

TRI-TOWN SERVICES P.O. BOX 484, ANDES, NEW YORK 13731 ANDES - MARGARETVILLE - DELHI

wn Maintenand Gardens Tilled Shrubs Planted Tree Triming Bush Hogging	Second Home Prewarming	Backhoe York Rake Snow Plowing Light Carpentry Chimney Sweep
Bid	I	Contact Bill Drew 914-676-3206
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	Thenks	
-	Bill-	York Rake Snow Plowing Light Carpentry Chimney Sweep Contact Bill Drew 914-676-3206
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DATE (MM/00/YYYY)

UPON THE CERTIFICATE HOLDER. THIS VERAGE AFFORDED BY THE POLICIES HE ISSUING INSURER(S), AUTHORIZED

FAX (A/C, No):	
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S) AFFORDING COVERAGE	NAIC #
Mutual Ins. Co.	13919
	i i

REVISION NUMBER:

D NAMED ABOVE FOR THE POLICY PERIOD

DOCUMENT WITH RESPECT TO WHICH THIS

EREIN IS SUBJECT TO ALL THE TERMS,

IS.

Y EXP	LIMI	TS
	EACH OCCURRENCE	\$300000
7/11	PREMISES (Ea occurrence)	\$ 50000
	MED EXP (Any one person)	\$1000
	PERSONAL & ADV INJURY	\$300000
	GENERAL AGGREGATE	\$100000
	PRODUCTS - COMP/OP AGG	\$1000000
		\$
	COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)	\$
	BODILY INJURY (Per accident)	\$
	PROPERTY DAMAGE (Per accident)	\$
		\$
		\$
	EACH OCCURRENCE	\$
	AGGREGATE	\$
		\$
		\$
	WCSTATU- OTH- TORYLIMITS ER	
	E.L. EACH ACCIDENT	\$
	E.L. DISEASE - EA EMPLOYEE	\$
	E.L. DISEASE - POLICY LIMIT	\$
	· ·	

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RTIFICATE HOLDER		CANCELLATION
	TO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Town of Andes 115 Delaware Andes NY 1373	Ave	AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE
NDD 25 (2000)		© 1988-2009 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

OPID KQ

DATE (MM/DD/YYYY)

04/14/11

04/1

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

REPRESENTANT: If the certificate holder is an Applitional Insurer in the certificate holder.

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

	certificate holder in lieu of such endors	seme	nt(s)					6		to to the
R	ODUCER				CONT					
	Mang Ing Agr IIC Doll	h i			PHON			FAX (A/C, No)	١.	
	Mang Ins. Agy. LLC Del Andes Rd. P.O. Box 266				E-MAI	L		(A/C, NO)):	
	Delhi NY 13753					UCER	DIMO 0	** .60		
	Phone: 607-746-2381 Fa	x:6	07-	746-6647	CUST		RITO-8	· · · · · · · · · · · · · · · · · · ·		T
IS	SURED							ORDING COVERAGE		NAIC#
	Tri-Town Services					-	gaen Muti	al Ins. Co.		13919
	Tri-Town Services William F. Drew db PO Box 484	oa				RER B:				-
	Andes NY 13731					RER C:				-
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-	21/504.050				INSUR	ERF:		in the second		
_				TE NUMBER:				REVISION NUMBER		1 8
CE	THIS IS TO CERTIFY THAT THE POLICIES OF NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH P	UIREI TAIN, OLICI	MENT THE ES. L	T, TERM OR CONDITION OF A INSURANCE AFFORDED BY IMITS SHOWN MAY HAVE BEI	NY CO	NTRACT OR O	THER DOCUM	ENT WITH RESPECT TO W	VHICH TH	D IIS
R	TYPE OF INSURANCE		SUBI			(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	GENERAL LIABILITY					((11111122)	EACH OCCURRENCE	\$300	1000
	X COMMERCIAL GENERAL LIABILITY			T1131949		07/27/10	07/27/11	DAMAGE TO PENTED	\$ 500	
	CLAIMS-MADE OCCUR					0.,2.,10	0.,2.,11	MED EXP (Any one person)	\$100	
								PERSONAL & ADV INJURY	\$300	
	X BGL BF (LS6)					-		GENERAL AGGREGATE		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$100000	
	POLICY PRO- JECT LOC							THOUSEN'S COMMITCH AGG	\$ 100	0000
_	AUTOMOBILE LIABILITY					**		COMBINED SINGLE LIMIT		
	ANY AUTO							(Ea accident)	\$	and a
	ALL OWNED AUTOS							BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS				7.1		}	(1 of dooldonly	\$	
			-				-		\$	
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	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
1	DEDUCTIBLE							AGGREGATE	\$	
Ì	RETENTION \$								\$	
t	WORKERS COMPENSATION	_		SEE NYS FORM U.2	6-3			WCSTATU- OTH- TORYLIMITS ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						-			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1/A					i	E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE		
t	DESCRIPTION OF OPERATIONS BEIOW	-	-		-			E.L. DISEASE - POLICY LIMIT	\$	
	PIRTION OF OPER ATION					×.				
W	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (At	tach A	CORD 101, Additional Remarks S	chedule	, if more space is	required)			
-								x 8		
3	RTIFICATE HOLDER			(CANC	ELLATION				
				TO	THEE		ATE THEREOF	CRIBED POLICIES BE CAN NOTICE WILL BE DELIVER PROVISIONS.		BEFORE

)RD 25 (2009/09)

Town of Andes

115 Delaware Ave Andes NY 13731 AUTHORIZED REPRESENTATIVE

TOWN OF ANDES

By submission of this bid or proposal, the bidder certifies that:

- (A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;
- (B) This bid or proposal has not been knowingly disclosed and will not be knowlingly disclosed, prior to the opening of bids or proposals for this project, to any other bidder, competitor or potential competitor;
- (C) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a bid or proposal;
- (D) The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties of perjury, affirms the truth therof, such penalties being applicable to the bidder as well as the person signing in its behalf;
- (E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED: William F Dew

DATE: 4-10-11

Lasting Impression

Landscapes & Property Management

Brent G. Trimbell

btrimbell@yahoo.com

695 Town Brook Road Hobart, NY 13788 www.lastingimpressionpropmgt.com

607.287.9561

To: Andes Town Board

Bid price proposal:

This proposal is for lawn maintenance at the Shavertown Cemetery. Necessary travel time is included.

#1 - General Spring Clean-up (Leaves, stones, dead grass, flowers) = no charge

#2 - General lawn maintenance – Bi-Weekly basis (Mowing, trimming, blower (excess grass from parking lot and walkways)) Length of service contract 5/10/11 – end of season = \$2630

Other Services of interest for your location:

- Tree removal & trimming
- Shrub trimming & planting, Mulch or wood chips (Around shrubs)
- ** Prices available upon request... We now accept Visa, MasterCard & Discover**

 Thank you for this opportunity,

Brent G. Trimbell

TOWN OF ANDES

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- (A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;
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DATE: 4/17/11

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/11

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

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

certificate holder in lieu of such endorsement(s). 607-746-2354 FAX obert O. Mable Agency, Inc. 607-746-3226 (A/C, No, Ext); D Box 26 147 Main Street E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TRIMBR2 elhi. NY 13753 NAIC # INSURER(S) AFFORDING COVERAGE obert O Mable Agency, Inc. INSURER A : Preferred Mutual Insurance Co. 15024 **Brent Trimbell DBA Lasting** SURED INSURER B Impression Landscapes & Prop M 695 Township Rd INSURER C: Hobart, NY 13788 INSURER D : INSURER E : INSURER F

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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS OVERAGES 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. ADOL SUBR POLICY NUMBER 1,000,000 TYPE OF INSURANCE EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 GENERAL LIABILITY \$ 11/04/11 11/04/10 CPP0100602354 5.000 COMMERCIAL GENERAL LIABILITY \$ MED EXP (Any one person) \$

1,000,000 CLAIMS-MADE PERSONAL & ADV INJURY 2,000,000 \$ GENERAL AGGREGATE 2,000,000 \$ PRODUCTS - COMPIOP AGG GEN'L AGGREGATE LIMIT APPLIES PER \$ POLICY COMBINED SINGLE LIMIT 5 AUTOMOBILE LIABILITY (Fa accident) BODILY INJURY (Per person) ANY AUTO 5 BODILY INJURY (Per accident) ALL OWNED AUTOS PROPERTY DAMAGE \$ SCHEDULED AUTOS (Per accident) HIRED AUTOS S NON-OWNED AUTOS \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR \$ AGGREGATE EXCESS LIAB CLAIMS-MADE DEDUCTIBLE OTH RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE NIA 5 E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below

ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) and scape Gardening

SERTIFICATE HOLDER	CANCELLATION
SER THICK TE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Town of Andes 115 Delaware Ave Andes, NY 13731	AUTHORIZED REPRESENTATIVE Robert O Mable Agency, Inc. Tolication Madde

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TRI-TOWN SERVICES

P.O. BOX 484, ANDES, NEW YORK 13731 ANDES - MARGARETVILLE - DELHI

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04/14/11

UPON THE CERTIFICATE HOLDER. THIS DVERAGE AFFORDED BY THE POLICIES HE ISSUING INSURER(S), AUTHORIZED

d. If SUBROGATION IS WAIVED, subject to on this certificate does not confer rights to the

FAX (A/C, No):	
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(S) AFFORDING COVERAGE	NAIC #
Mutual Ins. Co.	13919
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REVISION NUMBER:

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CY EXP D/YYYY)	LIMI	TS
27/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300000 \$ 50000
,	MED EXP (Any one person)	\$ 1000
	PERSONAL & ADV INJURY	\$ 300000
	GENERAL AGGREGATE	\$1000000
	PRODUCTS - COMP/OP AGG	\$1000000
		\$
	COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)	\$
	BODILY INJURY (Per accident)	\$
	PROPERTY DAMAGE (Per accident)	\$
		\$
		\$
	EACH OCCURRENCE	\$
	AGGREGATE	\$
	1	\$
	2	\$
	WCSTATU- OTH- TORYLIMITS ER	
	E.L. EACH ACCIDENT	\$
	E.L. DISEASE - EA-EMPLOYEE	\$
	E.L. DISEASE - POLICY LIMIT	\$

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Town of Andes

115 Delaware Ave Andes NY 13731

CANCELLATION

TO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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TIFICATE OF LIABILITY INSURANCE

OPID KQ

DATE (MM/DD/YYYY)

04/14/11

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

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ms and conditions of the policy, certain policies in increase holder in lieu of such endorsement(s).		8				1.
RODUCER	CONT	:				
Mang Ins. Agy. LLC Delhi	PHON (A/C, I	IE No, Ext):		FAX (A/C, No):		
Andes Rd. P.O. Box 266	E-MÁI ADDR	L				
Delhi NY 13753	PROD	UCER	ITO-8	** '60		
Phone: 607-746-2381 Fax: 607-746-6	647	OMERCID II.		RDING COVERAGE		NAIC #
SURED			- ' '	al Ins. Co.		13919
Tri-Town Services		-	den Mutu	at ins. co.		13313
William F. Drew dba PO Box 484		RER B :				
Andes NY 13731		RER C :				
		RER D :				
	INSUR	RER E :				
OVERACES CERTIFICATE MUIA		RER F:		DEVICION NUMBER.		v ·
OVERAGES CERTIFICATE NUM THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTI		SHED TO THE IN		REVISION NUMBER:	_	1
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM (CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH	OR CONDITION OF ANY CONCE AFFORDED BY THE PO	ONTRACT OR O	THER DOCUM IBED HEREIN	ENT WITH RESPECT TO W	HICH THI	
R TYPE OF INSURANCE INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
GENERAL LIABILITY				EACH OCCURRENCE	\$ 300	000
X COMMERCIAL GENERAL LIABILITY T113	1949	07/27/10	07/27/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500	00
CLAIMS-MADE OCCUR		10.7.2.7.20	.,,	MED EXP (Any one person)	\$100	0
				PERSONAL & ADV INJURY	\$ 3000	000
X BGL BF (LS6)				GENERAL AGGREGATE	\$1000	
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$1000	
POLICY PRO- JECT LOC					\$	
AUTOMOBILE LIABILITY		<u> </u>	1/2	COMBINED SINGLE LIMIT	\$	
ANY AUTO				(Ea accident)		l
ALL OWNED AUTOS				BODILY INJURY (Per person)	\$	
SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
NON-OWNED AUTOS					\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DEDUCTIBLE					\$	
RETENTION \$					\$	
WORKERS COMPENSATION SEE	NYS FORM U.26-3			WCSTATU- OTH- TORYLIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	
		10				
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 1	01, Additional Remarks Schedu	le, if more space	s required)	8		
owing						
ERTIFICATE HOLDER	CAN	CELLATION		and the second s		
	1					
	TO THE		ATE THEREO	SCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVE Y PROVISIONS.) BEFORE
Town of Andes	AllTHO	RIZED REPRESE	NTATIVE			
115 Delaware Ave	Aome		,			
Andes NY 13731	1	/)	1			

NON-COLLUSIVE BIDDING CERTIFICATE

TOWN OF ANDES

By submission of this bid or proposal, the bidder certifies that:

- (A) This bid or proposal has been independently arrived at without collusion with any other bidder or with any competitor or potential competitor;
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- (E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED: Milliam & Marin

DATE: 4 - 10-11

Lasting Impression

Landscapes & Property Management

Brent G. Trimbell

btrimbell@yahoo.com

695 Town Brook Road Hobart, NY 13788 www.lastingimpressionpropmgt.com

607.287.9561

To: Andes Town Board

Bid price proposal:

This proposal is for lawn maintenance at the Andes Water Reservoir. Necessary travel time is included.

#1 - General Spring Clean-up (Leaves, stones, dead grass, flowers) = No charge

#2 - General lawn maintenance – Bi-Weekly basis (Mowing, trimming, blower (excess grass from parking lot and walkways)) Length of service contract 5/10/11 – end of season = \$400

Other Services of interest for your location:

- Tree removal & trimming
- Shrub trimming & planting, Mulch or wood chips (Around shrubs)
- ** Prices available upon request... We now accept Visa, MasterCard & Discover**

 Thank you for this opportunity,

Brent G. Trimbell

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- (E) That the attached hereto (if a corporate bidder) is a certified copy of resolution authorizing the execution of this certificate by the signator of this bid or proposal in behalf of the corporate bidder.

SIGNED: But &. Winlest

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/11

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.

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CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL 607-746-2354 PRODUCER Robert O. Mable Agency, Inc. 607-746-3226 O Box 26 147 Main Street ADDRESS: Jelhi, NY 13753 TRIMBR2 Robert O Mable Agency, Inc. NAIC # INSURER(S) AFFORDING COVERAGE 15024 INSURER A : Preferred Mutual Insurance Co. Brent Trimbell DBA Lasting INSURED Impression Landscapes & Prop M INSURER B 695 Township Rd INSURER C Hobart, NY 13788 INSURER D INSURER E

COVERAGES

CERTIFICATE 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.

INSURER F

	TYPE OF INSURANCE	ADOL SUBF	6	POLICY EFF	POLICY EXP	LIMIT	8	~ (
- CF	NERAL LIABILITY	INSR WOOD	FOLIO TROMISCIC	1		EACH OCCURRENCE	\$	1,000,0
X	7		CPP0100602354	11/04/10	11/04/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,0
	CLAIMS-MADE OCCUR			es canada de la ca	a construction of the cons	MED EXP (Any one person)	\$	5,0
	COAMS-MADE OCCUR				-	PERSONAL & ADV INJURY	\$	1,000,0
******					1 to	GENERAL AGGREGATE	5	2,000,0
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95	POLICY PRO-			-	9		\$	Mary 10 Mary 1
AU	TOMOBILE LIABILITY			1	77.0	COMBINED SINGLE LIMIT (Ex accident)	\$	Commission and Commis
	ANY AUTO				a de la companya de l	BODILY INJURY (Per person)	\$	committee to be took of the
	ALL OWNED AUTOS				4	BODILY INJURY (Per accident)	\$	to the part of the second of t
	SCHEDULED AUTOS HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
*********	~					and the principle of the second secon	\$	
********	NON-OWNED AUTOS	The same of the sa				Constitution by the freeholds represented the second of the property of the second of	\$	
<u></u>	UNBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	al paragraphic de motor monor está combi-
	EXCESS LIAB CLAIMS-MADE	distribution of the second				AGGREGATE	\$	to an interest game to adding at a sequence was not the
	DEDUCTIBLE			1 d. h. h. r.	· ·		S	anne a company a children i, i salar a company a securi
	RETENTION \$	-			-		\$	and the second s
	ORKERS COMPENSATION					WC STATU- OTH-		Fig. 400, 1 for the organization (12 to 12 for the proposed to 1200
AN	ID EMPLOYERS LIABILITY IY PROPRIETOR/PARTNER/EXECUTIVE //N			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		E.L. EACH ACCIDENT	\$	erian in the training in grading in admiral a code a train
OF (M	FICERMEMBER EXCLUDED?	N/A	di c	5 1 1	August and	E.L. DISEASE - EA EMPLOYEE	\$	والمراقب والمعاملين والمراور والمراقب والمراقب والمراقب
HY	es, describe under SCRIPTION OF OPERATIONS below			and the state of t	-	E L. DISEASE - POLICY LIMIT	\$	and the state of t
		1						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Landscape Gardening

CERTIFICATE HOLD	ER	

CANCELLATION

Town of Andes 115 Delaware Ave Andes, NY 13731 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
Robert O Mable Agency, Inc.

Rochard Made