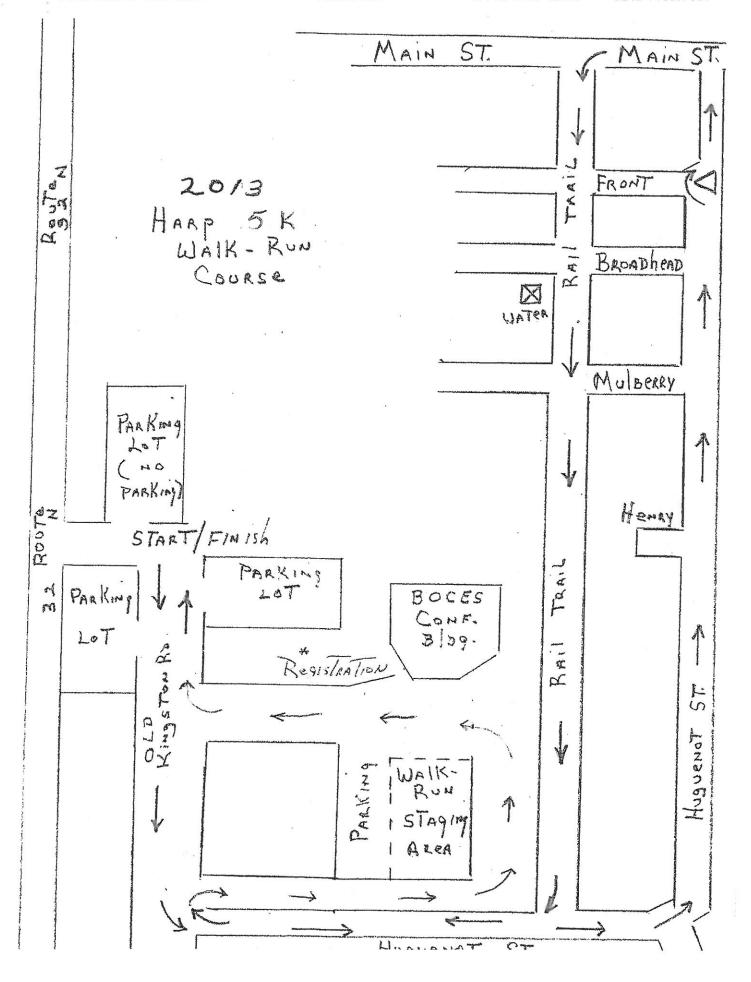
Parade/Event Request Sign-Off Form

This form is to be used by any organization/group requesting permission to sponsor a parade or event in the Town or Village of New Paltz. ALL steps MUST be completed before final permission will be granted by the Town or Village of New Paltz can be granted.

| | Step 1: (all fields must be | completed |
|---|---|--|
| | Organization/group name | Wendell HARP |
| | Contact person: | Michael E. Murphy, Executive Director |
| | Contact person's phone nu | numbers: (H) $677-5140$ (W) $473-2273$ (C) |
| | Date of event: | Rain date (if any): |
| | Exact time of event: | 30A-13 NOON 7:30A- JETUP 9:30 A- START OF RACE |
| | | |
| | Step 2: (check ONE parad | e route only) |
| i | complete route. A final detended to the factorial complete route. Some of the factorial source. To utilize Hasbroud | bommon parade routes. In the space provided, place a check ($$) mark indication your wish to propose an alternate parade route, check the box provided and fill in the ermination on which parade route will be utilized will be made by the New Paltz Police actors that are utilized in this decision are anticipated parade size and public safety k Park, place a check ($$) mark next to the space provided AND submit a "Park Use ge Clerk. (If you wish to sponsor a parade AND utilize Hasbrouck Park, check your D Hasbrouck Park). |
| | Parade Route One: | Beginning in the New Paltz Middle School parking lot, proceed north on S. Manheim Blvd to Main Street. Proceed west on Main Street to Plattekill Avenue. Proceed south on Plattekill Avenue to the Village of New Paltz Fire Department/Village Hall. (If you wish to extend your parade end-point to the entrance to Hasbrouck Park, check here This does not grant you permission to utilize Hasbrouck Park, check below AND submit a "Park Use Request Form" to Village Clerk. |
| | Parade Route Two: | Beginning on North Manheim Blvd., proceed south to Main Street. Proceed west on Main Street to Plattekill Avenue. Proceed south on Plattekill Avenue to the Village of New Paltz Fire Department/Village Hall. (If you wish to extend your parade endpoint to the entrance to Hasbrouck Park, check here This does not grant you permission to utilize Hasbrouck Park, you must check below AND submit a "Park Use Request Form".) |
| | Parade Route Three: | Beginning on Plattekill Avenue by the SUNY New Paltz Old Main Circle, proceed north on South Oakwood Terrace to Main Street. Proceed west on Main Street to the alleyway/driveway next to Gourmet Pizza and turn south, proceed through the Plattekill Avenue municipal lot back onto Plattekill Avenue and returning south to the SUNY New Paltz Old Main Circle. |
| _ | Alternate Parade Route: | See MAD |
| | | |
| | | |

Paltz. The approving board will forward this form to the New Paltz Police Department for proper filing. You will receive a copy of this form at this point.

| DO NOT COMPLETE T | HE FOLLOWING FO | OUR LINES, TO BE COMPLETED B | Y NPPD PERSONNEL ONLY! |
|--------------------------|-----------------|------------------------------|------------------------|
| SUNY New Paltz Police De | pt.: (Print) | (Sign) | (Date) |
| New Paltz Rescue Squad: | (Print) | (Sign) | (Date) |
| New Paltz Fire Dept.: | (Print) | (Sign) | |
| Village Highway Dept.: | (Print) | (Sign) | (Date) |



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CE FOUNDATION, INC.

Serving the Mid-Hudson Region 374 Violet Avenue • Poughkeepsie, NY 12601 • 1845) 473-2273

POUGHKEEPSIE, NY 12601

50-7101/2219

DATE

CHECK NO.

PAYEE I.D.

6.24.13

2126

PAY THIS AMOUNT

\$250.00

PAY TO THE ORDER OF

Town of New Paltz Town Supervisor

TO THE OFFICE AND THE SECOND WE THEN THE SECOND THE PROPERTY OF THE SECOND SECO

2126



POUGHKEEPSIE, NY 12601

50-7101/2219

DATE

CHECK NO.

THE CENTURES WITH SECRETEDIAL ESTRICT

PAYEE I.D.

6.24.13

2126

PAY THIS AMOUNT

\$250.00

Town of New Paltz Town Supervisor

6 THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

"OO 2126" 12219710151 7700004885"

OP ID: MLIB



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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). CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL 845-677-3434 George T. Whalen A division of (A/C. No): 845-677-3526 Marshall & Sterling, Inc. ADDRESS: 3269 Franklin Ave. Box AC CUSTOMER ID # HOSPI-2 Millbrook, NY 12545 INSURER(S) AFFORDING COVERAGE NAIC # George Whalen Insurance INSURER A: American Alternative Ins. INSURED Hospice, Inc. 374 Violet Avenue INSURER B : Poughkeepsie, NY 12601 INSURER C: INSURER D: INSURER E : INSURER F : **CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES** 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. ADDL SUBR IMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 10/01/13 50,000 VHHG3053328-02 10/01/12 X X COMMERCIAL GENERAL LIABILITY \$ 50,000 CLAIMS-MADE OCCUR MED EXP (Any one person) \$ 10/01/12 10/01/13 1,000,000 Professional Liab VHHHHG305332803 X PERSONAL & ADV INJURY 3,000,000 \$1 MIL OCC/\$3M AGG. GENERAL AGGREGATE \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 1,000,000 emp ben POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS \$ 5,000,000 LIMBRELLA LIAB EACH OCCURRENCE OCCUR 5,000,000 **EXCESS LIAB** AGGREGATE CLAIMS-MADE 10/01/13 X VHHU505034705 10/01/12 A DEDUCTIBLE X 10,000 RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Town of New Paltz, Village of New Paltz & Uister County BOCES is provided Additional insured status when required by written contract or agreement with respect to Harp Walk Run, September 7, 2013. CANCELLATION **CERTIFICATE 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. **Uister County BOCES Town of New Paltz** AUTHORIZED REPRESENTATIVE Village of New Paltz Route 32 u New Paltz, NY 12561

Step 1; (all fields must be completed)

Parade/Event Request Sign Off Form

parade or event in The Town or Village of New Paltz. ALL steps that MUST be completed before final permission by the Town or Village of New Paltz can be granted.

| Organization/group name: | New Paltz Reformed Church Huguenot St. Apple Festival | | | | | |
|---|---|--|--|--|--|--|
| Contact person: | Lisa Curtis | | | | | |
| Contact person phone #s: | (H) 255 - 8950 (W) N/A (C) 106 - 3795 | | | | | |
| Date of event: Oct. 5, 2 | 013 (rain date if any) None (exact times) 9:00 cm - 5:00 pm | | | | | |
| choice. If you wish to propo determination on which parad are utilized in this decision a | route only) nmon parade routes. In the space provided, place a check (\lor) mark indicating your parade route use an alternate parade route, check the box provided and fill in the complete route. A Final e route will be utilized will be made by the New Paltz Police Department. Some of the factors that re anticipated parade size and public safety issues. To utilize Hasbrouck Park, place a check (\lor) led. (If you wish to sponsor a parade AND utilize Hasbrouck Park, check your requested parade | | | | | |
| Parade route one; | Beginning in the New Paltz Middle School parking lot, proceed north on South Manheim Blvd to Main Street. Proceed west on Main Street to Plattekill Avenue. Proceed south on Plattekill Avenue to the Village of New Paltz Fire Department/Village Hall. (If you wish to extend your parade end point to the entrance to Hasbrouck Park check here This does not grant you permission to utilize Hasbrouck Park, you must check below to utilize the park itself.) | | | | | |
| Parade route two; | Beginning on North Manheim Blvd., proceed south to Main Street. Proceed west on Main Street to Plattekill Avenue. Proceed south on Plattekill Avenue ending in front of the New Paltz Fire Department/Village Hall. (If you would like to extend your parade end point to the entrance to Hasbrouck Park check here This does not grant you permission to utilize Hasbrouck Park, you must check below to utilize the park itself.) | | | | | |
| Parade route three; | Beginning on Plattekill Avenue by the SUNY New Paltz Old Main Circle, proceed north on South Oakwood Terrace to Main Street. Proceed west on Main Street to the alleyway/driveway next to Gourmet Pizza and turn south, proceed through the Plattekill Avenue municipal lot back onto Plattekill Avenue back to the SUNY New Paltz Old Main Circle. | | | | | |
| Alternate parade route | Flease close traffic on Huguenot Streets from Broadhead Avenue to the bend on Huguenot Street to the north of the of church: | | | | | |
| Hasbrouck Park | Start time of park event; End time of park event: Brookless | | | | | |
| | ***STOP*** | | | | | |

You must now bring this form to the New Paltz Town Hall M-F between the hours of 8:30 a.m. to 5:00 p.m. before step 3 can be ompleted

Do no write in this area, to be completed by NPPD personnel only

Received by AT SOT ROBERT List How Paltz, Police Department on: 03832013 (must be a minimum of 35 days prior to the event date.)

Step 3; (can only be completed once steps one and two have been completed)

| application is approved, the police application is approved by the Villa | Paltz Police Depa lepartment will for ge Board, you will | rtment and New Pa ward it to the New be advised by the V | documented on this form must received the documented on this form must received ltz Town and/or Village Boards. If your Paltz Town and/or Village Board. If your illage Board who will also sign off on this sed by the Town Board who will also sign | | | |
|--|--|--|---|--|--|--|
| *New Paltz Police Department: | proved Denied | Parade route chang | red to route # Date: 07-3-3-013 | | | |
| | | (.// | E DAW WILL NED TO PRONDE | | | |
| (Title) DETECTIVE STABIRAT (Print) | ROBERT WROTE | ZV (Sign) | | | | |
| *New Paltz Town and/or Village Box | ırd: □Approved □ | Denied Date: | | | | |
| Reason for denial: | | | | | | |
| (Title) (Print) | | (Sign) | | | | |
| *If approved by the above two entities, you will be notified by the Town and or Village of New Paltz. The approving board will forward this form to the New Paltz Police Department for proper filing. You will receive a copy of this form at this point. Please review the Event/Parade Application Request Procedures attached to application. DO NOT COMPLETE THE FOLLOWING FOUR LINES, TO BE COMPLETED BY NPPD PERSONNEL ONLY | | | | | | |
| SUNY New Paltz Police Advised: | (Print) | | (Date) | | | |
| New Paltz Rescue Squad Advised: | (Print) | (Sign) | (Date) | | | |
| New Paltz Fire Department Advised: | (Print) | (Sign) | (Date) | | | |
| Village Highway Department Advised | (Print) | (Sign) | (Date) | | | |
| | | | | | | |

EMANUEL CURTIS LISA BYERLY-CURTIS 33 ELTING AVE. NEW PALTZ, NY 12561 8983 50-7126/2219 Pay to the Order of \$ 25.00 Dollars 562490126 8988 Ma out Clarks

MA OOM PIETS, The From:Mary MacEntee FaxID:

Page 2 of 2

Date:7/23/2013 11:19 AM Page:2 of 2

ACORD

REFOR-5 OP ID: MM

| ACORD. | CERTIFICATE OF LIA | BILITY INSURANCE | DATE (MM/DD/YYYY) 07/23/2013 |
|---|---|--|---|
| BELOW. THIS CERTIFICATE OR P | OT AFFIRMATIVELY OR NEGATIVELY AMEND, CATE OF INSURANCE DOES NOT CONSTITU' RODUCER, AND THE CERTIFICATE HOLDER. | Y AND CONFERS NO RIGHTS UPON THE CERTIFIC EXTEND OR ALTER THE COVERAGE AFFORDER TE A CONTRACT BETWEEN THE ISSUING INSUR | CATE HOLDER. THIS D BY THE POLICIES ER(S), AUTHORIZED |
| IMPORTANT: If the cert the terms and conditions certificate holder in lieu o | s of the policy, certain policies may require an er of such endorsement(s). | policy(ies) must be endorsed. If SUBROGATION IS ndorsement. A statement on this certificate does no | WAIVED, subject to t confer rights to the |
| PRODUCER William A. Smith & Son, Inc 380 Broadway Newburgh, NY 12550 William A Smith & Son, Inc | Fax: 845-561-1697 | PHONE (AJC, No, Ext): (AJC, No Ext): | (0): |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |

380 Broadway Newburgh, NY 12550 William A Smith & Son, Ir INSURER A : Peerless Insurance Co 24198 INSURED Reformed Church of New Paltz INSURER B : Excelsior Ins Co 92 Huguenot St New Paltz, NY 12561 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

| NSR TR | | INSR | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | rs | |
|-----------|---|------|------|---------------|----------------------------|----------------------------|--|----|-----------|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,00 |
| A | X COMMERCIAL GENERAL LIABILITY | X | | CBP8284822 | 05/22/2013 | 05/22/2014 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,00 |
| | CLAIMS-MADE X OCCUR | | | | | | MED EXP (Any one person) | \$ | 15,00 |
| | | | 1 | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 3,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | 1 | | PRODUCTS - COMP/OP AGG | \$ | 3,000,000 |
| _ | X POLICY PRO. LOC | | | | | | | \$ | |
| 1 | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | |
| - | ANY AUTO ALL OWNED SCHEDULED | | | | | | BODILY INJURY (Per person) | \$ | |
| | AUTOS AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| - | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| _ | | | | | | | | \$ | |
| - | X UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| } | EXCESS LIAB CLAIMS-MADE | 4 1 | | CU8801353 | 05/22/2013 | 05/22/2014 | AGGREGATE | \$ | 1,000,000 |
| 4 | DED X RETENTIONS 10,000 | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN | | - 1 | | | | WCSTATU- OTH- | | |
| ١, | ANY PROPRIETORIPARTNER/EXECUTIVE | NIA | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | - 1 | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | DECEMBRICAL OF OPERATIONS hales | | - 1 | | 1 | | E.L. DISEASE - POLICY LIMIT | • | |

CERTIFICATE HOLDER CANCELLATION VILLA21 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Village of New Paltz 25 Plattekill Ave New Paltz, NY 12561 AUTHORIZED REPRESENTATIVE John H. Smith, SR

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| EMANUEL CURTIS LISA BYERLY-CURTIS 33 ELTING AVE. NEW PALTZ, NY 12561 | 7/19/13 | 8983 50-7126/2219 02 |
|--|---------|----------------------------|
| Pay to the John of New Palt July hive and the | 0 | 25.00 |
| Ulster Savings | Doll | ars 2 Secures Defails on |
| www.ulstersavings.com 866-440-0391 For Apple FSI-Val | \$2G | |
| 1:2219712641: 56249012611 | 8983 | MP |

MAROON SHT FIELD**



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

REFOR-5

OP ID: MM

DATE (MM/DD/YYYY)

07/23/2013

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 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). Phone: 845-561-1706 CONTACT PRODUCER William A. Smith & Son, Inc. 380 Broadway Newburgh, NY 12550 William A Smith & Son, Inc PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): Fax: 845-561-1697 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Peerless Insurance Co 24198 Reformed Church of New Paltz INSURED INSURER B: Excelsior Ins Co 92 Huguenot St INSURER C: New Paltz, NY 12561 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. **ADDLISUBR** TYPE OF INSURANCE POLICY NUMBER LIMITS INSR WVD GENERAL LIABILITY 1,000,000 EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CBP8284822 05/22/2013 05/22/2014 300,000 X X COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE X OCCUR 15,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 3.000.000 GENERAL AGGREGATE \$ 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ X POLICY PRO-JECT COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY ALITO SCHEDULED AUTOS NON-OWNED ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB 1,000,000 Х X \$ **EACH OCCURRENCE** OCCUR 05/22/2013 05/22/2014 1,000,000 **EXCESS LIAB** CU8801353 В CLAIMS-MADE AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is added as additional insured as respects to liability
and as per written contract for event being held on 10/5/13.

10.000

NIA

DED X RETENTION \$
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below

| CERTIFICATE HOLDER | CANCELLATION | |
|--|---|--|
| Village of New Paltz 25 Plattekill Ave New Paltz, NY 12561 | VILLA21 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELI ACCORDANCE WITH THE POLICY PROVISIONS. | |
| New Paltz, NY 12561 | AUTHORIZED REPRESENTATIVE | |
| | John H. Smill, R | |

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WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE
E.L. DISEASE - POLICY LIMIT

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