

BID 19-8: BUILDING DEMOLITION SPECIFICATIONS

INTRODUCTION

The Sullivan County Land Bank Corporation (SCLBC) is issuing this Bid for competent firms to demolish up to two residential properties in the Village of Monticello.

Location	Village	Tax Parcel (S.B.L.)	Type of Demolition	Information Available
11 High St.	Monticello	112.-3-2.1	Controlled Asbestos Demolition	Condemnation in process
39-41 High St.	Monticello	112.-1-3	Controlled Asbestos Demolition	Condemnation in process

Bid costs will be used to determine what properties will be demolished based on available resources. Separate awards may be made for separate buildings, however if there is a major cost savings to do both demolitions, please identify on the bid sheet by describing in detail the discount anticipated. Pictures of the properties are included as Attachment A.

More information on the Sullivan County Land Bank, including its adopted procurement policy, is available at www.sullivancountylandbank.org

SPECIFICATIONS

The Bid should consist of, at a minimum, the following information:

1. Firm Background: A brief background statement about the firm to include such items as its size, range of services, number of years in business - including number of years as a prime contractor or a sub-contractor and fiscal ability to accomplish the project. State the largest dollar amount on a single project your organization has done in any single year during the last five years as (1) a prime contractor and (2) as a subcontractor.
2. Experience of Firm: A list of demolition projects recently completed, as well as current projects in the pipeline. Project listings should include types of services performed with names and locations of projects, owners' name and address, brief description of the project and the dates of completion, costs and project duration.
3. References: A minimum of three (3) references for projects currently in progress or recently completed in the last two years, (if applicable), as well as past projects, to include name, title, address and telephone number. Clients listed should be public sector clients and involve projects similar to those listed herein.
4. Proposed project schedule.
5. Fee Proposal: Firms wishing to participate in this Bid are required to indicate the cost for services for the project listed herein. (See bid sheet) Please note:

- The award shall be made to the lowest total bidder, per property, meeting specifications. Separate awards may be made.
- Equal Employment Opportunity: Firms are advised that the Sullivan County is committed to Equal Employment Opportunity. Please identify whether your firm is certified as an MWBE business.
- A Certificate of Insurance naming the Sullivan County Land Bank Corporation as an additional insured is required upon award of contract. See minimum insurance requirements below.

Detailed Specifications

The proposal must include the cost for the demolition, removal of debris and site restoration of each site. Please prepare and provide a total cost for the demolition, removal and site restoration for each property based on the attached anticipated list of properties. Bid alternates are also included to determine the best approach to the demolition process that is cost effective for the project. Every attempt will be made to remove personal belongings prior to the demolition. However, please account for belongings left behind due to damages by isolated events. Contractor shall obtain and pay for all licenses, fees and other charges required for local, county, state and/or utility companies' regulations. Contractor shall furnish all labor, material, and equipment necessary to remove the entire designated building(s) from within the property lines of the sites designated. The means and methods of performing demolition operations are the sole responsibility of the Contractor; however, equipment used, and methods of demolition shall be subject to the approval of the local building inspector.

OTHER REQUIREMENTS

A. Insurance Requirements

The successful bidder shall be required to provide for itself, and maintain at its own cost and expense until the completion of the work, the following forms of insurance in Schedule C. The Land Bank shall be named as an additional insured on the policies required in Schedule C and shown on the sample certificate of insurance. The successful bidder shall furnish certificates of insurance to the Land Bank and corresponding policy endorsement setting forth the required coverage hereunder prior to commencing any work, and such policies shall contain an endorsement requiring the carrier to give at least ten days' prior notice of cancellation to the Land Bank. All insurance required shall be primary and non-contributing to any insurance maintained by the Land Bank. The successful bidder shall ensure that any subcontractors hired carry insurance with the same limits and provisions provided herein. The successful bidder agrees to cause each subcontractor to furnish the Land Bank with copies of certificates of insurance and the corresponding policy endorsements setting forth the required coverage hereunder prior to any such subcontractor commencing any work.

B. Indemnification

The successful contractor shall defend, indemnify and save harmless the Land Bank, its employees and agents, from and against all claims, damages, losses and expenses (including, without limitation, reasonable attorneys' fees) arising out of, or in consequence of, any negligent or intentional act or omission of the successful contractor, its employees or agents, to the extent of its or their responsibility for such claims, damages, losses and expenses.

C. Non-Collusive Certification

By submission of this RFQ, each contractor and each person signing on behalf of any contractor certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

1. The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor; and
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the contractor and will not knowingly be disclosed by the contractor prior to opening, directly or indirectly, to any other contractor or to any competitor; and
3. No attempt has been made or will be made by the contractor to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

D. MWBE Promotion

It is the policy of the Land Bank that Minority-Owned Business Enterprises (MBE) and Women-Owned Business Enterprises (WBE) are afforded the maximum opportunity to participate in the performance of contracts. It is also the Land Bank's goal to award Procurement Contracts to those procurement contractors who have evidenced compliance with the laws of the State of New York prohibiting discrimination in employment.

E. Affirmative Action

As required by Executive Law § 312, and in compliance with the Land Bank's procurement policy, any contractor awarded a procurement contract in excess of \$25,000 for services rendered to the Land Bank must acknowledge this affirmative action policy and agree to implement the same by making every reasonable effort to award any subcontracts (none of hereby authorized) to MBEs and WBEs and to utilize minority and labor in the performance of any agreement that is awarded to the contractor. Specifically, any contractor awarded a contract in excess of \$25,000 dollars will be expected to abide by the following provisions:

1. The contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. For purposes of this section, affirmative action shall mean recruitment, employment, job assignment, promotion, upgradings, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
2. At the request of the contracting agency, the contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the contractor's obligations herein.
3. The contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the MWBE Threshold Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

F. Non-Discrimination Policy

In accordance with Article 15 of N.Y. Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor agrees that neither it nor any of its subcontractors shall, by reason of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics or marital status refuse to hire or employ or to bar or to discharge from employment such individual or to discriminate against such individual in compensation or in terms, conditions or privileges of employment.

G. Conflict of Interest

The award of a contract is subject to provisions of all Federal, State and County laws. All proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the SCLBC. Further, all proposers must disclose the name of any SCLBC officer, employee, or elected official who owns, directly or indirectly, an interest of ten percent or more in the proposer or any of its subsidiaries or affiliates. To avoid conflicts of interest and the appearance of impropriety, the proposer shall be required to complete the Disclosure Form attached hereto.

H. Miscellaneous Requirements

1. The Land Bank will not be responsible for any expenses incurred by any firm in preparing or submitting a bid proposal. All bid proposals shall provide a straightforward, concise delineation of the firm's capabilities to satisfy the requirements of this Bid. Emphasis should be on completeness and clarity of content.
2. The contents of the bid proposal submitted by the successful firm and this Bid may become part of the contract for these services. The successful firm will be expected to execute said contract with the Land Bank.
3. Bid proposals shall be signed in ink by the individual or authorized principal of the responding party.
4. The Land Bank reserves the right to reject any and all bid proposals received or to negotiate separately in any manner necessary to serve the best interests of the Land Bank.
5. The selected firm is prohibited from assigning, transferring, conveying, subletting or otherwise disposing of any agreement or its rights, title, or interest therein or its power to execute such agreement to any other person, company or corporation without the prior written consent of the Land Bank.

SELECTION PROCESS

SUBMITTAL DUE DATE: July 5, 2019 at 1PM

Bids will be opened on the submittal due date the Sullivan County Planning Department, 100 North Street, Monticello, NY 12701. Sealed bids are to be clearly marked and submitted to:

Jill M. Weyer, Executive Director
Sullivan County Land Bank Corporation
c/o Sullivan County Division of Planning
100 North Street
Monticello, NY 12701

BID 19-8 FORM: RESIDENTIAL DEMOLITION

Bids due: July 5, 2019 at 1PM

CONTRACTOR INFORMATION

Company _____

Name _____

Address _____

City, State ZIP _____

Phone _____

Email _____

Estimated Days to Complete _____

Estimated Availability Date _____

Please answer all the following questions:

Is your company a NYS Certified MWBE or SDVOB (see definitions) Yes or No

Is your company a non-certified Minority or Woman owned Enterprise Yes or No

Do you intent to Subcontract any of the work Yes or No

If Yes, what work:

Is your company and EPA certified Lead Firm? Yes or No

Is your company a Section 3 Business? (see definitions page) Yes or No

Company Proposal

Complete and sign this form. Submit with Cost Breakdown (on following page), proof of insurance, subcontractor information and insurance if applicable and any certifications your company has to perform the work.

I, hereby submit a proposal to perform the residential rehabilitation items below for work on the property shown above.

Submitted by (Company Representative Name, Title)

Date

Signature

COST BREAKDOWN

Please provide your costs and any other pertinent information regarding the bid.(attach additional sheets as necessary) When providing estimate, include all labor, materials, shipping or delivery fees, debris removal, taxes, where non capital improvement, permits, licensing and insurance to complete the job in full.

Bid Sheet

Location	Village	Tax Parcel (S.B.L.)	Controlled Demolition	
			Structure Cost	Site Work Costs
High St.	Monticello	112.-3-2.1	\$ _____	\$ _____
39-41 High St.	Monticello	112.-1-3	\$ _____	\$ _____
Total Cost			\$ _____	

Please note any **discounts** if awarded more than one property.

Attach additional sheets if necessary.

Notes:

DEFINITIONS

Definition of Section 3 Business

Section 3 is a provision of the Housing and Urban Development Act of 1968. The purpose of Section 3 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, be directed to low- and very low income persons, particularly those who are recipients of government assistance for housing, and to registered and non-registered business concerns which provide economic opportunities to low- and very low-income persons. You or your employees are section 3 residents if you live in subsidized housing or if your annual income is at or below the 80% Medium income limit- \$42,500 for 1 person. For information on becoming a NYS Registered Section 3 employer visit <https://portalapps.hud.gov/Sec3BusReg/BRegistry/BRegistryHome>

NYS Certified Minority and Women Owned Business Enterprise

Under Article 15-A of the Executive Law, an MBE is a business enterprise in which at least fifty-one percent (51%) is owned, operated and controlled by citizens or permanent resident aliens who are meeting the ethnic definitions listed below:

Black: Persons having origins from any of the Black African racial groups.

Hispanic: Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Native American or Latin American origin, regardless of race.

Asian-Pacific: Persons having origins from the Far East, Southeast Asia or the Pacific Islands.

Asian-Indian Subcontinent: Persons having origins from the Indian subcontinent.

Native American or Alaskan Native: Persons having origins in any of the original peoples of North America.

Definition of a Woman-Owned Business Enterprise (WBE)

Under Article 15-A of the Executive Law, a WBE is a business enterprise in which at least fifty-one percent (51%) is owned, operated and controlled by citizens or permanent resident aliens who are women.

<https://esd.ny.gov/doing-business-ny/mwbe/mwbe-certification-eligibility-requirements>

Certification

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the SCLBC. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the SCLBC for the required services. The undersigned agrees and understands that the SCLBC is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the SCLBC, its directors, officers, employees or agents unless an agreement is signed by a duly authorized officer of the SCLBC and approved by the SCLBC Board of Directors.

It is understood and agreed that the SCLBC reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the SCLBC is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Name: _____ Signature: _____

Date: _____

Acknowledgement

STATE OF NEW YORK)

) ss.:

COUNTY OF SULLIVAN)

On the _____ day of _____ in the year 20__ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ Date: _____

Notary Public

Sole Corporate Office Acknowledgement

STATE OF NEW YORK)

) ss.:

COUNTY OF SULLIVAN)

On this _____ day of _____, 20__, before me, the undersigned, personally appeared, personally known to me or (Name of Sole Officer) _____, proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity as President and sole officer and director of _____, (Name of Corporation) the corporation described in and which executed the within instrument, and acknowledged that he/she owns all the issued and outstanding capital stock of said corporation, and that by he/she signed the within instrument on behalf of said corporation.

_____ Date: _____

Notary Public

**CERTIFICATE OF AUTHORITY
(CORPORATION)**

I, _____ (Officer other than officer signing contract) certify that I am the _____ (Title) of the _____ (Name of Corporation) a corporation duly organized and in good standing under the _____ (Law under which organized, e.g., the New York Business Corporation Law) named in the foregoing agreement; that _____ (Person executing agreement) who signed said agreement on behalf of the _____ (Name of Corporation) was, at the time of execution _____ (Title of such person) of the Corporation and that said agreement was duly signed for and on behalf of said Corporation by authority of its Board of Directors, thereunto duly authorized and that such authority is in full force and effect at the date hereof.

Proposer Name: _____ Signature: _____

Date: _____

STATE OF NEW YORK)

) ss.:

COUNTY OF SULLIVAN)

On the ____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the officer described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she resides at _____, and he/she is an officer of said corporation; that he/she is duly authorized to execute said certificate on behalf of said corporation, and that he/she signed his/her name thereto pursuant to such authority.

Notary Public

Date: _____

**CERTIFICATE OF AUTHORITY
LIMITED LIABILITY COMPANY**

I, _____ (member or manager other than person executing the agreement), certify that I am a _____ (member/manager) of _____ (Name of Limited Liability Company) (the "LLC") duly organized under the Laws of the State of _____ (Name of State) ; that _____ (Person Executing Agreement) who signed said Agreement on behalf of the LLC was, at the time of execution, a manager of the LLC; that said Agreement was duly signed for and on behalf of said LLC and as the act of said LLC for the purposes therein mentioned.

Proposer Name: _____ Signature: _____

Date: _____

STATE OF NEW YORK)

) ss.:

COUNTY OF SULLIVAN)

On the ____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the officer described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she resides at _____, and he/she is a member/manager of said LLC; that he/she is duly authorized to execute said certificate on behalf of said LLC, and that he/she signed his/her name thereto pursuant to such authority.

Notary Public

Date: _____

**CERTIFICATE OF AUTHORITY
(PARTNERSHIP)**

I, _____, (Partner other than Partner signing contract) certify that I am a General Partner of _____ (Name of Partnership), a partnership duly organized under _____ (Law under which partnership is organized), and named in the foregoing Agreement; that _____ (Partner Executing Agreement) who signed said Agreement on behalf of the Partnership was, at the time of execution, a General Partner of said Partnership; that said Agreement was duly signed for and in behalf of said Partnership and as the act and deed of said Proposer for the purposes therein mentioned.

Proposer Name: _____ Signature: _____

Date: _____

STATE OF NEW YORK)

) ss.:

COUNTY OF SULLIVAN)

On the ____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the officer described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she resides at _____, and he/she is a general partner of said Partnership; that he/she is duly authorized to execute said certificate on behalf of said Partnership, and that he/she signed his/her name thereto pursuant to such authority.

Notary Public

Date: _____

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each contractor and each person signing on behalf of any contractor certifies, and in the case of a joint proposal each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

1. The prices in this proposal have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other contractor or with any competitor; and
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the contractor and will not knowingly be disclosed by the contractor prior to opening, directly or indirectly, to any other contractor or to any competitor; and
3. No attempt has been made or will be made by the contractor to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

Proposer Name: _____

Signature: _____

Date: _____

STATE OF NEW YORK)

) ss.:

COUNTY OF SULLIVAN)

On the ____ day of _____ in the year 2018 before me, the undersigned, a Notary Public in and for said State, _____ personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the officer described in and who executed the above certificate, who being by me duly sworn did depose and say that he/she is the party making the foregoing proposal or bid for _____ (Project description), that such proposal or bid is genuine and not collusive and that all stats herein are true.

_____ Date: _____

Notary Public

SCHEDULE "A"

For Informational Purposes Only

QUESTIONNAIRE REGARDING BUSINESS ENTERPRISES OWNED AND CONTROLLED BY PERSONS OF COLOR OR WOMEN

As part of the SCLBC’s program to encourage the meaningful and significant participation of business enterprises owned and controlled by persons of color or women in SCLBC contracts, we request that you answer the questions listed below.

The term persons of color means a United States citizen or permanent resident alien who is and can demonstrate membership of one of the following groups: (a) Black persons having origins in any of the Black African racial groups; (b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin regardless of race; (c) Native American or Alaskan native persons having origins in any of the original peoples of North American; or (d) Asian or Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian sub-continent or the Pacific Islands.

An enterprise owned and controlled by persons of color or women means a business enterprise including a sole proprietorship, limited liability partnership, partnership, limited liability corporation or corporation that is (a.) at least 51% owned by one or more persons of color or women; (b.) an enterprise in which such ownership by persons of color or women is real, substantial and continuing; (c.) an enterprise in which such ownership interest by persons of color or women has and exercises the authority to control and operate, independently, the day-to-day business decisions of the enterprise; and (d.) an enterprise authorized to do business in this state which is independently owned and operated.

In addition, a business enterprise owned and controlled by persons of color or women shall be deemed to include any business enterprise certified as an MBE or WBE pursuant to Article 15-a of the New York State Executive Law and implementing regulations, 9 NYCRR subtitle N Part 540 et seq., or as a small disadvantaged business concern pursuant to the Small Business Act, 15 U.S.C. 631 et seq., and the relevant provisions of the Code of Federal Regulations as amended.

1. Are you a business enterprise which is owned and controlled by persons of color or women in accordance with the standards listed above?
 No
 Yes (as a business owned and controlled by persons of color)
 Yes (as a business owned and controlled by women)
2. If you are a business owned and controlled by persons of color, please specify, the minority classifications which apply: _____
3. Are you certified with the State of New York as a minority business enterprise (“MBE”) or a women business enterprise (“WBE”)?
 No Yes (as a MBE) Yes (as a WBE)
4. If you are certified with the State of New York as an MBE, please specify the minority classifications which apply: _____
5. Are you certified with the Federal Government as a small disadvantaged business concern?
 No Yes

Name of Firm/Business Enterprise: _____

Address: _____

Name/Title of Person completing MBE/WBE Questionnaire: _____

Signature: _____

SCHEDULE "B"
REQUIRED DISCLOSURE OF RELATIONSHIPS TO SCLBC

(Prior to execution of a contract by the SCLBC, the selected firm(s) must complete, sign and return this form to the SCLBC)

Name of Firm: _____

A. Related Employees:

1. Are any of the employees that you will use to carry out this contract with the SCLBC also an officer or employee of the SCLBC, or the spouse, or the child or dependent of such SCLBC officer or employee?

Yes No

If yes, please provide details:

B. Related Owners:

1. If you are the owner of the firm, are you or your spouse, an officer or employee of the SCLBC?

Yes No

If yes, please provide details:

To answer the following question, the following definition of the word "interest" shall be used:

Interest means a direct or indirect pecuniary or material benefit accruing to a SCLBC officer or employee, his or her spouse, child or dependent, whether as the result of a contract with the SCLBC or otherwise. For the purpose of this chapter, a SCLBC officer or employee shall be deemed to have an "interest" in the contract of:

- i. His/her spouse, children and dependents, except a contract of employment with the SCLBC;
- ii. A firm, partnership or association of which such officer or employee is a member or employee;
- iii. A corporation of which such officer or employee is an officer, director or employee; and
- iv. A corporation of which more than five (5) percent of the outstanding capital stock is owned by any of the aforesaid parties.

2. Do any officers or employees of the NCLB have an interest in the firm or in any proposer that will be used for this contract?

Yes No

If yes, please provide details:

Authorized Company Official shall sign below and type or print information below the signature line:

Name: _____

Title: _____

Date: _____

SCHEDULE "C"

INSURANCE REQUIREMENTS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/07/2019

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 Sample Certificate Sample Certificate Sample Certificate	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Sample Certificate Sample Certificate Sample Certificate	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: Sample Certificate

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y				EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y				EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
	Pollution Liability	N	N				Each Occurrence	\$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Sullivan County Lank Bank Corporation 100 North Street Monticello NY 12701	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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ADDITIONAL COVERAGES

Ref #	Description AGGREGATE	Coverage Code AGGR	Form No.	Edition Date	
Limit 1 2,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description PER PROJECT	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Employee Benefits	Coverage Code EBLIA	Form No.	Edition Date	
Limit 1 12	Limit 2	Limit 3	Deductible Amount 0	Deductible Type	Premium
Ref #	Description Retention	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

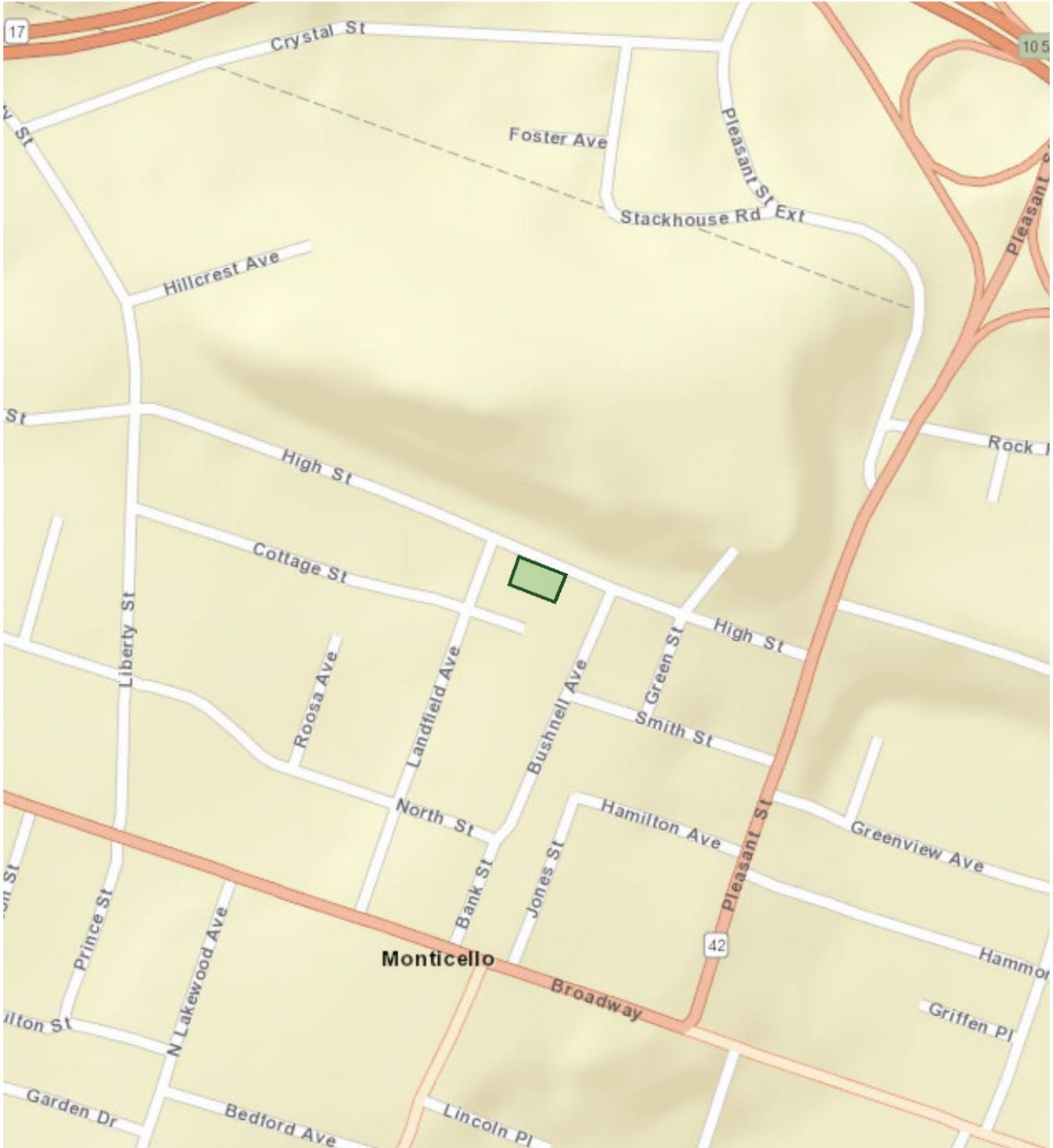
Due Diligence Checklist

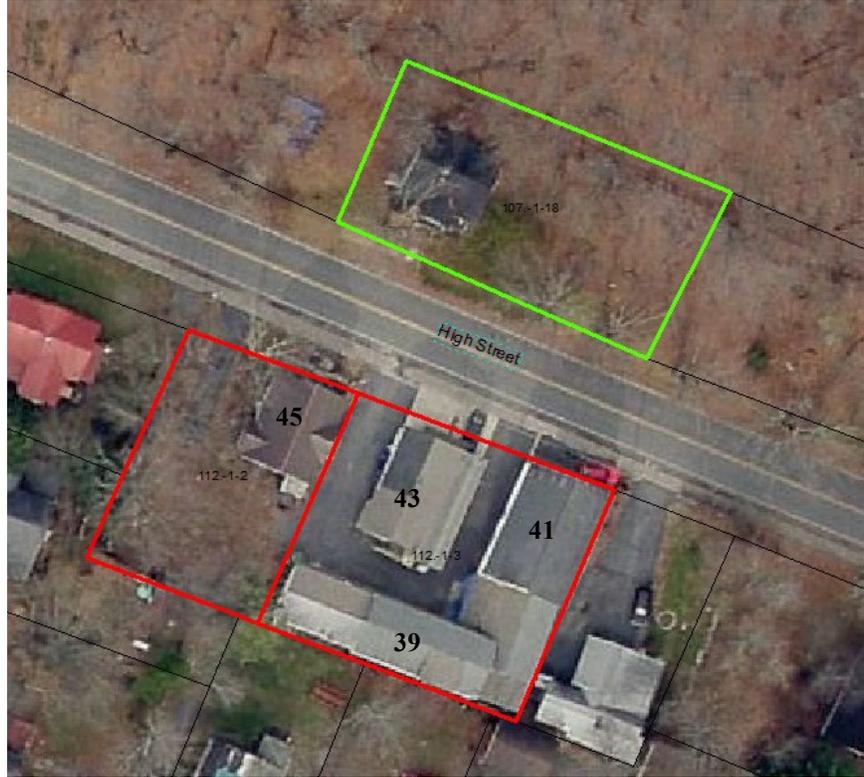
Insurance (for Subcontractors and Vendors, as applicable)
<p>Certificate of Insurance (ACORD 25) evidencing <u>Commercial General Liability Insurance</u> in amounts not less than:</p> <ul style="list-style-type: none">- \$1,000,000 per occurrence- \$2,000,000 in the annual aggregate- \$2,000,000 per project aggregate- \$2,000,000 products/completed operations aggregate- Naming Sullivan County Land Bank Corporation as an <u>Additional Insured</u> with Primary Non-Contributory language.- Must include list of exclusions- Endorsements should include:<ul style="list-style-type: none">- Additional Insured including premises operations and Product/Completed Operations- Waiver of Subrogation- 30-day notice of cancellation
<p>Certificate of Insurance (ACORD 25) evidencing <u>Worker's Compensation Insurance</u> (in amounts consistent with state statutory requirements), and naming Sullivan County Land Bank Corporation as <u>Certificate Holder</u>. Endorsements should include:</p> <ul style="list-style-type: none">- Waiver of Subrogation- 30-day notice of cancellation
<p>Certificate of Insurance (ACORD 25) evidencing <u>Auto Insurance</u> in amounts not less than:</p> <ul style="list-style-type: none">- \$1,000,000, for all owned, non-owned and hired automobiles. If no owned autos, coverage may be extended from the CGL policy.- Naming Sullivan County Land Bank Corporation as an <u>Additional Insured</u> with Primary Non-Contributory language.- Waiver of Subrogation- 30-day notice of cancellation endorsement
<p>Certificate of Insurance (ACORD 25) evidencing <u>Environmental Pollution Liability Insurance</u> (if the work involves <u>environmental remediation of any kind</u>)</p> <ul style="list-style-type: none">- in amount not less than \$1,000,000 per occurrence
<p>Certificate of Insurance (ACORD 25) evidencing <u>Umbrella Insurance</u></p> <ul style="list-style-type: none">- in amounts not less than \$1,000,000 per occurrence- Naming Sullivan County Land Bank Corporation as an <u>Additional Insured</u> with Primary Non-Contributory language.- Waiver of Subrogation- 30-day notice of cancellation endorsement

REQUIREMENTS FOR ALL INSURANCE:

- Policy must be current, not expired, and include all endorsements
- Certificate must be signed by an authorized representative of the insurance carrier,
- Additional Insured/ Certificate holder/ (as required below) must appear as:
 - Sullivan County Land Bank Corporation
 - 100 North Street, Monticello, NY 12701

**ATTACHMENT A
PROPERTY PICTURES
39-41 High St.**





11 High St.

