



Plattsburgh, New York

Scott Lawliss
Fire Chief

Plattsburgh Fire Department
65 Cornelia Street
Plattsburgh, NY 12901
Tel: 518-536-7542
Fax: 518-561-8236
lawliss@cityofplattsburgh-ny.gov

MEMO

TO: Mayor Colin L. Read
Members of the Common Council

FROM: Fire Chief, Scott Lawliss

DATE: August 11, 2020

RE: Fire and Ambulance Responses

For this week's period: Tuesday, August 4, ~~2019~~²⁰²⁰ to Monday, August 10, 2020
our Department has responded to the following:

Fire Calls	<u>16</u>
	1 cooking fire 6 EMS assist with patient care prior to transport ambulance 7 alarm activations with investigation of cause 1 MVA with patient care and hazardous mitigation 1 service call
Ambulance Calls	72
Mutual Aid by CVPH	13

BLOTTER ACTIVITY REPORT
By Time of Day
 FOR DATE RANGE OF 08/02/2020 00:00 TO 08/09/2020 0:00

Call Type	Invalid Time	0000-0159	0200-0359	0400-0559	0600-0759	0800-0959	1000-1159	1200-1359	1400-1559	1600-1759	1800-1959	2000-2159	2200-2359	TOTALS
ABANDONED 911	0	0	0	0	0	0	0	0	2	1	0	1	1	5
ABSCONDED	0	0	1	0	0	0	0	0	0	0	0	0	1	2
AIDED MEDICAL	0	1	2	0	0	0	0	0	1	0	0	1	1	6
ALARM	0	0	1	0	2	0	0	0	0	0	0	1	0	4
ANIMAL DOMESTIC	0	0	0	0	0	0	2	1	0	0	2	1	0	6
BKGRND INVST CIVILIAN	0	0	0	0	0	0	9	0	0	0	0	0	0	9
CITY CODE VIOLATION	0	0	0	0	0	0	1	0	0	0	0	0	0	1
CRIMINAL MISCHIEF	0	0	0	0	1	0	1	1	0	2	0	2	1	8
DISORDERLY PERSONS	0	2	0	0	0	1	0	0	2	1	0	3	1	10
DOG SEIZURE	0	0	0	0	0	0	0	0	0	0	1	0	0	1
DOMESTIC	0	1	1	0	1	0	0	1	3	1	0	2	1	11
DOOR UNLOCKING	0	0	0	0	0	0	1	1	1	0	0	1	1	5
DRUG INVESTIGATION	0	0	0	0	0	0	1	0	0	0	1	1	1	4
EMOTIONALLY DISTRBD PERSON	0	0	0	0	0	0	0	0	3	2	0	0	1	6
FINGERPRINTING	0	0	0	0	0	0	0	0	1	1	1	0	0	3
FOOT PATROL	0	5	4	1	0	1	2	4	4	0	0	2	7	30
HARASSMENT	0	0	1	0	0	1	1	1	0	1	0	0	1	6
INSECURE PROPERTY	0	2	2	0	0	0	0	1	0	0	0	1	1	7
JUVENILE	0	0	0	0	0	0	1	0	0	0	1	0	0	2
LARCENY	0	0	0	0	1	3	0	0	1	1	1	1	1	9
LOST AND FOUND	0	0	0	0	0	2	2	0	0	2	1	2	0	9
M/V ACCIDENT	0	0	0	0	0	0	2	4	1	3	1	1	0	12
MISC CALLS	0	0	0	0	0	1	0	1	1	0	0	7	1	11
MISC OFFENSES	0	0	0	0	0	0	0	1	1	0	0	0	0	2
MISSING PERSON	0	0	0	0	0	0	0	0	0	0	0	0	1	1
NEIGHBOR CRISIS	0	0	0	0	0	0	0	0	0	1	1	0	0	2
NOISE VIOLATION	0	2	0	0	0	0	0	0	0	0	1	5	2	10
OUTSIDE AGENCY ASSIST	0	0	0	0	0	0	0	0	0	0	0	1	0	1

BLOTTER ACTIVITY REPORT

By Time of Day

FOR DATE RANGE OF 01/01/2020 00:00 TO 08/09/2020 0:00

Call Type	Invalid Time	0000-0159	0200-0359	0400-0559	0600-0759	0800-0959	1000-1159	1200-1359	1400-1559	1600-1759	1800-1959	2000-2159	2200-2359	TOTALS
ABANDONED 911	0	10	6	0	9	6	7	4	13	4	8	14	7	88
ABC VIOLATIONS	0	14	0	0	0	0	0	1	1	0	1	2	4	23
ABSCONDED	0	1	2	1	1	1	1	0	2	3	0	0	3	15
ADMINISTRATIVE	0	3	3	4	2	7	1	2	2	2	4	11	5	46
AIDED MEDICAL	0	14	16	6	6	4	11	14	16	19	17	20	14	157
ALARM	0	10	19	8	24	20	13	16	15	13	16	10	6	170
ANIMAL DOMESTIC	0	4	5	3	1	8	21	16	13	12	17	12	9	121
ANIMAL WILD	0	1	0	1	0	1	3	3	0	0	2	2	3	16
ARSON	0	0	0	0	0	0	1	0	0	0	0	0	0	1
ASSAULT	0	2	5	0	5	1	1	2	1	3	2	5	1	28
BEAT MONITORING	0	22	10	0	0	0	0	0	0	0	1	0	0	33
BKGRND INVST CIVILIAN	0	0	0	6	48	124	95	53	8	1	0	0	0	335
BKGRND INVST SWORN	0	0	0	0	0	0	2	0	0	0	0	0	0	2
BURGLARY	0	0	0	1	0	2	0	2	3	4	1	4	1	18
CHILD SEAT INSTALL	0	0	0	0	0	0	0	0	0	0	1	3	0	4
CITY CODE VIOLATION	0	2	1	1	1	3	5	3	9	8	9	16	4	62
COMPUTER CRIME	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CRIMINAL MISCHIEF	0	5	2	4	5	9	10	10	10	11	8	5	2	81
CROSSING GUARD	0	0	1	2	1	0	0	0	0	1	0	0	1	6
DEATH INVEST	0	0	3	1	2	4	2	1	1	1	0	1	2	18
DISORDERLY PERSONS	0	22	13	5	6	12	17	11	22	24	28	12	24	196
DOG SEIZURE	0	0	0	0	0	0	0	3	1	1	1	0	0	6
DOMESTIC	0	30	10	8	11	15	20	25	22	24	31	34	38	268
DOOR UNLOCKING	0	2	3	1	8	8	22	19	24	20	15	15	8	145
DRUG INVESTIGATION	0	4	1	2	3	13	14	19	26	19	10	10	8	129
DWI / IMPRD / DRUGS	0	3	4	0	1	0	0	0	0	0	0	4	7	19
EMOTIONALLY DISTRBD PERSON	0	6	5	3	3	7	9	13	16	17	14	12	19	124
ENDANGERING WELFARE	0	1	0	0	0	0	0	0	0	1	0	0	0	2

FINGERPRINTING	0	0	0	0	3	18	45	43	28	9	5	2	1	154
FIRE	0	0	1	1	0	1	1	2	3	0	3	3	2	17
FOOT PATROL	0	127	107	33	0	25	58	33	52	24	7	74	124	664
FORGERY	0	0	0	0	0	0	0	1	0	0	0	0	0	1
FRAUD	0	0	1	0	0	2	4	6	3	1	3	3	0	23
HARASSMENT	0	6	4	2	3	7	15	23	23	24	28	22	25	182
INSECURE PROPERTY	0	22	28	4	0	5	11	6	10	4	3	7	14	114
JUVENILE	0	2	2	0	2	9	12	12	15	14	9	6	10	93
LARCENY	0	6	3	1	5	21	31	34	29	21	15	12	5	183
LOST AND FOUND	0	4	15	4	10	17	21	26	19	29	12	7	5	169
M/V ACCIDENT	0	3	4	1	14	22	44	69	88	48	30	15	8	346
M/V OFFENSE	0	7	2	1	0	1	4	7	4	5	7	15	9	62
M/V THEFT	0	0	1	0	0	0	0	0	0	0	0	0	0	1
MARIHUANA INVST	0	1	0	0	0	1	0	0	0	1	0	1	0	4
MEDIATION-NO OFFENSE	0	2	1	0	2	2	6	5	4	0	4	0	2	28
MISC CALLS	0	17	18	4	9	38	36	52	60	62	44	55	39	434
MISC OFFENSES	0	6	1	0	0	7	11	5	13	10	3	3	4	63
MISSING PERSON	0	0	0	0	3	1	2	1	1	2	3	2	5	20
NARCO INTEL	0	0	0	1	0	0	0	0	0	0	0	0	1	2
NEIGHBOR CRISIS	0	1	0	0	1	4	6	15	8	9	12	8	2	66
NOISE VIOLATION	0	54	30	6	4	5	13	15	23	30	25	69	76	350
OPEN CONTAINER	0	0	0	0	0	0	0	0	0	0	0	0	1	1
OUTSIDE AGENCY ASSIST	0	7	6	1	1	7	7	6	6	6	4	6	10	67
PARKING VIOLATIONS	0	7	1	1	1	6	16	18	13	6	6	2	1	78
PAROLE NOTIFICATION	0	0	0	0	3	25	11	17	6	0	0	0	0	62
PRISONER TRANSPORT	0	0	1	0	3	27	12	7	7	5	8	6	0	76
PROPERTY RETRIEVAL	0	1	0	0	0	6	9	12	15	13	11	13	5	85
REPOSESSION	0	0	0	1	0	0	0	0	0	1	0	0	0	2
ROBBERY	0	0	1	0	0	0	0	1	0	0	0	0	0	2
SAFE SCRIPTS PROGRAM	0	0	0	0	0	6	10	6	11	0	0	0	0	33
SERVICES	0	4	3	3	4	48	18	21	21	9	5	8	8	152
SEX CRIMES	0	1	0	0	0	2	6	8	4	7	6	2	1	37
SEX OFFNDR REGISTRATION	0	0	0	0	1	45	28	12	13	3	1	0	1	104

SICK LEAVE	0	2	8	19	13	6	11	13	35	20	7	4	10	148
SUSPICIOUS ACTIVITY RPT	0	25	23	7	5	6	12	10	14	10	8	23	29	172
TRAFFIC DETAIL	0	0	0	0	0	0	0	1	1	1	2	9	1	15
TRAFFIC STOP	0	112	60	15	1	10	38	31	38	37	37	218	209	806
TRESPASSING	0	8	14	1	4	4	12	15	12	11	14	7	18	120
WARRANT	0	3	1	3	1	3	5	4	5	8	1	6	2	42
WELFARE CHECK	0	33	19	9	12	29	62	62	43	47	62	60	49	487
Totals:	0	617	464	175	242	661	832	817	832	665	571	860	843	7579

Date of Issuance: 7/15/20
 Owner: City of Plattsburgh
 Contractor: Branon Construction
 Engineer: CDM Smith
 Project: WRRF Dewatering Upgrades

Effective Date: 7/16/20
 Owner's Contract No.:
 Contractor's Project No.:
 Engineer's Project No.: 20738.229451
 Contract Name: 1G - General

The Contract is modified as follows upon execution of this Change Order:

Description: Work Change Directive G1 indicated several changes to concrete repairs and the scope of the structural work at the East and West Clarifier and East Aeration tanks.

Attachments: *Work Change Directive G1*

CHANGE IN CONTRACT PRICE	CHANGE IN CONTRACT TIMES
Original Contract Price: \$ 4,499,500	Original Contract Times: Final Completion: <u>January 15, 2021</u> days or dates
[Increase] [Decrease] from previously approved Change Orders No. ___ to No. ___: \$ 0	[Increase] [Decrease] from previously approved Change Orders No. ___ to No. ___: Final Completion: <u>0</u> days
Contract Price prior to this Change Order: \$ 4,449,500	Contract Times prior to this Change Order: Final Completion: <u>January 15, 2021</u> days or dates
Increase of this Change Order: \$ 19,257.22	[Increase] [Decrease] of this Change Order: Final Completion: <u>0</u> days
Contract Price incorporating this Change Order: \$ 4,518,757.22	Contract Times with all approved Change Orders: Final Completion: <u>January 15, 2021</u> days or dates

RECOMMENDED:
 By: *Syng Zelle*
 Title: Engineer (if required)
Project Manager
 Date: 7/16/20

ACCEPTED:
 By: _____
 Title: Owner (Authorized)
 Dat: _____

ACCEPTED:
 By: *Terence P. Branon*
 Title: Contractor (Authorized)
PRESIDENT
 Dat: 7-15-2020

Work Change Directive G1 - Final Quantities

No.	Name	Final Amount
General Contract		
	Concrete Extras/Credits	
	East Aeration Tank Walkway Supports	\$6,180.00
	Horizontal Spall Repairs	\$10,972.22
	Vertical Spall Repairs	\$43,600.00
	West Scum Box	(\$14,400.00)
	East Clarifier Wall	(\$22,419.00)
	Northeast Corner Fillet	(\$1,205.00)
	Southeast Corner Fillet	(\$789.00)
	Northwest Corner Fillet	(\$789.00)
	Southwest Corner Fillet	(\$1,893.00)
	Total	\$19,257.22



Plattsburgh, New York

Kristofer Gushlaw
Chief Plant Operator

Water Resource Recovery Facility
53 Green Street
Plattsburgh, NY 12901
518-563-7172

August 11, 2020

RE: CONTRACT AWARD RECOMMENDATION
CONTRACT: INSTRUMENTATION SERVICES FOR WRRF AND WFP

Dear Mayor Read and Councilors:

On August 7, 2020 at 11:00 AM, one bid was opened and read allowed for Contract: Instrumentation Services for WRRF and WFP.

The length of the contract is for a one-year term beginning on August 14, 2020. The contract stipulates that the contract may be extended for one additional year upon mutual agreement between the City and contractor. There are two available one-year extensions.

We respectfully request that the contract be awarded to Temp-Press, Inc., 30 Hytec Circle, Rochester, NY 14606 for the estimated lump sum of \$37,350. The bid submission is attached for your convenience. Note that this is the current contractor and this bid was \$1,138 more than their 2017 bid amount. The WRRF will budget accordingly.

Best Regards,

Kristofer Gushlaw
Chief WPCP Operator

cc: J. Ruff
File: Bids and Contracts/2019

BID PROPOSAL FORM
INSTRUMENTATION - PREVENTIVE MAINTENANCE SERVICE
CITY OF PLATTSBURGH WRRF/WFP

SUBMIT TO: City of Plattsburgh, City Clerk
 41 City Hall Place
 Plattsburgh, NY 12901

BID DATE: 11:00 AM, Friday, August 7, 2020

The undersigned hereby certifies he/she has examined and fully comprehends the requirement and intent of the specifications for the Preventive Maintenance Services- Instrumentation for the Water Resource Recovery Facility/Water Filtration Plant, with the following price:

<u>DESCRIPTION</u>	<u>TOTAL PRICE</u>
1. Provide Regular quarterly - 5 day (40 work hours) in length, Maintenance Service, Labor for one year as specified in contract for WRRF. {Quarterly Service Calls (4) 160 hours total}	\$ <u>18,500</u>
2. Two (2) Emergency Service calls - Each 3 days (24 work hours) in length, including wages (hourly), lodging, meals and any travel expenses. {Emergency Service Calls (2) 48 hours total}	\$ <u>6,470</u>
Itemize:	
\$ <u>4,800</u> (Wages per hour) (100)	
\$ <u>270</u> (Meals per day) (45)	
\$ <u>600</u> (Lodging per day) (100)	
\$ <u>800</u> (Travel costs, \$/hour) (30)	
3. Provide installation and startup of new equipment. A total of 10 days total. (80 work hours)	
Installation Work - 80 hours total	\$ <u>7,850</u>
4. Provide - 5 days (40 work hours) of Maintenance Service for the WFP alarm system and associated equipment.	\$ <u>4,530</u>
<u>TOTAL PRICE ITEMS 1, 2, 3 & 4 ABOVE</u>	\$ <u>37,350</u>

TOTAL PRICE \$ Thirty Seven Thousand, Three Hundred Fifty dollars and zero cents
 (IN WORDS)

SIGNED: Jeremy W. Karas
NAME (PRINT): Jeremy W. Karas
NAME OR FIRM: TEMP-PRESS INC.
STREET: 30 HyTec Circle
CITY & STATE: RocheSter, N.Y. 14606
TELEPHONE: 585-235-6160 **DATE:** 07/26/20
FAX # 585-235-1035
EMERGENCY PHONE NUMBER 24 HR. 585-356-6376

BID PROPOSAL FORM CONTINUED...

ADDENDUM NO. 1. ACKNOWLEDGEMENT	<u> N/A </u>
ADDENDUM NO. 2. ACKNOWLEDGEMENT	<u> N/A </u>
ADDENDUM NO. 3. ACKNOWLEDGEMENT	<u> N/A </u>

- Required Attachments:**
- 1. **Non-Collusive Bid Certificate**
 - 2. **Insurance Information**
 - a. **Acord Form 25**
 - b. **Check List - Insurance requirement**

NON-COLLUSIVE BIDDING CERTIFICATION

STATE OF New York)
COUNTY OF Genesee) SS

Jeremy W. Karas, being first duly sworn, deposes and says that:

1. He is Service Manager of Temp-Press Inc. the bidder that has submitted the attached bid;
2. he is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
3. such bid is genuine and is not a collusive or sham bid;
4. neither the said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties of interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other bidder, firm or person to submit a collusive or sham bid in connection with the Contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm, or person to fix the price or prices in the attached bid or of any other bidder, or to fix any overhead, profit or cost element of the bid price or the bid price of any other bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Plattsburgh, or any person interested in the proposed Contract;
5. no official, officer, employee or agent of the City of Plattsburgh is directly or indirectly interested in the bid, or the work to which it related, or in any portion of the profits thereof; and,
6. the price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED Jeremy W. Karas
TITLE Service Manager

Subscribed and Sworn to before me this

27th day of July, 2020
Susan M. Schultz, Notary
(NAME AND TITLE)

My Commission Expires Oct 7, 2022

SUSAN M. SCHULTZ
Notary Public-State of New York
No. 018C800624
Qualified in GENESEE
My Commission Expires 10/07/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J Parisi Associates Inc. 1738 E Ridge Rd Rochester NY 14622-2157		CONTACT NAME: Joseph Parisi																						
		PHONE (A/C, No, Ext): 585-342-6790	FAX (A/C, No): 585-342-5043																					
		E-MAIL ADDRESS: joeparisi@parisiassociates.com																						
INSURED Temp-Press Inc 30 Hytec Cir Ste 200 Rochester NY 14606-4298		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td colspan="2">INSURER A: NATIONWIDE MUT INS CO</td> <td>23787</td> </tr> <tr> <td colspan="2">INSURER B: NATIONWIDE MUTUAL FIRE INS CO</td> <td></td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: NATIONWIDE MUT INS CO		23787	INSURER B: NATIONWIDE MUTUAL FIRE INS CO			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A: NATIONWIDE MUT INS CO		23787																						
INSURER B: NATIONWIDE MUTUAL FIRE INS CO																								
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
a	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	x	ACPGLO5494991309	06/28/2020	06/28/2021	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COM/POP AGG \$ 2000000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		ACPBA5494991309	06/28/2020	06/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 100000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000		ACPCAF5494991309	06/28/2020	06/28/2021	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	ACPWCF5494991309	06/28/2020	06/28/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City Of Plattsburg named as additional insured on policy ACPGLO5494991309 for the location at 549 Rt 3, Plattsburg, NY 12901

CERTIFICATE HOLDER**CANCELLATION**

City Of Plattsburg 41 City Hall Place Plattsburg, NY 12901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Joseph Parisi</i>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>CITY OF PLATTSBURG 41 CITY HALL PLACE PLATTSBURG, NY 12901</p>
Location(s) Of Covered Operations
<p>549 RT 3 PLATTSBURG, NY 12901</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

CG 20 10 04 13

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All terms and conditions apply unless modified by this endorsement.



Plattsburgh, New York

Scott Lawliss
Fire Chief

Plattsburgh Fire Department
65 Cornelia Street
Plattsburgh, NY 12901
Tel: 518-536-7542
Fax: 518-561-8236
lawliss@cityofplattsburgh-ny.gov

August 11, 2020

Mayor Colin Read
41 City Hall Place
Plattsburgh, NY 12901

Mayor,

I respectfully request a three week military leave of absence for James Braid from his permanent position as firefighter so he may perform his duties as an active member of the Army Reserve Training per the attached paperwork.

Thank you for your time and consideration of my request.

Respectfully,

Scott Lawliss
Fire Chief

SL/kl

cc: Common Council