



1 Larkin Center, 3<sup>rd</sup> Floor  
Yonkers, New York 10701  
(914) 377-6035

Fax: (914) 377-6032  
thomas.collich@YonkersNY.gov

## CITY OF YONKERS

*Purchasing*

*Mike Spano, Mayor*

*Tom Collich, Director*

### AMENDMENT NO. 1 TO CONTRACT

Contract No. 2024-00000769

THIS AGREEMENT, dated as of JULY 30, 2024, 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 Parkway, Mt. Vernon, NY 10550, hereinafter referred to as the "Contractor".

### WITNESSETH:

WHEREAS, under an agreement dated as of 5/17/2024 between the City and the Contractor (the "Contract") the City has engaged the Contractor to provide On-Call Public Right of Way Improvements, as needed in the City of Yonkers, New York; and

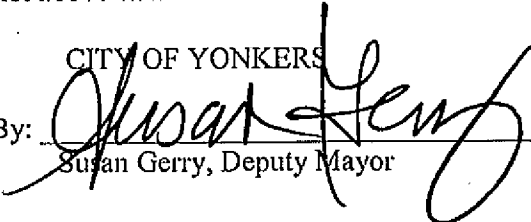
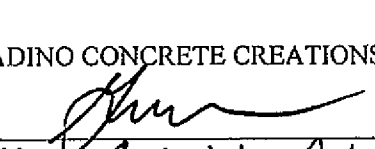
WHEREAS, said Contract was originally approved by the Board of Contract and Supply of the City on 5/7/2024; and

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 aggregate by \$3,000,000.00 dollars.


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 aggregate by \$3,000,000.00, 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 \$4,000,000.00 dollars.
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. 1, 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: <u></u> Susan Gerry, Deputy Mayor	PALADINO CONCRETE CREATIONS CORP. By: <u></u> Name: <u>Gabriela Paladino</u> Title: <u>President</u>
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APPROVED AS TO FORM

  
Yonkers Corporation Counsel  
SP. ASSOC.

BOCS APPROVAL DATE:	7/16/2024
BUYER:	K. Sansevere



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

1a. Legal Name & Address of Insured (use street address only)

PALADINO CONCRETE CREATIONS, CORP.  
315 NORTH MACQUESTEN PARKWAY  
MOUNT VERNON, NY 10550

1b. Business Telephone Number of Insured

914-699-0907

1c. Federal Employer Identification Number of Insured  
or Social Security Number

200637234

Work Location of Insured (Only required if coverage is specifically limited to  
certain locations in New York State, i.e., Wrap-Up Policy)

2. Name and Address of Entity Requesting Proof of Coverage  
(Entity Being Listed as the Certificate Holder)

City of Yonkers/Yonkers Public Schools/Board of Education  
One Larkin Center

Yonkers, NY 10701

Contract #2024-0000769 Public Right of Way Improvements  
#IFB-7126

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity Listed in Box "1a"

DBL202137

3c. Policy effective period

07/21/2023

to

07/20/2025

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 5/9/2024 By Richard White

(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.

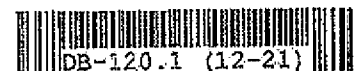
Date Signed \_\_\_\_\_ By \_\_\_\_\_

(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.



## **Additional Instructions for Form DB-120.1**

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

### **NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

#### **§220. Subd. 8**

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION) -  
AUTOMATIC**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES  
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of Section  
IV - Conditions:

We waive any right of recovery against any person or  
organization, because of any payment we make under  
this Coverage Part, to whom the Insured has waived  
its right of recovery in a written contract or  
agreement. Such waiver by us applies only to the  
extent that the Insured has waived its right of recovery  
against such person or organization prior to loss.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/09/2024

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 this 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 FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER	
	PHONE (A/C, No, Ext): 888-333-4849	FAX (A/C, No): 507-446-4664
	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
	INSURERS AFFORDING COVERAGE	NAIC#
	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY	13935
INSURED PALADINO CONCRETE CREATIONS CORP. 315 N MACQUESTEN PKWY MOUNT VERNON, NY 10550-1007	173-977-0	INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 39

REVISION NUMBER: 0

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.

TYPE	TYPE OF INSURANCE	APPL. EXCL. CODE	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		1878499	11/15/2023	11/15/2024	EACH OCCURRENCE \$1,000,000
						DAMAGE TO RENTED PREMISES (EX. CONTRACTOR) \$100,000
						MED EXP (Any one person) EXCLUDED
						PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-FACT <input type="checkbox"/> LOC					PRODUCTS & COMP/OP AGG \$2,000,000
	OTHER:					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO		1878499	11/15/2023	11/15/2024	COMBINED SINGLE LIMIT (EX. RENTAL) \$1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY					BODILY INJURY (Per Person)
	<input type="checkbox"/> HIRED AUTOS ONLY					BODILY INJURY (Per Accident)
						PROPERTY DAMAGE (Per Accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		1878500	11/15/2023	11/15/2024	EACH OCCURRENCE \$5,000,000
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)) If yes, describe below: DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTHER EL EACH ACCIDENT EL DISEASE - AN EMPLOYEE EL DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
SEE ATTACHED PAGE

## CERTIFICATE HOLDER

173-977-0  
CITY OF YONKERS, YONKERS PUBLIC SCHOOLS  
BOARD OF EDUCATION  
1 LARKIN CTR  
YONKERS, NY 10701-7044

## CANCELLATION

39 0  
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

*Michael Zaver*

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - AUTOMATIC STATUS WHEN  
REQUIRED IN A WRITTEN CONSTRUCTION  
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

A. Section II - Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.



New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| nysif.com

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)



SCAN TO VALIDATE  
AND SUBSCRIBE

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

### POLICYHOLDER

PALADINO CONCRETE CREATIONS CORP  
315 NORTH MACQUESTEN PARKWAY  
MOUNT VERNON NY 10550

### CERTIFICATE HOLDER

CITY OF YONKERS YONKERS PUBLIC  
SCHOOLS/BOARD OF EDUCATION  
ONE LARKIN CENTER  
YONKERS NY 10701

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
G1336 105-0	933092	06/29/2024 TO 06/29/2025	6/27/2024

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: 1024702144