

TOWN OF WEST SENECA

TOWN SUPERVISOR
SHEILA M. MEEGAN
TOWN COUNCIL
EUGENE P. HART
WILLIAM P. HANLEY

TO:

Honorable Town Board / Town of West Seneca

FROM:

Lauren J. Masset

Recreation Supervisor

DATE:

June 19, 2019

RE:

Southtowns Radiology - Sunshine Park

Please allow the Supervisor to execute the necessary documents to enter into an agreement with the insured Southtowns Radiology Assoc LLC, Pinnacle Imaging Inc located at 3040 Amsedell Road, Hamburg, NY for use of a diamond at Sunshine Park on September 8, 2019.

Telephone Number: 716-674-6086

Email: Imasset@twsny.org Website: www.westseneca.net Facebook: West Seneca Youth & Recreation Twitter: WS_REC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/5/2019

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.

	SUBROGATION IS WAIVED, subject his certificate does not confer rights							require an endorsement	. Ast	atement on	
PRODUCER M & T Insurance Agency, Inc. 285 Delaware Avenue, Ste 4000 Buffalo NY 14202						CONTACT NAME: Commercial Department PHONE FAX (A/C, No): 855-595-4605					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Hartford Ins Co of the Midwest				37478	
INSURED SOUTH-6					INSURER B: MEMIC Indemnity Company				11030		
Southtowns Radiology Assoc LLC Pinnacle Imaging Inc					INSURER C:						
3040 Amsdell Road					INSURER D:						
Hamburg NY 14075					INSURE	RE:					
					INSURER F:					<u> </u>	
COVERAGES CERTIFICATE NUMBER: 401395216					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. TYPE OF INSURANCE ADDL SUBR INSURANCE											
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD Y	WVD	POLICY NUMBER 01SBAFN8357				LIMIT			
^		1		013BAFN8337		9/15/2018	9/15/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	,000	
	CLAIMS-MADE X OCCUR								\$	_	
								MED EXP (Any one person)	\$ 10,00		
	OSANI ACCOSCATE LIMIT ARRIVED DED							PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC LOC							GENERAL AGGREGATE	\$ 2,000		
	OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
A	AUTOMOBILE LIABILITY	 	N	01SBAFN8357		9/15/2018	9/15/2019	COMBINED SINGLE LIMIT	\$ 1,000	.000	
	ANY AUTO						0, 10,2010	(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS								\$	***************************************	
	X HIRED X AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY							(Per accident)	\$	***************************************	
A	X UMBRELLA LIAB X OCCUR	 	<u> </u>	01SBAFN8357		9/15/2018	9/15/2019	EACH OCCURRENCE	\$ 2,000	000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$2,000		
	DED RETENTIONS	1							\$		
В	WORKERS COMPENSATION		N	3102806004		9/15/2018	9/15/2019	X PER OTH-			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE N		}					E.L. EACH ACCIDENT	\$ 500,0	00	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$ 500,0	00	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Town of West Seneca is included as an additional insured under the general liability if required by written contract.											
		water var en									
CERTIFICATE HOLDER						CANCELLATION					
Town of West Seneca 1250 Union Road						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
West Seneca NY 14224						AUTHORIZED REPRESENTATIVE					