

## AGREEMENT

THIS AGREEMENT made by and between American Petroleum Equipment & Construction Co., 63 Orange Avenue, Walden, New York 12586 (hereinafter called the "Contractor") and the Village of Port Chester, a municipal corporation incorporated and existing under the laws of the State of New York, with offices at 222 Grace Church Street, Port Chester, New York. (hereinafter called the "Owner")

### WITNESSETH

WHEREAS, the Village of Port Chester advertised for bids for Fuel Tanks Replacement (Bid No. 2021-012) and

WHEREAS, the Contractor was the lowest responsible bidder; and

WHEREAS, the bid meets all bid specifications and

WHEREAS, the Village Board of Trustees has made an award for this project to the bidder.

NOW, THEREFORE, therefore, the Contractor and the Owner for the consideration stated herein mutually agree as follows:

**Article 1. Statement of Work.** The Contractor shall furnish all supervision, technical personnel, labor, materials, tools, appurtenances, equipment, and services, and perform and complete all work and required supplemental work for the completion of this Contract in strict accordance with the Contract Documents, including all Addenda thereto regarding the project entitled "Fuel Tanks Replacement" (Bid #2021-12)

**Article 2. The Contract Price.** The Owner will pay the Contractor for the performance of the work, based upon estimated quantities and subject to additions and deduction by changes in the work as provided in the General Conditions, in current funds, for a total of \$884,263.99.

**Article 3. Contract Documents.** The Contract Documents shall consist of the following (including their attachments and exhibits):

- a. This agreement
- b. Addenda (if any)
- c. Notice to Bidders
- d. Instructions to Bidders
- e. Signed copy of Bid, with all bid forms and attachments required for the bidding

- f. Special Conditions
- g. Supplementary Conditions
- h. General Conditions
- i. Technical Specifications
- j. Contract Drawings
- k. Payment and Performance Bonds
- l. Warranty Bond
- m. Certificates of Insurance

This Agreement, together with other Documents enumerated in the Article 3, which said other documents are as fully a part of the Contract as if hereto attached or herein, forms the Contract between the parties. If any provision in any component part of this Agreement conflicts with any provision of any other component, the part first enumerated in this Article shall govern except as otherwise specifically stated.

**Article 4. Defense and Indemnification.**

To the fullest extent permitted by law, the Contractor shall defend, indemnify and hold harmless the Village and its consulting engineer, Delaware Engineering, D.P.C., their agents/servants, officers or employees, directors, members, partners, agents, consultants and subcontractors, of each and any of them from and against all claims, costs, losses, and damages of every kind arising out of or related to the performance of the Work by the negligent or wrongful act or omission by the Contractor, subcontractor, supplier or any individual or entity directly or indirectly retained by them to perform any of the said Work or anyone whose acts any of them may be liable.

**Article 5. Compliance.**

The Contractor shall comply with all applicable local, state, and federal laws and regulations, including, without limitation, applicable provisions of the State Labor Law which is incorporated herein as if fully stated herein. The Contractor shall further certify that it has adopted a proprietary sexual harassment policy and that all employees have completed the requisite training for same.

**Article 6. Binding Effect; Entire Agreement.**

The undersigned hereby acknowledges that each of them has the requisite authority to execute this Agreement and that it constitutes the entire agreement of the parties. Any changes to the Agreement must be accomplished by a subsequent written amendment signed by the parties.

**Article 6. Counterparts.**

The parties hereby execute this Agreement in three (3) counterparts, each of which, when fully signed, shall constitute an original which may be used for all purposes.

IN WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be executed on day and year set forth below.

ATTEST:

AMERICAN PETROLEUM EQUIPMENT &  
CONSTRUCTION CO.

By:  \_\_\_\_\_

Name: Raymond Vacek

Title: Vp. Operations

Dated: 1/13/22

VILLAGE OF PORT CHESTER, NEW YORK

By:  \_\_\_\_\_  
Stuart Rabin, Village Manager

Dated: 1/13/22

Approved as to Form:



Anthony M. Cerreto, Village Attorney



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2021

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).

<b>PRODUCER</b> Gilroy Kernan & Gilroy 210 Clinton Rd New Hartford NY 13413	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 315-768-8888      FAX (A/C, No): 315-768-8600 E-MAIL: Service@gkgrisk.com ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> American Petroleum Equipment & Construction Co. 63 Orange Ave Walden NY 12586	AMERPET-01	<b>INSURER A:</b> Great Divide Insurance Company      NAIC # 25224 <b>INSURER B:</b> Republic Franklin Ins Co      12475 <b>INSURER C:</b> Utica Mutual Insurance Company      25976 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 1146436678      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Pollution Liab	Y	Y	ECP2021654-14	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution Per Claim \$ 1,000,000
B C C C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CT/NJ=RFI <input checked="" type="checkbox"/> NY/PA/MD=UM	Y	Y	5431955 5431946 5431974 5431959 5431951	6/29/2021 6/29/2021 6/29/2021 6/29/2021 6/29/2021	6/29/2022 6/29/2022 6/29/2022 6/29/2022 6/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS	Y	Y	FFX2032993-11	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCA2022920-14	6/29/2021	6/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Excess Liability	Y	Y	ECP2021654-14	6/29/2021	6/29/2022	Prof Liab Per Claim 1,000,000 Excess Per Occurrence 1,000,000 Excess Aggregate 1,000,000

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

WC in all States except AZ ND WA and WY  
 Certificate Holder is included as Additional Insured  
 10 Day Notice of Cancellation will be given  
 Waiver of Subrogation Applies

### CERTIFICATE HOLDER

### CANCELLATION

Village of Port Chester  
 222 Grace Church Street  
 Port Chester NY 10573

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



# NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)  
12/14/2021

**THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.**

AGENCY Gilroy Kernan & Gilroy		NAMED INSURED(S) American Petroleum Equipment & Construction Co.	
POLICY NUMBER ECP2021654-14	EFFECTIVE DATE 6/29/2021	CARRIER Great Divide Insurance Company	NAIC CODE 25224

**ADDENDUM INFORMATION**      **CERTIFICATE NUMBER: 1146436678**      **REVISION NUMBER:**

**A. Insurer**

- Admitted / authorized
- Excess line or free trade zone

**B. General Liability (GL) policy form**

- ISO / ISO modified
- Other

**C. Specific operations excluded or restricted (GL policy)**

- Location: \_\_\_\_\_
- Type of construction: \_\_\_\_\_
- Building height: \_\_\_\_\_
- Classifications      [see attached declarations / endorsement]
- Designated work      [see attached endorsement]

**D. Additional insured endorsement (GL policy)**

- CG 20 10     CG 20 26     CG 20 32     CG 20 33     CG 20 37     CG 20 38
- Other:      #: ECP 1004      Title: Additional Insured - Blanket

**E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage**

- Yes       No and       no other option is available with this insurer

**F. Additional insured will receive advance notice if insurer cancels (GL policy)**

- Yes       No and       no other option is available with this insurer

**G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted**

- Yes and       no other option is available with this insurer       No changes made

**H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)**

- Yes and       no other option is available with this insurer       No changes made

**I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)**

- Yes and       no other option is available with this insurer       No changes made

**J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)**

Yes and  no other option is available with this insurer  No changes made

**K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)**

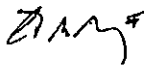
Yes and  no other option is available with this insurer  No changes made

**L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted**

Yes and  no other option is available with this insurer  No changes made

**M. Excess / umbrella policy is primary and non-contributory for additional insureds**

Yes, by specific policy provision  Yes, by endorsement  No and  no other option is available with this insurer



AUTHORIZED REPRESENTATIVE SIGNATURE

12/14/2021  
DATE (MM/DD/YYYY)



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

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name &amp; Address of Insured (use street address only)  <b>AMERICAN PETROLEUM EQUIPMENT &amp; CONSTRUCTION COMPANY INC</b>   <b>63 ORANGE AVENUE          WALDEN, NY 12586</b></p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured  <b>845-778-5110</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number  <b>743084504</b></p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)  <b>Village of Port Chester</b>  <b>222 Grace Street</b>  <b>Port Chester, NY 10573</b></p>	<p>3a. Name of Insurance Carrier  <b>ShelterPoint Life Insurance Company</b></p> <p>3b. Policy Number of Entity Listed in Box "1a"  <b>DBL267344</b></p> <p>3c. Policy effective period  <u>01/01/2021</u> to <u>12/31/2022</u></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 9/21/2021 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 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 4C or 5B of Part 1 has been checked)**

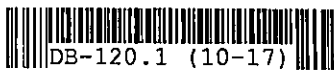
**State of New York  
Workers' Compensation Board**

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 with respect to all of his/her 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)  
9/22/2021

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PRODUCER Gilroy Kernan & Gilroy 210 Clinton Rd New Hartford NY 13413	CONTACT NAME:	
	PHONE (A/C, No, Ext): 315-768-8888	FAX (A/C, No): 315-768-8600
E-MAIL ADDRESS: Service@gkgrisk.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great Divide Insurance Company		25224
INSURER B: Republic Franklin Ins Co		12475
INSURER C: Utica Mutual Insurance Company		25976
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
American Petroleum Equipment & Construction Co. Inc.  
63 Orange Ave  
Walden NY 12586

AMERPET-01

COVERAGES      CERTIFICATE NUMBER: 716249918      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Pollution Liab		ECP2021654	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Pollution Per Claim \$ 1,000,000
B C C C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CT/NJ=RFI <input checked="" type="checkbox"/> NY/PA/MD=UM		5431955 5431959 5431974 5431951 5431946	6/29/2021 6/29/2021 6/29/2021 6/29/2021 6/29/2021	6/29/2022 6/29/2022 6/29/2022 6/29/2022 6/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$		FFX2032993	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
A	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	WCA2022920	6/29/2021	6/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Pollution Liability		ECP2021654	6/29/2021	6/29/2022	Prof Liab Per Claim 1,000,000 Pollution Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
WC in all States except AZ ND WA and WY

<b>CERTIFICATE HOLDER</b>  Village of Port Chester 222 Grace Street Port Chester NY 10573	<b>CANCELLATION</b>  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 