AGREEMENT BETWEEN the City of Saratoga Springs and FitzGerald, Morris, Baker, Firth PC for the Provision of Legal Services to the City of Saratoga Springs, NY

The Agreement is entered into between the City of Saratoga Springs and FitzGerald, Morris, Baker, Firth PC for the provision of legal services to the City of Saratoga Springs for the time period January 1, 2015 through and including December 31, 2015.

WHEREAS, the City of Saratoga Springs requires legal representation for the City's Article 7 legal matters and the City Council has agreed to engage the services of FitzGerald, Morris, Baker, Firth PC for these Article 7 legal matters; and FitzGerald, Morris, Baker, Firth PC has agreed to provide such legal services to the City of Saratoga Springs.

THEREFORE, the City and FitzGerald, Morris, Baker, Firth PC hereby agree as follows:

- 1. <u>Subject of Agreement</u> FitzGerald, Morris, Baker, Firth PC shall advise and represent the City and render legal services relating to the City's municipal legal matters under the direction of the City Council.
- Term and Renewal The Term of this Agreement shall be from date of this agreement until each of the matters assigned
 by City Council has been resolved, including any appeals. This Agreement may be renewed for subsequent years under
 the same provisions or as modified by Agreement between the City and FitzGerald, Morris, Baker, Firth PC.
- 3. <u>Compensation</u> The City will pay FitzGerald, Morris, Baker, Firth PC for legal services as described above with fees billed at hourly rates not to exceed One Hundred Seventy dollars (\$170.00) per hour. FitzGerald, Morris, Baker, Firth PC will invoice the City on a monthly basis and the City will pay all invoices within thirty (30) days, or as practicable.
- 4. <u>Insurance</u> The City of Saratoga Springs requires a Certificate of Insurance naming the City of Saratoga Springs as an *Additional Insured on a primary and non-contributory basis* evidencing the following coverage:
 - Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 aggregate including completed operations, personal injury and product liability
 - Professional Errors & Omissions Coverage: \$1,000,000 per occurrence aggregate (Please note that for this coverage, the City of Saratoga Springs shall not be named as an Additional Insured.)
 - Statutory Workers Compensation and Employer's Liability Insurance for all employees (Please note that for this
 coverage per NYS Law, the City of Saratoga Springs shall not be named as an Additional Insured.)

Certificates of Insurance should be addressed to the attention of: Director of Risk and Safety, City of Saratoga Springs, 474 Broadway City Hall, Saratoga Springs, NY 12866.

FitzGerald, Morris, Baker, Firth PC acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The firm is to provide the City with a Certificate of Insurance naming the City as **Additional Insured on a primary and non-contributory basis** prior to the commencement of any work. The failure to object to the contents of the Certificate of Insurance or the absence of same shall not be deemed a waiver of any and all rights held by the municipality.

FitzGerald, Morris, Baker, Firth PC shall indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of FitzGerald, Morris, Baker, Firth PC or its employees, agents or subcontractors.

- 5. <u>Attorneys</u> John Aspland, Esq. (Principal Attorney) shall be responsible for providing the legal services described above on behalf of FitzGerald, Morris, Baker, Firth PC. Other attorneys from FitzGerald, Morris, Baker, Firth PC may be substituted to provide legal services pursuant to this Agreement upon the approval of the City Council.
- Termination This Agreement may be terminated by either party upon thirty days written notice by certified mail.
- 7. Assignment This Agreement may not be assigned by FitzGerald, Morris, Baker, Firth PC.
- Modification This Agreement may not be modified except in writing signed by both parties.

By:	By:
Date:	Date:
As per City Council approval on	_

FITZGMORRI

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/06/2013

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).

PRODUCER	CONTACT NAME:			
Cool Insuring Agency Inc CL 784 Troy Schenectady Road	PHONE (A/C, No, Ext): 518 783-2665 FAX (A/C, No): 5187838754 E-Mail Address:			
Latham, NY 12110 518 783-2665	INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Casualty Ins Co of Am	naic# 19046		
FitzGerald Morris Baker Firth PC 16 Pearl Street	INSURER B : Travelers Indemnity Company INSURER C : Charter Oak Fire Insurance Co	25658 25615		
P.O. Box 2017 Glens Falls, NY 12801	INSURER D : INSURER E :			
	INSURER F:			

P.O. Box 2017		INSURER D:						
Glens Falls, NY 12801			INSURER E :					
GIEIIS FAIIS, NT 12501			INSURER F:					
				NUMBER:			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO				T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY CONTRACT C D BY THE POLICIES 'E BEEN REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	GENERAL LIABILITY			1680379M92701342			EACH OCCURRENCE	s1,000,000
	X COMMERCIAL GENERAL LIABILITY					ł	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s 5, 000
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	s2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s2,000,000
_	POLICY PRO X LOC							\$
Α	AUTOMOBILE LIABILITY			1680379M92701342	12/23/2013	12/23/2014	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	. \$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	s
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
					İ	,		\$
В	X UMBRELLA LIAB X OCCUR			CUP380M10001342	12/23/2013	12/23/2014	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s3,000,000
	DED X RETENTIONS 10000							ş
С	WORKERS COMPENSATION			IOUB429M355713	12/23/2013	12/23/2014	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE: 17 PM	N/A				E.L. EACH ACCIDENT	s1,000,000	
	(Mandatory in NH)	BIA					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
Certificate holder is an additional insured for work done by or on								
behalf of the named insured by contract.								

CERTIFICATE HOLDER	CANCELLATION
City of Saratoga Springs Risk & Safety Mgt. 474 Broadway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL SE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Saratoga Springs, NY 12866	AUTHORIZED REPRESENTATIVE
t	Anthers 9. Muluta

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COMMERCIAL GENERAL LIABILITY ISSUE DATE: 11/15/2013

POLICY NUMBER: 680-379M9270-13-42-

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or organization:

CITY OF SARATOGA SPRINGS; RISK & SAFETY MANAGEMENT

474 BROADWAY SARATOGA

NY 12866

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your acts or omissions.

Client#: 4506

FITZGMORRI

CERTIFICATE OF LIABILITY INSURANCE ACORD.

CERTIFICATE NUMBER:

DATE (MM/DD/YYYY)

12/06/2013

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).

PRODUCER	CONTACT NAME:	
Cool Insuring Agency Inc CL	PHONE (A/C, No, Ext): 518 783-2665 FAX (A/C, No)	5187838754
784 Troy Schenectady Road	E-MAIL ADDRESS:	
Latham, NY 12110	INSURER(S) AFFORDING COVERAGE	NAIC#
518 783-2665	INSURER A: Travelers Casualty Ins Co of Am	19046
INSURED FitzGerald Morris Baker Firth PC	INSURER 8: Travelers Indemnity Company	25658
	INSURER C : Charter Oak Fire Insurance Co	25615
16 Pearl Street	INSURER D:	
P.O. Box 2017	INSURER E:	
Glens Fails, NY 12801	INSURER F:	
CEDTICICATE MIMOED	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. POLICY EFF POLICY EXP ADDL SUBR INSR TYPE OF INSURANCE POLICY NUMBER

A	GENERAL LIABILITY	I680379M92701342	12/23/2013	12/23/2014	EACH OCCURRENCE	s1,000,000
1	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Es occurrence)	s300,000
	CLAIMS-MADE X OCCUR					s5,000
	Jane Wille				PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	s2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- X LOC					\$
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Ĭ .	ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
1	AUTOS JANUAR		1			\$
В	X UMBRELLA LIAB X OCCUR	CUP380M10001342	12/23/2013	12/23/2014	EACH OCCURRENCE	\$3,000,000
_	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$3,000,000
	DED X RETENTIONS 10000					\$
c	WORKERS COMPENSATION	IOUB429M355713	12/23/2013	12/23/2014	X WC STATU- OTH-	
-	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N				E.L. EACH ACCIDENT	s1,000,000
	OFFICER/MEMBER EXCLUDED? N N/A (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$1,000,000
	DESCRIPTION OF STREET					
į						

DESCRIPTION OF OPERATIONS / LOGATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate holder is an additional insured for work done by or on

behalf of the named insured by contract.

CERTIFICATE HOLDER	CANCELLATION		
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	AUTHORIZED REPRESENTATIVE		
The state of the s	anthur 9. marketa		

COMMERCIAL GENERAL LIABILITY ISSUE DATE: 11/15/2013

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474 BROADWAY SARATOGA

NY 12866

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