



1 Larkin Center, 3rd Floor
Yonkers, New York 10701
(914) 377-6030
Fax: (914) 377-6032
kimberly.sansevere@YonkersNY.gov

CITY OF YONKERS
Purchasing

Mike Spano, Mayor
Tom Collich, Director

AMENDMENT NO. 3 TO CONTRACT

Contract No. 2022-00000777

THIS AGREEMENT, dated as of APRIL 10, 2023, by and between the CITY OF YONKERS, having offices at CITY HALL, 40 SOUTH BROADWAY, YONKERS, NEW YORK 10701 (the "City") and **PALADINO CONCRETE CREATIONS CORP.**, having offices at 315 N MacQuesten Pkwy, Mount Vernon, NY 10550, hereinafter referred to as the "Contractor".

WITNESSETH:

WHEREAS, under an agreement dated as of 4/25/2022 between the City and the Contractor (the "Contract") the City has engaged the Contractor to **Provide Construction Services for IFB-6751: Public Right of Way Improvements** in the City of Yonkers, New York; and

WHEREAS, said Contract was originally approved by the Board of Contract and Supply of the City on 4/14/2022; and

WHEREAS, Amendment 1 to said Contract **increasing the not-to-exceed amount by \$1,000,000.00**, was approved by the Board of Contract and Supply of the City on 9/1/2022; and

WHEREAS, Amendment 2 to said Contract **increasing the not-to-exceed amount by \$2,000,000.00**, was approved by the Board of Contract and Supply of the City on 11/23/2022; and

WHEREAS, This Amendment No. 3 to said Contract was approved by the Board of Contract and Supply of the City on 3/28/2023; and

WHEREAS, the parties hereby wish to amend the Contract pursuant to this Amendment to Contract (subject to approval by the Board of Contract and Supply), by increasing the not-to exceed amount by \$1,435,000.00 and extending the term to 4/30/2024.

NOW, THEREFORE, the parties agree as follows:

1. The scope of the Contractor's services under the Contract is hereby modified and expanded by increasing the contracts not-to exceed amount by \$1,435,000.00 and extending the term to 4/30/2024, provided that the Contractor is authorized to perform only so much of such services (as mutually identified by the City and the Contractor), as shall not cause the total amount of the payments heretofore paid and hereinafter payable to the Contractor under the Contract, as amended, to exceed \$5,435,000.00.
2. Should any terms or conditions within the Contract and this Amendment potentially conflict, conflict or be inconsistent with one another, the Amendment shall control. If there are multiple Amendments, the Amendments shall govern in chronological order, for example, with the most recent Amendment governing over all others.
3. Except as specifically modified or amended by the terms of this Amendment No. 3, the Contract shall remain and continue, in full force and effect, and is hereby, as amended, ratified, adopted, restated and confirmed.
4. This Agreement shall become effective on (a) the date set forth at the head of this Agreement, provided that this Agreement shall have been executed by and between both parties hereto; or (b) the date by which the City shall have obtained the approval of this Agreement by the Board of Contract and Supply of the City, whichever of (a), or (b) shall last occur.

IN WITNESS WHEREOF, the City and the Contractor have executed this Agreement as of the date first above written.

CITY OF YONKERS

By: _____

Anthony Landi, Deputy Mayor

PALADINO CONCRETE CREATIONS CORP.

By: _____

Name: Gabriela Paladino

Title: President

APPROVED AS TO FORM

Yonkers Corporation Counsel

SN. ASSOC

BOCS APPROVAL DATE: 3/28/2023

BUYER: Kim Sansevere



New York State Insurance Fund

P.O. Box 86699, Albany, NY 12208
| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 200637234
LEVITT-FURST ASSOCIATES LTD
520 WHITE PLAINS ROAD, 2ND FL
TARRYTOWN NY 10591



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER PALADINO CONCRETE CREATIONS CORP 315 NORTH MACQUESTEN PARKWAY MOUNT VERNON NY 10550		CERTIFICATE HOLDER CITY OF YONKERS DEPARTMENT OF PURCHASING 1 LARKIN CENTER YONKERS, NY 10701	
POLICY NUMBER G1336 105-0	CERTIFICATE NUMBER 559503	POLICY PERIOD 06/29/2022 TO 06/29/2023	DATE 11/30/2022

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1336 105-0, 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 YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

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

PRESIDENT
GABRIELA PALADINO
PALADINO CONCRETE CREATIONS CORP.
1 OF 1

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

VALIDATION NUMBER: 265323292



PALAÇON-01

GROMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2022

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 World Insurance Associates, LLC 615 Clock Tower Commons Brawley, NY 10509	CONTACT Gina Roma	
	PHONE (A/C No./Ext) FAX (No):	
	E-MAIL ADDRESS: glnroma@worldinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance Company of New York	13730
INSURED Pujadino Concrete Creations Corporation 316 N. Macquasette Parkway Mount Vernon, NY 10550	INSURER B:	
	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 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.

INSTR. LIMIT	TYPE OF INSURANCE	ADDITIONAL SUMS (INDL. 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	X	S 2231768	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (PA CONTRACT) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCER-COMP/OP AGG \$ 2,000,000 OTHER \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		S 2231768	11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		S 2231768	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 5,000,000 OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Contract No. 2022-0000777, Bid #: IFB-8781 2022 Public Right of Way Improvements, School 18 only
City of Yonkers, Yonkers Public Schools, CPL Architecture Engineering and Planning, Savin Engineers, P.C. are named as Additional Insureds with Waiver of Subrogation where required by written contract or agreement subject to the terms and conditions of the policy. 30DNOC to certificate holder

CERTIFICATE HOLDER

CANCELLATION

City of Yonkers 1 Larkin Center Yonkers, NY 10701	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 <i>Gina Roma</i>

ACORD 25 (2018/03)

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Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only) PALADINO CONCRETE CREATIONS, CORP. 315 NORTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 914-689-0907</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 200637234</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) City of Yonkers 1 Larkin Center Yonkers, NY 10701 Re: 2022 Public Right of Way Improvements Bid No. IFB-6751 Contract No. 2022-00000777</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box 1a DBL202137</p> <p>3c. Policy effective period 07/21/2021 to 07/20/2023</p>


4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits.
- B. Disability benefits only.
- C. Paid family leave benefits only.

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits Insurance coverage as described above.

Date Signed 4/18/2022 By 
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

State of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/05/2023

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(as) 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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C, No, Ext): (866) 283-7322 FAX (A/C, No.): (800) 363-0105 E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Old Republic Insurance Company</td> <td style="text-align: center;">24147</td> </tr> <tr> <td>INSURER B: AIU Insurance Company</td> <td style="text-align: center;">19399</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic Insurance Company	24147	INSURER B: AIU Insurance Company	19399	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Old Republic Insurance Company	24147														
INSURER B: AIU Insurance Company	19399														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED First Student Inc 600 Vine Street Suite 1400 Cincinnati OH 45202 USA															

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570098924607 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVO	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			MWZY31683723	04/01/2023	04/01/2024	EACH OCCURRENCE \$10,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$10,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$10,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$10,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			MNTB 316836 23 AOS	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Per accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC015824929 AOS WC015824930 CA	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$5,000,000 EL DISEASE-EA EMPLOYEE \$5,000,000 EL DISEASE-POLICY LIMIT \$5,000,000

Certificate No : 570098924607

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Contract No. 2023-00000714. City of Yonkers, Yonkers Public Schools and Board of Education are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A Waiver of Subrogation is granted in favor of City of Yonkers, Yonkers Public Schools and Board of Education in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' compensation policies. Should General Liability and Automobile Liability policies be cancelled before the expiration date thereof, the policy provisions will govern how Notice of Cancellation may be delivered to Certificate Holders in accordance with the policy provisions.

CERTIFICATE HOLDER City of Yonkers / Yonkers Public Schools Board of Education One Larkin Center Yonkers NY 10701 USA	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
--	--



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED First Student Inc	
POLICY NUMBER See Certificate Number: 570098924607			
CARRIER See Certificate Number: 570098924607	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
B		N/A		WC015824931 WI	04/01/2023	04/01/2024	



1 Larkin Center, 3rd Floor
Yonkers, New York 10701

(914) 377-6030

Fax: (914) 377-6032

kimberly.sansevere@YonkersNY.gov

CITY OF YONKERS

Purchasing

Mike Spano, Mayor

Tom Collich, Director

AMENDMENT NO. 3 TO CONTRACT

Contract No. 2022-00000777

THIS AGREEMENT, dated as of _____, by and between the CITY OF YONKERS, having offices at CITY HALL, 40 SOUTH BROADWAY, YONKERS, NEW YORK 10701 (the "City") and PALADINO CONCRETE CREATIONS CORP., having offices at 315 N MacQuesten Pkwy, Mount Vernon, NY 10550, hereinafter referred to as the "Contractor".

WITNESSETH:

WHEREAS, under an agreement dated as of 4/25/2022 between the City and the Contractor (the "Contract") the City has engaged the Contractor to Provide Construction Services for IFB-6751: Public Right of Way Improvements in the City of Yonkers, New York; and

WHEREAS, said Contract was originally approved by the Board of Contract and Supply of the City on 4/14/2022; and

WHEREAS, Amendment 1 to said Contract increasing the not-to-exceed amount by \$1,000,000.00, was approved by the Board of Contract and Supply of the City on 9/1/2022; and

WHEREAS, Amendment 2 to said Contract increasing the not-to-exceed amount by \$2,000,000.00, was approved by the Board of Contract and Supply of the City on 11/23/2022; and

WHEREAS, This Amendment No. 3 to said Contract was approved by the Board of Contract and Supply of the City on 3/28/2023; and

WHEREAS, the parties hereby wish to amend the Contract pursuant to this Amendment to Contract (subject to approval by the Board of Contract and Supply), by increasing the not-to exceed amount by \$1,435,000.00 and extending the term to 4/30/2024.

NOW, THEREFORE, the parties agree as follows:


1. The scope of the Contractor's services under the Contract is hereby modified and expanded by increasing the contracts not-to exceed amount by \$1,435,000.00 and extending the term to 4/30/2024, provided that the Contractor is authorized to perform only so much of such services (as mutually identified by the City and the Contractor), as shall not cause the total amount of the payments heretofore paid and hereinafter payable to the Contractor under the Contract, as amended, to exceed \$5,435,000.00.
2. Should any terms or conditions within the Contract and this Amendment potentially conflict, conflict or be inconsistent with one another, the Amendment shall control. If there are multiple Amendments, the Amendments shall govern in chronological order, for example, with the most recent Amendment governing over all others.
3. Except as specifically modified or amended by the terms of this Amendment No. 3, the Contract shall remain and continue, in full force and effect, and is hereby, as amended, ratified, adopted, restated and confirmed.
4. This Agreement shall become effective on (a) the date set forth at the head of this Agreement, provided that this Agreement shall have been executed by and between both parties hereto; or (b) the date by which the City shall have obtained the approval of this Agreement by the Board of Contract and Supply of the City, whichever of (a), or (b) shall last occur.

IN WITNESS WHEREOF, the City and the Contractor have executed this Agreement as of the date first above written.

CITY OF YONKERS

PALADINO CONCRETE CREATIONS CORP.

By: _____
Anthony Landi, Deputy Mayor

By:  _____
Name: Gabriela Paladino
Title: President

APPROVED AS TO FORM

Yonkers Corporation Counsel

BOCS APPROVAL DATE: 3/28/2023

BUYER: Kim Sansevere

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 200637234
LEVITT-FURST ASSOCIATES LTD
520 WHITE PLAINS ROAD, 2ND FL
TARRYTOWN NY 10591



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER PALADINO CONCRETE CREATIONS CORP 315 NORTH MACQUESTEN PARKWAY MOUNT VERNON NY 10550		CERTIFICATE HOLDER CITY OF YONKERS DEPARTMENT OF PURCHASING 1 LARKIN CENTER YONKERS, NY 10701	
POLICY NUMBER G1336 105-0	CERTIFICATE NUMBER 559503	POLICY PERIOD 06/29/2022 TO 06/29/2023	DATE 11/30/2022

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PRESIDENT
GABRIELA PALADINO
PALADINO CONCRETE CREATIONS CORP.
1 OF 1

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NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 265323292



PALACON-01

GROMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2022

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PRODUCER World Insurance Associates, LLC 818 Clock Tower Commons Brewster, NY 10899	CONTACT NAME Gina Roima
	PHONE (Area, Ext) FAX (Area, No)
	EMAIL ADDRESS glinroima@worldinsurance.com
	INSURER AFFORDING COVERAGE INSURER A: Selective Insurance Company of New York NAIC # 33730
INSURED Paladino Concrete Creations Corporation 316 N. MacQuisten Parkway Mount Vernon, NY 10560	INSURER B:
	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 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.

INSTR. TYPE	TYPE OF INSURANCE	AGG. LIMIT	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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"/> PROTECT <input type="checkbox"/> LOSS <input type="checkbox"/> OTHER	X	S 2231760	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (PA-RP-RM) \$ 500,000 MED EXP (Any one per Em) \$ 15,000 PERSONAL & ADW INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		S 2231760	11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (CSL) \$ 1,000,000 BODILY INJURY (BI) (Per Person) \$ BODILY INJURY (BI) (Per Accident) \$ PROPERTY DAMAGE (PL) (Aggregate) \$
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 \$ 10,000		S 2231760	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> EL. EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 103, Additional Remarks Schedule, may be attached if more space is required)
Re: Contract No. 2022-0000777, Bid #: IFB-8761 2022 Public Right of Way Improvements, School 16 only
City of Yonkers, Yonkers Public Schools, CPL Architecture Engineering and Planning, Savin Engineers, P.C. are named as Additional Insureds with Waiver of Subrogation where required by written contract or agreement subject to the terms and conditions of the policy. 30DNOC to certificate holder

CERTIFICATE HOLDER

CANCELLATION

City of Yonkers
1 Larkin Center
Yonkers, NY 10701

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
Gina Roima



Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE
NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only) PALADINO CONCRETE CREATIONS, CORP. 315 NORTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 914-699-0907</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 200637234</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) City of Yonkers 1 Larkin Center Yonkers, NY 10701 Re: 2022 Public Right of Way Improvements Bid No. IFB-6751 Contract No. 2022-0000777</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box #1a DBL202137</p> <p>3c. Policy effective period 07/21/2021 to 07/20/2023</p>

4. Policy provides the following benefits:

- A. Both disability and paid family leave benefits;
- B. Disability benefits only;
- C. Paid family leave benefits only.

5. Policy covers:

- A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named Insured has NYS Disability and/or Paid Family Leave Benefits Insurance coverage as described above.

Date Signed 4/18/2022 By 
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (only if Box 4B, 4C or 5B have been checked)

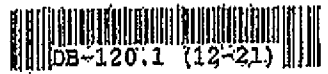
State of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 8 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1; insurance brokers are NOT authorized to issue this form.





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/05/2023

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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C, No, Ext): (865) 283-7122 FAX (A/C, No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED First Student Inc 600 Vine Street Suite 1400 Cincinnati OH 45202 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Old Republic Insurance Company		24147
	INSURER B: AIU Insurance Company		19399
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 570098924607 **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. *Limits shown are as requested*

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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			WVZY31683723	04/01/2023	04/01/2024	EACH OCCURRENCE \$10,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$10,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$10,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MHTB 316836 23 A05	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (EA accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	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	WC015824929 A05 WC015824930 CA	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE-EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 106, Additional Remarks Schedule, may be attached if more space is required)
 RE: Contract No. 2023-00000714. City of Yonkers, Yonkers Public Schools and Board of Education are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A Waiver of Subrogation is granted in favor of City of Yonkers, Yonkers Public Schools and Board of Education in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies. Should General Liability and Automobile Liability policies be cancelled before the expiration date thereof, the policy provisions will govern how Notice of Cancellation may be delivered to Certificate Holders in accordance with the policy provisions.

CERTIFICATE HOLDER City of Yonkers / Yonkers Public Schools Board of Education One Larkin Center Yonkers NY 10701 USA	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 <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier: 570098924607 Certificate No.: 570098924607





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED First Student Inc	
POLICY NUMBER See Certificate Number: 570098924607		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570098924607	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUDR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
B		N/A		WC015824931 WI	04/01/2023	04/01/2024	