



City of Saratoga Springs

MAYOR'S OFFICE

CITY HALL

474 Broadway

Saratoga Springs, New York 12866

Telephone 518-587-3550 x 2520

Fax 518-587-1688

JOANNE YEPSEN

Mayor

JOSEPH OGDEN

Deputy Mayor

GAYLE LASALLE

Executive Assistant to the Mayor

Memo:

To: Commissioner John Franck

From: Deputy Mayor Joe Ogden

Re: Award of bid – Geysers Road Safe Routes to School

Date: September 29, 2015

On behalf of the Mayor's Department and the Office of Planning & Economic Development, I hereby request that the award of bid to R&J Kerr, Inc. for the Geysers Road Safe Routes to School Project construction be placed on your agenda for the October 6, 2015 City Council meeting.

Thank you,

Deputy Mayor Joe Ogden

Geyser Road Safe Routes to School
2019-25 Bid Results

Business	Total Bid	Item Number	Unit Bid Price	Amount Bid	Purchasing Forms	Risk and Safety
Bast Hatfield Construction LLC	\$361,964.50	201.06	\$15,000.00	\$15,000.00	Yes	Conditional
1399 Crescent Vischer Ferry Rd Ste 2		203.02	\$70.00	\$24,500.00	\$361,964.50	Need additional
Clifton Park, NY 12065		203.03	\$120.00	\$4,800.00		insured, primary
373-2000		206.03	\$40.00	\$6,000.00		and non-contributory.
slouer@bathatfield.com		209.1003	\$5.00	\$1,250.00		
		209.13	\$5.00	\$5,500.00		
		304.12	\$140.00	\$18,900.00		
		604.070101	\$2,000.00	\$2,000.00		
		608.0101	\$500.00	\$37,500.00		
		608.020102	\$850.00	\$3,400.00		
		608.020112	\$75.00	\$75.00		
		608.21	\$600.00	\$4,200.00		
		610.1402	\$110.00	\$9,900.00		
		610.1601	\$5.00	\$3,900.00		
		611.0562	\$200.00	\$1,000.00		
		614.060204	\$1,000.00	\$2,000.00		
		614.060304	\$1,500.00	\$10,500.00		
		614.060404	\$2,000.00	\$2,000.00		
		6019.01	\$98,000.00	\$98,000.00		
		625.01	\$15,000.00	\$15,000.00		
		627.50140008	\$10.00	\$900.00		
		637.34	\$1.00	\$500.00		
		645.81	\$200.00	\$1,400.00		
		647.31	\$110.00	\$770.00		
		680.5001	\$1,500.00	\$7,500.00		
		680.5002	\$1,000.00	\$1,000.00		
		680.510501	\$900.00	\$2,700.00		
		680.520103	\$10.00	\$1,000.00		
		680.520106	\$14.50	\$1,377.50		
		680.53	\$250.00	\$11,250.00		
		680.621836	\$12,000.00	\$12,000.00		

	Total Bid	Item Number	Unit Bid Price	Amount Bid	Purchasing Forms	Risk and Safety
	\$209,590.00	201.06	\$10,000.00	\$10,000.00	Waiver of Immunity not signed	Insufficient insurance limits.
Callahan Industries		203.02	\$50.00	\$17,500.00		
1245 Kings Rd.,		203.03	\$20.00	\$800.00	\$209,590.00	
Albany, NY 12212		206.03	\$25.00	\$3,750.00		
374-2222		209.1003	\$2.00	\$500.00		
Imoreau@callahan.com		209.13	\$6.00	\$6,600.00		
		304.12	\$70.00	\$9,450.00		
		680.6708	\$2,000.00	\$2,000.00		
		680.700603	\$600.00	\$600.00		
		680.71	\$2.00	\$252.00		
		680.730514	\$2.00	\$1,260.00		
		680.80324708	\$1,200.00	\$1,200.00		
		680.80370501	\$14,000.00	\$14,000.00		
		680.810101	\$95.00	\$380.00		
		680.810103	\$95.00	\$380.00		
		680.810105	\$95.00	\$380.00		
		680.810107	\$180.00	\$2,160.00		
		680.8111	\$250.00	\$1,000.00		
		680.813103	\$150.00	\$600.00		
		680.813105	\$180.00	\$360.00		
		680.8141	\$180.00	\$180.00		
		680.8142	\$260.00	\$260.00		
		680.81320010	\$800.00	\$1,600.00		
		680.81990008	\$170.00	\$680.00		
		680.82201908	\$600.00	\$600.00		
		680.8225	\$230.00	\$460.00		
		680.90920001	\$500.00	\$500.00		
		680.940015	\$600.00	\$600.00		
		680.95010615	\$2.50	\$750.00		
		685.11	\$3.80	\$4,940.00		
		697.03	\$1.00	\$8,000.00		
		699.040001	\$13,000.00	\$13,000.00		

604.070101	1	\$1,500.00	\$1,500.00
608.0101	75	\$450.00	\$33,750.00
608.020102	4	\$450.00	\$1,800.00
608.020112	1	\$75.00	\$75.00
608.21	7	\$300.00	\$2,100.00
610.1402	90	\$130.00	\$11,700.00
610.1601	780	\$1.00	\$780.00
611.0562	5	\$150.00	\$750.00
614.060204	2	\$1,000.00	\$2,000.00
614.060304	7	\$1,000.00	\$7,000.00
614.060404	1	\$3,000.00	\$3,000.00
6019.01	1	\$16,230.00	\$16,230.00
625.01	1	\$5,500.00	\$5,500.00
627.50140008	90	\$6.00	\$540.00
637.34	500	\$1.00	\$500.00
645.81	7	\$195.00	\$1,365.00
647.31	7	\$110.00	\$770.00
680.5001	5	\$1,000.00	\$5,000.00
680.5002	1	\$800.00	\$800.00
680.510501	3	\$900.00	\$2,700.00
680.520103	100	\$8.00	\$800.00
680.520106	95	\$11.00	\$1,045.00
680.53	45	\$120.00	\$5,400.00
680.621936	1	\$8,500.00	\$8,500.00
680.6708	1	\$1,100.00	\$1,100.00
680.700603	1	\$220.00	\$220.00
680.71	120	\$2.00	\$240.00
680.730514	450	\$3.00	\$1,350.00
680.80324708	1	\$850.00	\$850.00
680.80370501	1	\$12,600.00	\$12,600.00
680.810101	4	\$160.00	\$640.00
680.810103	4	\$170.00	\$680.00
680.810105	4	\$190.00	\$760.00
680.810107	12	\$140.00	\$1,680.00

Gallo Construction
 50 Lincoln Ave.
 Watervliet, NY 12189
 273-0234 ext. 110
 kgallo@galllogc.com

	Total Bid	Item Number	Unit Bid Price	Amount Bid	Purchasing Forms	Risk and Safety
	\$195,413.32	201.05	\$14,208.00	\$14,208.00	Yes	Rejected, no insurance provided.
		203.02	\$55.52	\$19,432.00		
		203.03	\$58.50	\$2,340.00		
		206.03	\$27.79	\$4,168.50		
		209.1003	\$6.88	\$1,720.00		
		209.13	\$6.27	\$6,897.00		
		304.12	\$70.40	\$9,504.00		
		604.070101	\$737.00	\$737.00		
		608.0101	\$410.08	\$30,756.00		
		608.020102	\$277.75	\$1,111.00		
		608.020112	\$75.00	\$75.00		
		608.21	\$350.14	\$2,450.98		
		610.1402	\$66.89	\$6,026.10		
		610.1601	\$2.20	\$1,716.00		
		611.0562	\$444.60	\$2,223.00		
		614.060204	\$306.00	\$612.00		
		614.060304	\$579.71	\$4,057.97		
		680.8111	\$325.00	\$1,300.00		
		680.813103	\$135.00	\$540.00		
		680.813105	\$265.00	\$530.00		
		680.8141	\$190.00	\$190.00		
		680.8142	\$185.00	\$185.00		
		680.81320010	\$225.00	\$450.00		
		680.81990008	\$150.00	\$600.00		
		680.82201908	\$300.00	\$300.00		
		680.8225	\$185.00	\$370.00		
		680.90920001	\$375.00	\$375.00		
		680.9400015	\$125.00	\$125.00		
		680.95010615	\$4.00	\$1,200.00		
		685.11	\$4.00	\$5,200.00		
		697.03	\$1.00	\$8,000.00		
		699.040001	\$7,900.00	\$7,900.00		

614.060404	1	\$2,657.00	\$2,657.00
6019.01	1	\$7,996.00	\$7,996.00
625.01	1	\$5,779.00	\$5,779.00
627.50140008	90	\$4.70	\$423.00
637.34	500	\$1.00	\$500.00
645.81	7	\$124.57	\$871.99
647.31	7	\$63.29	\$443.03
680.5001	5	\$1,111.40	\$5,557.00
680.5002	1	\$889.00	\$889.00
680.510501	3	\$1,000.33	\$3,000.99
680.520103	100	\$8.89	\$889.00
680.520106	95	\$12.22	\$1,160.90
680.53	45	\$44.44	\$1,999.80
680.621836	1	\$9,446.00	\$9,446.00
680.6708	1	\$1,222.00	\$1,222.00
680.700603	1	\$244.00	\$244.00
680.71	120	\$2.23	\$267.60
680.730514	450	\$3.33	\$1,498.50
680.80324708	1	\$945.00	\$945.00
680.80370501	1	\$14,003.00	\$14,003.00
680.810101	4	\$177.75	\$711.00
680.810103	4	\$189.00	\$756.00
680.810105	4	\$211.25	\$845.00
680.810107	12	\$155.58	\$1,866.96
680.8111	4	\$361.25	\$1,445.00
680.813103	4	\$150.00	\$600.00
680.813105	2	\$294.50	\$589.00
680.8141	1	\$211.00	\$211.00
680.8142	1	\$206.00	\$206.00
680.81320010	2	\$250.00	\$500.00
680.8190008	4	\$186.75	\$867.00
680.82201908	1	\$333.00	\$333.00
680.8225	2	\$205.50	\$411.00
680.90920001	1	\$417.00	\$417.00

R & J Kerr
 67 Fedor Rd.
 Gansevoort, NY 12831
 542-0417
 Skerkert1970@verizon.net

Total Bid	Item Number	Unit Bid Price	Amount Bid	Purchasing Forms	Risk and Safety
	680.9400015	1	\$139.00		
	680.95010615	300	\$4.45		
	685.11	1300	\$4.21		
	697.03	8000	\$1.00		
	699.040001	1	\$3,087.00		
\$166,643.50	201.06	1	\$1,500.00	Yes	Conditional
	203.02	350	\$360.00	Purchasing gets a different total.	Need additional insured, primary and non-contributory.
	203.03	40	\$26.00		
	206.03	150	\$25.00	When adding the amount bid,	
	209.1003	250	\$3.00	I get \$166,493.50.	
	209.13	1100	\$2.00		
	304.12	135	\$58.00		
	604.070101	1	\$2,500.00	There is an error	
	608.0101	75	\$442.00	on item 203.02,	
	608.020102	4	\$160.00	page BS-1,	
	608.020112	1	\$75.00	350 @ \$360.00 = \$126,000.00	
	608.21	7	\$325.00	not \$12,600.00 as	
	610.1402	90	\$56.00	written in the proposal.	
	610.1601	780	\$2.75		
	611.0562	5	\$65.00		
	614.060204	2	\$580.00		
	614.060304	7	\$850.00		
	614.060404	1	\$1,200.00		
	6019.01	1	\$3,000.00		
	625.01	1	\$3,000.00		
	627.50140008	90	\$9.00		
	637.34	500	\$1.00		
	645.81	7	\$120.00		
	647.31	7	\$138.00		
	680.5001	5	\$1,100.00		
	680.5002	1	\$1,750.00		
	680.510501	3	\$1,500.00		

680.520103	100	\$8.00	\$800.00
680.520106	95	\$13.50	\$1,282.50
680.53	45	\$24.00	\$1,080.00
680.621836	1	\$8,500.00	\$8,500.00
680.6708	1	\$1,100.00	\$1,100.00
680.700603	1	\$350.00	\$350.00
680.71	120	\$4.00	\$480.00
680.730514	450	\$4.00	\$1,800.00
680.80324708	1	\$1,125.00	\$1,125.00
680.80370501	1	\$12,800.00	\$12,800.00
680.810101	4	\$200.00	\$800.00
680.810103	4	\$210.00	\$840.00
680.810105	4	\$240.00	\$960.00
680.810107	12	\$175.00	\$2,100.00
680.8111	4	\$240.00	\$960.00
680.813103	4	\$230.00	\$920.00
680.813105	2	\$200.00	\$400.00
680.8141	1	\$250.00	\$250.00
680.8142	1	\$240.00	\$240.00
680.8132010	2	\$725.00	\$1,450.00
680.81990008	4	\$275.00	\$1,100.00
680.82201908	1	\$1,200.00	\$1,200.00
680.8225	2	\$150.00	\$300.00
680.90920001	1	\$325.00	\$325.00
680.9400015	1	\$175.00	\$175.00
680.95010615	300	\$3.50	\$1,050.00
685.11	1300	\$4.00	\$5,200.00
697.03	8000	\$1.00	\$8,000.00
699.040001	1	\$6,200.00	\$6,200.00

Sample Form COSF-2

Request for Certification of Sufficient Funds

Submittal Date:

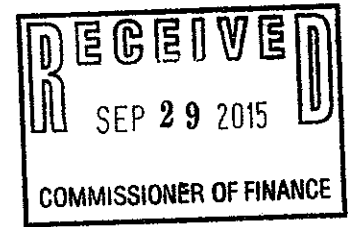
The Department of Planning & Economic Development
requests certification that sufficient funds are or will be available to cover the claim to
meet the following obligation when it becomes due and payable.

Obligation to be incurred, detailing vendor name, project description, Council approval,
etc. (attach supporting documentation):

Construction and installation of pedestrian accommodations between residential neighborhoods and
Geysers Road Elementary under Safe Routes to School. **Bid to be awarded to R & J Kerr, Inc. at
10/6/15 CC meeting.

Appropriation – Current Budget Expense Org/Object/Proj(s): H3015112 52021 75959

Amount Requested for Approval: \$166,493.50 ✓
Current Amount Available: \$ 185,485.00 ✓
Transfer/Amendment Pending: \$0



Transfer/Amendment Date: n/a

9/29/15

Department Head Signature

Date

Certification of Sufficient Funds

The Commissioner of Finance hereby certifies that funds are or will be available to cover
the claim to meet the above described obligation when it becomes due and payable.

9/29/15

Commissioner of Finance

Approval Date



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 202113687
LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038

POLICYHOLDER R & J KERR INC 67 FEDOR ROAD GANSEVOORT NY 12831		CERTIFICATE HOLDER CITY OF SARATOGA SPRINGS 474 BROADWAY SARATOGA SPRINGS NY 12866	
POLICY NUMBER G1292 952-7	CERTIFICATE NUMBER 956698	PERIOD COVERED BY THIS CERTIFICATE 04/01/2015 TO 04/01/2016	DATE 8/18/2015

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1292 952-7 UNTIL 04/01/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 04/01/2016 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
RONALD KERR
CORPORATE SECRETARY
SUSAN KERR
2 OF 2 OF R & J KERR INC.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 751195121



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 202113687
LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038

POLICYHOLDER R & J KERR INC 67 FEDOR ROAD GANSEVOORT NY 12831		CERTIFICATE HOLDER NYSDOT 50 WOLF RD ALBANY NY 12205	
POLICY NUMBER G1292 952-7	CERTIFICATE NUMBER 17671	PERIOD COVERED BY THIS CERTIFICATE 04/01/2015 TO 04/01/2016	DATE 9/24/2015

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1292 952-7 UNTIL 04/01/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 04/01/2016 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

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PRESIDENT
RONALD KERR
CORPORATE SECRETARY
SUSAN KERR
2 OF 2 OF R & J KERR INC.

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NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 249533779



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 202113687
LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038

POLICYHOLDER R & J KERR INC 67 FEDOR ROAD GANSEVOORT NY 12831	CERTIFICATE HOLDER GREENMAN-PEDERSEN INC. CONSULTING ENGINEERS 80 WOLF RD. SUITE 300 ALBANY NY 12205
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POLICY NUMBER G1292 952-7	CERTIFICATE NUMBER 17665	PERIOD COVERED BY THIS CERTIFICATE 04/01/2015 TO 04/01/2016	DATE 9/24/2015
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1292 952-7 UNTIL 04/01/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

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PRESIDENT
RONALD KERR
CORPORATE SECRETARY
SUSAN KERR
2 OF 2 OF R & J KERR INC.

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NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 272475608



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 202113687
LOVELL SAFETY MGMT CO., LLC
110 WILLIAM STREET 12TH FLR
NEW YORK NY 10038

POLICYHOLDER R & J KERR INC 67 FEDOR ROAD GANSEVOORT NY 12831		CERTIFICATE HOLDER SARATOGA COUNTY COMMISSIONER OF PUBLIC WORKS/SARATOGA CNTY DEPT.OF PUB.WKS 3654 GALWAY RD BALLSTON SPA NY 12020	
POLICY NUMBER G1292 952-7	CERTIFICATE NUMBER 17677	PERIOD COVERED BY THIS CERTIFICATE 04/01/2015 TO 04/01/2016	DATE 9/24/2015

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1292 952-7 UNTIL 04/01/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 04/01/2016 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
RONALD KERR
CORPORATE SECRETARY
SUSAN KERR
2 OF 2 OF R & J KERR INC.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 35455112



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2015

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 Jaeger and Flynn Assoc. Inc. 30 Corporate Drive Clifton Park, NY 12065	CONTACT NAME: Wendy A Diaco	FAX (A/C, No): 518-373-0121	
	PHONE (A/C, No., Ext): 518-373-0169	E-MAIL ADDRESS: wdiaco@jaegerflynn.com	
INSURED R&J Kerr Inc 67 Fedor Rd Gansevoort, NY 12831	INSURER (S) AFFORDING COVERAGE		NAIC #
	INSURER A: Peerless Insurance Company		24198
	INSURER B: Excelsior Insurance Company		
	INSURER C: Netherlands Insurance Co.		24171
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	CBP2574854	02/17/2015	02/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA2574860	02/17/2015	02/17/2016	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		CU8752455	02/17/2015	02/17/2016	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 8,000,000
	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 <input type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Inland Marine		IM8758689	02/17/2016	02/17/2016	Rent/Leas \$ 250,000 Inst Fitr \$ 105,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Geyser Rd, Ballston Spa NY
City of Saratoga Springs is named as Additional Insured on a primary & noncontributory basis, with respect to work performed by the named insured per written contract requirements.

CITYSA1 City of Saratoga Springs 474 Broadway - City Hall Saratoga Springs, NY 12866	CANCELLATION 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



CERTIFICATE OF LIABILITY INSURANCE

R&JKE-1

OP ID: WD

DATE (MM/DD/YYYY)

09/24/2015

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.

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PRODUCER Jaeger and Flynn Assoc. Inc. 30 Corporate Drive Clifton Park, NY 12065	CONTACT NAME: Wendy A Diaco PHONE (A/C, No, Ext): 518-373-0069 E-MAIL ADDRESS: wdiaco@jaegerflynn.com	FAX (A/C, No): 518-373-0121
	INSURER(S) AFFORDING COVERAGE	
INSURED R&J Kerr Inc 67 Fedor Rd Gansevoort, NY 12831	INSURER A: Peerless Insurance Company	NAIC # 24198
	INSURER B: Excelsior Insurance Company	
	INSURER C: Netherlands Insurance Co.	24171
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CBP2574854	02/17/2015	02/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA2574850	02/17/2015	02/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CU8752455	02/17/2015	02/17/2016	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
	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/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Inland Marine			IM8758689	02/17/2015	02/17/2016	Rent/Leas 250,000 Inst Fitr 105,000

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

Project: Geyser Road, Ballston Spa NY
 Greenman-Pedersen Inc Consulting Engineers is included as additional insured per written contract requirements.

CERTIFICATE HOLDER**CANCELLATION**

Greenman-Pedersen Inc
 Consulting Engineers
 80 Wolf Rd, Suite 300
 Albany, NY 12205

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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CERTIFICATE OF LIABILITY INSURANCE

R&JKE-1

OP ID: WD

DATE (MM/DD/YYYY)

09/24/2015

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PRODUCER Jaeger and Flynn Assoc. Inc. 30 Corporate Drive Clifton Park, NY 12065	CONTACT NAME: Wendy A Diaco	FAX (A/C, No): 518-373-0121	
	PHONE (A/C, No, Ext): 518-373-0069	E-MAIL ADDRESS: wdiaco@jaegerflynn.com	
INSURED R&J Kerr Inc 67 Fedor Rd Gansevoort, NY 12831	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Peerless Insurance Company		24198
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	INSURER C: Netherlands Insurance Co.		24171
	INSURER D:		
INSURER E:			
INSURER F:			

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CBP2574854	02/17/2015	02/17/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/POP AGG	\$ 2,000,000
								\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA2574850	02/17/2015	02/17/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CU8752455	02/17/2015	02/17/2016	EACH OCCURRENCE	\$ 6,000,000
							AGGREGATE	\$ 6,000,000
								\$
							PER STATUTE	
							OTH-ER	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Inland Marine			IM8758689	02/17/2015	02/17/2016	Rent/Leas	250,000
							Inst Fltr	105,000

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

Project: Geyser Rd, Ballston Spa NY
Saratoga County Commissioner of Public Works/Saratoga County Department of Public Works are included as additional insured for worked performed by named insured per written contract requirements.

CERTIFICATE HOLDER

SARATOG

Saratoga County Commissioner
of Public Works / Saratoga Cty
Dept of Public Works
3654 Galway Road
Ballston Spa, NY 12020-2517

CANCELLATION

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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