

CITY OF YONKERS

Purchasing

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

> Mike Spano, Mayor Tom Collich, Director

#### **AMENDMENT NO. 3 TO CONTRACT**

Contract No. 2022-00000777

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

#### WITNESSETH:

WHEREAS, under an agreement dated as of <u>4/25/2022</u> between the City and the Contractor (the "Contract") the City has engaged the Contractor to <u>Provide Construction Services for IFB-6751: Public Right of Way</u>

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

WHEREAS, Amendment 2 to said Contract <u>increasing the not-to-exceed amount by \$2,000,000.00</u>, 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 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.

3y: \_\_\_\_\_\_\_\_\_\_\_

Anthony Landi, Deputy Mayor

Name: Gabriela Paladino

Title: President

APPROVED AS TO/FORM

BOCS APPROVAL DATE: 3/28/2023

Yonkers Corporation Counsel

BUYER:

Kim Sansevere



### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

AAAAAA 200637234 LEVITT-FUIRST 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
LARKIN CENTER
YONKERS NY 10701

POLICY NUMBER CERTIFICATE NUMBER	POLICY PERIOD	DATE
G1336 105-0 559503	06/29/2022 TO 06/29/2023	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. 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
PALADING 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

PALACON-01

GROMA



#### CERTIFICATE OF LIABILITY INSURANCE

DATE(RR/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 conflicate holder is an ADDITIONAL INSURED, the pollcy(los) must liave ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to this terms and conditions of the policy, cottain policies may require an endorsement. A statement on this cortificate does not confortights to the cortificate does not confortights to the cortificate holder in liqu of such endorsement(s). CONFOR Gine Roins World (neu rance Associates, LLC 618 Clock Tower Commons Browster, NY 10509 Piche (AC, Ne, Did) Rodless, gingroma@worldinguranco.com MA NOIL NAICH Instirer(s) appording coverage DIBURER A : Selective Insurance Company of New York 13730 INECIDED HAURES DE Insurer C : Pajadino Congrelo Creations Corporation 316 M. MacQuesten Parkway Mount Yernan, NY 1950 INSURER O. (NSURER E) INSURER F REVISION NUMBER: CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE 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 TAID CLAIMS. POLICY NUMBER FOLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE. 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMICES IFA STORE 000,000 RUDDO X BOAM-EMIALD S 2231766 11/1/2022 11/1/2023 15,000 MED EXP (Any one perion) 1,000,000 PERRONAL 4 ADVINJURY 2,000,000 General Adoregate GENT AGGREGATE UNIT APPLIES PER; 2,000,000 POUCY X 解 LOC PROCUOTE-COMPARPAGE CONGINED SHOLELING 1,000,000 AUTOHOBILE LIABILITY 11/1/2023 S 2231768 11/1/2022 X ANY AUTO DODIEY INJURY (Per benien) DODILY IN JUTY (PAY ASSISTANT) PROPERTY LIAMAGE (PAY ASSISTANT) VOLCA OHITA SOLICE KINGSONLY **HONOYOR** 6,000,000 UNIDRELL'A LIAE **OCCUR** EACH OCCURRENCE 5,000,000 CLARAS MADE 8 223 766 11/1/2022 11/1/2023 EXCESSIVA AGGRETIATE 10,000 DED X RETENTIONS PER STATUTE WOUKEUR COMPENSATION ANY PROPRIETORIPANTHERIXXEGUTUE OFFICERALEURIFE EXOLUDED? (Mandatary in Hill) TELL FACH ACCIDENT EL DISEASE- PA EMPLOYEE ives, describe under DESCRIPTION OF OPERATIONS Exist CIL DISEASE-POLICY LIMIT DESCRIPTION OF CREATIONS / COATIONS / VEHICLES (ACORD-16), Auditional Reperts Solicials, may be alterhall the respect to required.
Re: Contract No. 2022-00001777, Bid X: IFB-6761 2022 Public Right of Way Improvements, School 16 only.
City of Yorke're, Yonkers Public Schools, CPL Architecture Engineering and Planning, Savin Engineers, P.C. are named as Additional Insurads with Welver of Subragation where required by willow contract or agreement autitate to the torne and conditions of the policy. 30DNCC to certificate holder CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED FOLICIES BE CANCELLED BEFORE THE EXPIRATION DAYS THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE FOLICY PROVISIONS. City of Yonkers 1 Larkin Center Yonkors, NY 10701 AUTHORIZED REPRESENTATIVE Mr. P.D.A.

ACORD 25 (2018/03)

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

FERT 4. To be completed by NVS disability and Paid Family Le	eave benefits carrier or licensed insurance agent of that carrier					
12. Legal Name & Address of Insured (use street address only) PALADING CONGRETE GREATIONS, CORP.	1b. Business Telephone Number of Insured 914-689-0907					
915 NORTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550	1o; Federal Employer Identification Number of Insured or Social Security Number					
Work Location of insured (Only required if coverage is specifically finited to contain locations in they York State, Lea, Wrap-Up Palloy)	200637234					
Name and Address of Entity Requesting Proof of Coverage [Entity Being Listed as the Certificate Holder)	3a, Name of Insurance Capter ShelterPoint Life Insurance Company					
City of Yankers	3b. Polloy Number of Entity Listed in Box *1e*					
1 Larkin Cenier	DBL202137					
Yonkers, NY 10701	·					
Re: 2022 Public Right of Way Improvements	3c, Policy effective period					
Bid No. IFB-6751 Contract No. 2022-00000777	07/21/2021 to 07/20/2023					
4. Policy provides the following banefils:  X A. Both disability and paid family leave benefils.  B. Disability benefits only.  C. Paid family leave benefits only.  B. Policy covers:  X A. All of the employer's employees eligible under the NYS Disability.  B. Only the following class or classes of employer's employees:	y and Paid Family Leave Sonelita Law.					
Tinsured has NYS Disability analor Paid Family Leave Bonolits insulance of	licensed agent of the insurance carrier referenced above and that the named byerage as described above.					
Date Signed 4/18/2022 By /Senature of Insurance	restricts and properties of the properties of th					
	Richard White, Chief Executive Officer					
and the second second is a second that are checked and this form is a	igned by the insurance carrier's authorized representative or NYS cate is COMPLETE. Mail it directly to the certificate holder.					
Disability and Paid Family Leave Benefils Law, it in completion to the Workers' Compensation Board, F	OT COMPLETE for purposes of Section 220, Subd. 8 of the NYS nust be emailed to PAU@wcb.ny.gov or it can be mailed for Pans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200,					
PART 2. To be completed by the NYS Workers' Compensat	tion 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 compiled 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 SignedBy	(Signature of Authorized NYS Workers' Compensation Board Employee)					
Telephone Number Name and Tilia	• • • • • • • • • • • • • • • • • • • •					

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 carders are authorized to issue Form DB-120.1; institution brokers are NOT authorized to issue this form.

DB~120:1 (12521)



## CERTIFICATE OF LIABILITY INSURANCE

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

THIS CERTIFICATE IS IBSUED 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(les) must have ADDITIONAL INSURED provisions or be endorsed. If the terms and conditions of the policy, certain policies may require an endorsement. A statement on this SUBROGATION IS WAIVED, subject to rtificate holder in lieu of such endorsement(s).

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PRODUCER AON Risk Services Central, Inc.	CONTRACT NAME: PHONE (ANC. No. 8xt); (865) 283-7122 FAX (ANC. No. 8xt); (866) 283-7122 (ANC. No. 8xt); (800) 363-014	05
Chicago IL Office 200 East Randolph Chicago IL 60601 USA	6-MAIL ADDRESS:	
Circago II 00001 Van	insurer(s) affording coverage	NAIG#
MSURED	INSURERA: Old Republic Insurance Company	24147
First Student Inc	изунея в: AIU Insurance Company	19399
600 Vine Street Suite 1400	INSURER C:	
Cincinnati OH 45202 USA	IXSURER D:	
,	INSURER E:	
	M3URER F:	

570098924607 **REVISION NUMBER:** COVERAGES CERTIFICATE 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

INSA LTR	TYPE OF INSURANCE	ADOL (HSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DO/YYYY)	POLICY EXP	LIMIT	
A	X COMMERCIAL GENERAL LIABILITY			MWZY31683723	04/01/2023	04/01/2024	EACH OCCURRENCE	\$10,000,000
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	<del></del>						MED EXP (Any one parson)	Excluded
						:	PERSONAL & ADV INJURY	\$10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERALAGGREGATE	\$10,000,000
	POLICY X PRO- X LOC					ŀ	PRODUCTS - COMP/OP AGG	\$10,000,000
A	AUTOMOBILE LIABILITY	<del>                                     </del>	-	MWTB 316836 23	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT	\$10,000,000
	X ANYAUTO			AOS		!	BODILY INJURY ( Per person)	
	SCHEDULED						SODILY INJURY (Per excident)	
	AUTOS CNLY HIRED AUTOS ORLY AUTOS ONLY AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Paraceldent)	
	UMBRELLA LIAB OCCUR	-					EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
H	WORKERS COMPENSATION AND			WC015824929	04/01/2023	04/01/2024	X PER STATUTE OTH-	
8	ANY PROPRIETOR / PARTNER / EXECUTIVE	NIA		AOS WC015824930	04/01/2023	04/01/2024	E.L. EACH ACCIDENT	\$5,000,000
-	(Mandatory In NH)	^′′^		CA CA	,,		E.L. DISEASS-EA EMPLOYEE	\$5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$5,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedula, may be attached tit more space in 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 and Automobile Liability and Automobile Liability and Automobile Liability and Schools and Board of Education in accordance with the policy provisions will govern how Notice of Cancellation may be delivered to Certificate Holders in accordance with the policy provisions.

#### 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

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

Aon Risk Sorvices Contral Inc.

AGENCY CUSTOMER ID:

570000088924

LOC#:



## ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

	Risk Services Centra NUMBER	l, Inc.			NAMED INSURED First Student Inc					
See	Certificate Number:	5700989	24607							
CARRIE	R Certificate Number:	5700989	24607	NAIC CODE	EFFECTIVE CATE:		· · · · · · · · · · · · · · · · · · ·			
	TIONAL REMARKS	-		- <b>!</b>						
	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 #									
INSUE	INSURER									
INSU	INSURER									
INSUR	RER									
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AD	DITIONAL POLICIES	If a polic certificat	below form for	does not include limit inform or policy limits.	nation, refer to the co	responding policy	on the ACORD			
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CITY OF YONKERS

Purchasing

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

Mike Spano, Mayor
Tom Collich, Director

#### AMENDMENT NO. 3 TO CONTRACT

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#### WITNESSETH:

WHEREAS, under an agreement dated as of <u>4/25/2022</u> between the City and the Contractor (the "Contract") the City has engaged the Contractor to <u>Provide Construction Services for IFB-6751: Public Right of Way</u>

<u>Improvements</u> 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 <u>increasing the not-to-exceed amount by \$1,000,000.00</u>, was approved by the Board of Contract and Supply of the City on 9/1/2022; and

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11/23/2022; and

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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.

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- 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.
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- 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.
Ву:	Ву:
Anthony Landi, Deputy Mayor	Name: Gabriela Paladino Title: President
APPROVED AS TO FORM	BOCS APPROVAL DATE: <u>3/28/2023</u>
Yonkers Corporation Counsel	BUYER: Kim Sansevere



## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER

PALADINO CONGRETE 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 06/29/2023

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

PALACON-01

GROMA

## CERTIFICATE OF LIABILITY INSURANCE

рате(ниююуууу) 11/1/2022

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

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Ċij	TYPE OF INSURANCE	膃	W	POLICY NUMBER	FOLICY EFF INVENTORY	11378	UMT .		
д	Х сомилясы демелы цамиту	x		S 223,1768	11/1/2022	11/1/2023	SACH OCCURRENCE DAMAGE TO RENTED SERVICES (PASCOURAGE)	<u> </u>	1,000,000 500,000
					ŀ		MED EXP (Anyona person)	<u>*</u>	18,000 1,000,000
	GENT AGGREGATE LIMIT APPLIES PER						DERBONAL A ADVINJURY  GENERAL AGGREGATE	<u> </u>	2,000,000
	POLICY X PRO- LOG	[ .		i			PRODUCTS-COMPANY AGG	× S	2,000,000
	OTHER:	<u> </u>	ļ				,	\$	
A	A AUTOHOBILE LIABILITY						CONDINED SINGRE (IMIT	<u>`\$</u>	1,000,000
	X ANY AUTO OVANED. AUTOS ONLY AUTOS		ļ	S 2231768	11/1/20/22	11/1/2023	POOLY INJURY (Per person)	£	
	MATOS ONLY MOTOS ONLY	1					BOULTHINGS SA SERRING SACREMAN	<u> </u>	
	No tokyours						48.31.40.00.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	\$ \$	
A	X UANDRELLA LIAB X OCCUR			0.000	44449999	4 * * * * * * * * * * * * * * * * * * *	EACH OCCUMENCE	\$	6,000,000
	EXCRESCIAD CLAMPIANDE DED X RETENTIONS 10,000			8 2231766	11/1/2022	11/1/2023	ACCREGATE	\$	5,000,000
·	WORKERS CONPENSATION AND EMPLOYERS LABILITY	-	┢				PER OYIF	£	
٠					į		EL FACH ACCIDENT		
	ANY PROPRIETORIPATTHEREXECUTIVE	HIA			1		EL DISEASE-EA FAPLOYEE	* \$	
	Hyes, describe under DESCRIPTION OF OPERATIONS Select							5	
			,						
щy	Alfrion CF operatione (Coations (Yexico Contract No., 2022-06000777, Bid X; IFF Contract Norwers Public Schools, C Ogellon Where required by Willen cont	7L A1	GUILE	oture Engineering and Pier	ining, Savin Engine	472, P.G. 210	namad as Additional insul		lli Welver of
E	RTIFIOATE HOLDER			·	CANCELLATION	<del></del>	<u> </u>		
City of Yonkers 1 Larkin Center					SHOULD ANY OF	HE ABOVÉ DE I DAYE YHI IH THE POLIC	ECHIBEO POLICIES BE CA ERECK, NOTICE WILL B PROVISIONS.	e okti Ačette	:D Before Vered in
	Yonkers, NY 16701				AUTHORIZED REPRESENTATIVE				

AGORD 25 (2018/03)



# CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND FAID FAMILY LEAVE BENEFITS LAW

TARTA To be completed by NVS disability and Paid Family Le	eave benefits carrier or licensed insurance agent of that carrier							
Ta, Legal Name & Address of Insured (use sixed address only) PALADING CONCRETE CREATIONS, CORP.	1b. Business Telephone Number of Insured 914-699-0907							
315 NORTH MACQUESTEN PARKWAY MOUNT VERNON, NY 10550	1o; Federal Employer Identification Number of Insured or Social Security Number							
Work Location of Insured Jonly required if coverage is specifically finited to cortain locations in Heav York State, Le., Wasp-Up Palloy)	200637234							
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a, Namo ol Insurance Carrièr Sheltori olot Life Insurance Company							
City of Yonkers	3b. Polley Number of Entity Listed in Box "is"							
1 Larkin Conter	DBL202137							
Yonkers, NY 10701 Re: 2022 Public Right of Way Improvements	3c, Policy effective period 07/21/2021 to 07/20/2023							
Bid No. IFB-6751 Contract No. 2022-00000777	0176,1404.)							
4. Policy provides the following banefits:  A. Both disability and paid family leave benefits;  B. Disability banefits only:  C. Paid family leave benefits only.  B. Policy covers:  X A. All of the employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  B. Only the following class or classes of employer's employees:								
Insured has NYS Disability and/or Paid Family Leave denotics insufance of	licensed again of the insurance carrier referenced above and that the named overage as described above.							
Date Signed 4/18/2022 By (Signature of insurance)	certion's auditorized representative of MAZ floodregius number grant of that justiance certiar)							
Telephone Number 516-829-8100 Name and Tille F	Richard White, Chief Executive Officer							
to be a second state of the second and state forms for p	igned by the insurance carrier's authorized representative or NYS cate is COMPLETE. Mail it directly to the certificate holder.							
Disability and Paid Family Leave Benefits Law, it if completion to the Workers' Compensation Board, F	OT COMPLETE for purposes of Section 220, Subd. 8 of the NYS rust be emailed to PAU@wcb.ny.gov or it can be mailed for Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200,							
PART 2. To be completed by the NYS Workers' Compensal	tion Board (Only  f 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 compiled with the NYS Disability end Paid Family Leave Benefits Law(Anticle 8 of the Workers' Compensation Law) with respect to all of their employees.								
Date SignedBy	(Stensture of Authorized NPS Workers' Compensation Board Employee)							
Telephone Number Name and Tillo								

Please Note: Only insurance carriers licensed to write NYS disability and pold family leave benefits insurance policies and NYS licensed insurance agents of these insurance carriers are authorized to issue form DB-120.1; institution by bookers 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(les) must have ADDITIONAL INSURED provisions or be endorsed. If the terms and conditions of the policy, certain policies may require an endorsement. A statement on this SUBROGATION IS WAIVED, subject to certificate does not confer rights to the certificate holder in lieu of such andorsement(s).

Continuente dicare l'internation l'ignite le line estituate l'internation l'internatio					
ropucer Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph	OONTACT NAME:  PHONE (A/C.No. Ext): (865) 283-7122 FAX (A/C.No.): (800)				
Chicago IL 60601 USA	ADDRESS:			• • •	
		INSURER(S) AF	FORDING COVERAGE	NAIC#	
INSURED	INSURERA;	Old Republic	Insurance Company	24147	
First Student Inc	INSURER B:	AIU Insurance	Company	19399	
600 Vine Street Suite 1400	INSURER C:				
Cincinnati OH 45202 USA	INSURER D:				
	INSURER E:				
	INSURER F:				

570098924607 **REVISION NUMBER:** COVERAGES **CERTIFICATE 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 BY BE ASSUED 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		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DB/(YYY)	цилз	_
^	x	COMMERCIAL GENERAL LIABILITY			MWZY31683723	04/01/2023	04/01/2024	EACH OCCURRENCE \$10,000,000	_
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED \$10,000,000	1
		<del>_</del> <del>_</del>				]		MED EXP (Any one person) Excluded	1
		-						PERSONAL & ADV INJURY \$10,000,000	1
	GEN	IL AGGREGATE LIMITAPPLIES PER:					i [	GENERAL AGGREGATE \$10,000,000	1
		POLICY X PRO- X LOC				İ		PRODUCTS-COMP/OPAGG \$10,000,000	1
		OTHER:	L					i	4
A	AUT	OMOBILE LIABILITY			MWTB 316836 23 AOS	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT \$10,000,000	1
	x	ANYAUTO		}				BODILY INJURY ( Per person)	١
		SCHEDULED						BODILY INJURY (Per accident)	I
		AUTOS ONLY HIRED AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	]
		lone.							⅃
		UNBRELLA LIAB OCCUR						EACH OCCURRENCE	I
		EXCESS LIAB CLAIMS-MADE			 			AGGREGATE	4
		DED RETENTION	İ			1	·		l
В		RKERS COMPENSATION AND PLOYERS' LIABILITY			WC015824929	04/01/2023	04/01/2024	X FER STATUTE OTH-	I
	AN	PROPRIETOR / PARTNER / EXECUTIVE	ſ		AOS WC015824930	04/01/2023	04/01/2024	E.L. EACHACGIDENT \$5,000,000	3
B		FICER/MEMBER EXCLUDED?	N/A		CA CA	0470172023	01,02,2021	E.L. DISEASE-EA EMPLOYEE \$5,000,000	3
	II V	es, describe under SCRIPTION OF OPERATIONS below	l					E.L. DISEASE-POLICY LIMIT \$5,000,000	2
			l					<u> </u>	١
									١
			I	l		l	j j		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 184, Additional Remarks Schedule, may be attached if more space is required)

DESCRIPTION OF OPERATIONS/LOCATIONS/LEMICIES (ACCIDING MAGRICONS MARRIES SCHOOLS). RECIPION OF OPERATIONS/LOCATIONS/LEMICIS (ACCIDING MAGRICONS MA

CERT	IFICATI	i Hoi	LDER

#### 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.

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

AUTHORIZED REPRESENTATIVE

Aon Rish Services Central Inc

AGENCY CUSTOMER ID:

570000088924

LOC#:



## ADDITIONAL REMARKS SCHEDULE

Page \_ of

		<u> </u>	<u> </u>	101	TAE IVENIAL	10 001		<u> </u>			
AGENCY Aon Risk Services Central, Inc.							NAMEDINGURED First Student Inc				
POLICY NUMBER See Certificate Number: 570098924607											
CARRIER See Certificate Number: 570098924607							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 LYR	TYPE OF INSURANCE		ADDL SUBR POLICY NUMBER INSD WVD		POL EFFECTI (MM/DI	VE DATE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMT\$			
	WORKERS COMPENSATION										
			N/A		wc015824931	. 04/01	/2022	04/01/2024			
В		'			MI MCOT2054A2I	04/01	, 2023	U-1, UI, 2024			
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