OIL	\$2,500	
A7055-55433	YOUTH ACTIVITIES		\$2,500

Reason for Transfer:

TO RE-ALLOCATE UNEXPENDED BUDGET TO PROVIDE
BUDGET AVAILABILITY TO VARIOUS OTHER FUND LINES

Department Head Signature: _____

Date: DECEMBER 15, 2022

City Controller Approval: _____

Date: DECEMBER 15, 2022

City Council Approval – Resolution Number: _____

Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET TRANSFER FORM

DEPARTMENT: VARIOUS

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	INCREASE BUDGET	DECREASE BUDGET
A3120-51101	ANNUAL SALARIES	\$167,500	
A3120-51120	HOURLY		\$20,000
A1989-51156	TERMINATION PAY		\$147,500
A5110-51121	HOURLY - BEAUTIFICATION	\$7,500	
A5110-51140	OVERTIME	\$20,000	
A5110-54380	UTILITIES STREET LIGHTING	\$70,000	
A5110-54381	STREET LIGHTING CONTRACTORS	\$15,000	
A5110-51101	ANNUAL SALARIES		\$112,500
A7160-51140	OVERTIME	\$30,000	
A7160-51101	ANNUAL SALARIES		\$30,000

Reason for Transfer:

TO RE-ALLOCATE UNEXPENDED BUDGET TO PROVIDE
BUDGET AVAILABILITY TO VARIOUS OTHER FUND LINES

Department Head Signature: _____

Date: DECEMBER 15, 2022

City Controller Approval: _____

Date: DECEMBER 15, 2022

City Council Approval – Resolution Number: _____

Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET TRANSFER FORM

DEPARTMENT: VARIOUS

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	INCREASE BUDGET	DECREASE BUDGET
A8020-55438	CONTRACTUAL SERVICES	\$3,800	
A8020-55441	TRANSCRIPTION SERVICES		\$3,800
A7180-51140	OVERTIME	\$3,500	
A7180-54320	UTILITIES-GAS/ELECTRIC/OIL	\$18,500	
A1990-55940	CONTINGENCY RESERVE		\$22,000
A3620-51120	HOURLY [BUILDING DEPARTMENT]	\$148,750	
A3620-51101	ANNUAL SALARIES		\$110,750
A1990-55940	CONTINGENCY RESERVE		\$38,000

Reason for Transfer:

TO RE-ALLOCATE UNEXPENDED BUDGET TO PROVIDE
BUDGET AVAILABILITY TO VARIOUS OTHER FUND LINES

Department Head Signature: _____

Date: _____

DECEMBER 15, 2022

City Controller Approval: _____

Date: _____

DECEMBER 15, 2022

City Council Approval – Resolution Number: _____

Date: _____



City of Glen Cove
9 Glen Street
Glen Cove, NY 11542

BUDGET TRANSFER FORM

DEPARTMENT: WATER

BUDGET YEAR 2022

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	INCREASE BUDGET	DECREASE BUDGET
F8300-55940	Contingency reserve		16441.74
F8300-57168	Health & Dental Insurance	16441.74	

Reason for Transfer:

to cover premiums to the end of the year

Department Head Signature:

[Signature]

Date: 11/28/22

City Controller Approval:

Date: 12/16/22

City Council Approval – Resolution Number: _____

Date: _____