

cc: Street

13a

Village of Endicott
1009 E. Main St.
Endicott, NY 13760

FACILITY MAINTENANCE AGREEMENT
(APPLICATION FOR BALLPARK USE)

DATE 3/30/23

NAME OF APPLICANT Union Aquatic Club - Practices
ADDRESS Po Box 115
Endicott NY 13760
PHONE #'S - CELL 607-726-0700 HOME _____ WORK _____
DATES DESIRED 6/26/23 THRU 7/27/23

PREFERRED FIELD(S):

AIRPORT 1-LIT _____ OR 1-UNLIT _____ AIRPORT 2(NON-LIT) _____ MERSEREAU FIELD _____

DAVIS _____ LOGAN _____ TESTA _____ SERTOMA _____ NORTHSIDE POOL X

REQUEST OF DAY(S) MON X TUE X WED X THU X FRI _____ SAT _____

TIMES- FROM 7 PM TO 9 PM

NAME OF LEAGUE UNAC

NAME OF ORGANIZATION UNAC swim club

Y ___ / N ___ INSURANCE CERTIFICATE PROVIDED

NOTE: THE FOLLOWING MUST BE PROVIDED WITH APPLICATION

- ~PROOF OF INSURANCE
- ~A SEASON SCHEDULE IN ORDER TO CALCULATE USER FEES (IF NECESSARY)

- ***PARK RULES AND REGULATIONS MUST BE OBSERVED AT ALL TIMES
- ***NO ALCOHOLIC BEVERAGES ARE ALLOWED ON ANY VILLAGE PARK FACILITY
- ***METAL CLEATS ARE NOT ALLOWED
- ***NO PARKING ON GRASS AREAS

ADULT LEAGUE FEES: \$20.00 (UNLIT FIELD /PER GAME)
\$30.00(LIT FIELD/ PER GAME)

SUBMIT APPLICATIONS TO:
VILLAGE OF ENDICOTT
C/O DEPUTY CLERK TREASURER
1009 E. MAIN ST
ENDICOTT, NY 13760

cc: Street

136

Village of Endicott
1009 E. Main St.
Endicott, NY 13760

FACILITY MAINTENANCE AGREEMENT

(APPLICATION FOR BALLPARK USE)

DATE 3/30/23

NAME OF APPLICANT Union Square Club - Swim Meet

ADDRESS P.O. Box 115
Endicott NY 13760

PHONE #'S - CELL 607-206-0700 HOME _____ WORK _____

DATES DESIRED 7/14/23 THRU 7/16/23
7/14 4pm -> 7/16 7pm

PREFERRED FIELD(S):

AIRPORT 1-LIT _____ OR 1-UNLIT _____ AIRPORT 2(NON-LIT) _____ MERSEREAU FIELD _____

DAVIS _____ LOGAN _____ TESTA _____ SERTOMA _____ NORTHSIDE POOL X

REQUEST OF DAY(S) MON _____ TUE _____ WED _____ THU _____ FRI X SAT X SUN X

TIMES- FROM 4pm Fri TO 7pm Sunday

NAME OF LEAGUE _____

NAME OF ORGANIZATION UNAC Swim Club

Y ___ / N ___ INSURANCE CERTIFICATE PROVIDED

NOTE: THE FOLLOWING MUST BE PROVIDED WITH APPLICATION

~PROOF OF INSURANCE

~A SEASON SCHEDULE IN ORDER TO CALCULATE USER FEES (IF NECESSARY)

***PARK RULES AND REGULATIONS MUST BE OBSERVED AT ALL TIMES

***NO ALCOHOLIC BEVERAGES ARE ALLOWED ON ANY VILLAGE PARK FACILITY

***METAL CLEATS ARE NOT ALLOWED

***NO PARKING ON GRASS AREAS

ADULT LEAGUE FEES: \$20.00 (UNLIT FIELD /PER GAME)
\$30.00(LIT FIELD/ PER GAME)

SUBMIT APPLICATIONS TO:

VILLAGE OF ENDICOTT
C/O DEPUTY CLERK TREASURER
1009 E. MAIN ST
ENDICOTT, NY 13760



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2023

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 Insurance Office of America 200 Broad Street, SW, Suite 100 Gainesville GA 30501	CONTACT NAME: PHONE (A/C No. Ext): 678-919-1150 FAX (A/C No.): 678-450-9180 E-MAIL ADDRESS: usascoi@ioausa.com
INSURED USA Swimming, Inc. dba USA Swimming; USA Swimming Foundation, and USA Swimming Local Swimming Committees & Member Clubs 1 Olympic Plaza Colorado Springs CO 80909-5780	USASWIM-01 INSURER(S) AFFORDING COVERAGE INSURER A : Accredited Surety & Cas Co Inc NAIC # 26379 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: 1890008647 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	SUBR	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Event			1-TRE-CO-17-01338546-00	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse/Molestation \$ 2,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$			1-TRE-CO-17-01338547-00	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ PER STATUTE OTH-ER
	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 / A				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)
 Verification of General Liability and Excess Liability coverage for COVERED ACTIVITIES: Abuse and Molestation Aggregate on the General Liability policy is \$4,000,000. Medical Expense Coverage applies to Office Premises and Event Spectators only. General Liability policy includes a 30 Day Notice of Cancellation per policy provisions.

Other Insureds includes the following: USA Swimming, Inc. member clubs, in which all athletes or participants and coaches are members of USA Swimming, Inc., group members, volunteers and "member coaches" solely as respects to "bodily injury" and "property damage" arising from "covered activities" for which a group member has received approval from USA Swimming, Inc. or its authorized representative.

See Attached...

CERTIFICATE HOLDER Village of Endicott 1009 E. Main St Endicott NY 13760	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 Insurance Office of America		NAMED INSURED USA Swimming, Inc. dba USA Swimming; USA Swimming Foundation, and USA Swimming Local Swimming Committees & Member Clubs 1 Olympic Plaza Colorado Springs CO 80909-5780	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Covered Activities

With respect to USA Swimming member clubs, group members, member coaches, volunteers and additional insured owners/lessors of premises, sponsors and co-promoters, "Covered Activities" are defined as:

1. Swimming meets that have been issued a written sanction or approval. Approval means a permit issued by one to the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non-members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.
2. Swimming practices, dry land training activities, camps and learn to swim programs where all swimmers or participants are members of USA Swimming, Inc. or U.S. Masters Swimming and are conducted under direct and active supervision of a member coach. Dry land training activities means weight training, running calisthenics, exercise machine training, and any other activity for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
3. USA Swimming, Inc., Swim-A-Thons, fundraising activity which clubs can purchase for lap-a-thons.
4. Approved social events and approved fundraising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
5. Swimming tryouts. Swimming tryouts means swimming practices where a swimmer(s) who is not and how has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty consecutive days in a twelve-month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.
6. Office premises liability for member clubs and LSCs.
7. STSC, CPR and Lifeguard Certifications of USA Swimming member coaches done by USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.
8. "Organized practices" that have been reported and a premium has been paid for. Organized practices are defined as recreation league meets hosted by USA member clubs with community teams that are not USA Swimming member clubs.

Member Club: Union Aquatic Club
 RE: practices - July 2023 & swim meet to be held 7/11/23-7/16/23

VILLAGE OF ENDICOTT
APPLICATION/FESTIVALS PERMIT

RECEIVED
APR 11 2023
Village of Endicott

FESTIVAL OR OTHER EVENT APPLICATION/PERMIT MUST BE FILLED OUT COMPLETELY AND PRESENTED TO THE VILLAGE OF ENDICOTT CUSTOMER SERVICE CENTER **NO LATER THAN SIXTY(60) DAYS** PRIOR TO PLANNED DATE OR EVENT. ANY QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT THE DEPUTY/ASSISTANT CLERK AT (607)757-2435

NAME OF EVENT EID MUBARAK 2023
NAME OF ORGANIZATION OR GROUP Endicott Islamic Center
ADDRESS 1202 Monroe St. PHONE# 847-472-2886
NAME OF COORDINATOR MD. NOOR UDDIN PHONE# 646-520-6578

EVENT DATE(S): 4/20 or 4/21 TIME-FROM 8:30 AM TO 10:30 AM
(IF ADDITIONAL SPACE IS NEEDED FOR MULTIPLE DATES, PLEASE ATTACH A SEPARATE SHEET)
LOCATION/ROUTE: 1202 Monroe St. Between Madison Ave. and Washington Ave.
SETUP DATE 4/18 START TIME 8:30 AM CLEANUP DATE 4/22 END TIME 10:30 AM

DESCRIPTION OF ACTIVITY: DESCRIBE THOSE THAT ARE APPLICABLE, ATTACH ANOTHER SHEET IF NEEDED

Foods: NO
Crafts: NO
Music: NO
Games: NO
Animals/Rides: NO
Special requests or comments NO

would like to hang 2 banners only - see attached map for 4/18 - 4/22 -

- a. Sound System yes () no
- b. location(s): _____
- c. Refuse: _____
- d. Cones/Barricades: _____

Noor Uddin
COORDINATOR SIGNATURE

04/11/23
DATE

*****PLEASE CONTINUE TO PAGE (2)

1202 MONROE STREET
ENDICOTT ISLAMIC CENTER

South

Avenue

Avenue

East

← MONROE STREET →

Washington

West

Madison

North

Good Afternoon,

Attached is the receipt for payment made on Endicott Islamic Center Inc. If you need anything else please let me know.

Thank you,
Tracy

Tracy M Haskett
Licensed Service Associate
Hussar Insurance Agency
178 Oakdale Road
Johnson City, NY 13790
(p) 607-777-9677
(f) 607-777-9676

Please share your experience with our agency on Google. [Hussar Google Review](#)



Disclaimer

This message (and any attachments) is confidential and is intended only for the addressee(s). This message may contain information that is protected by one or more legally recognized privileges. If the reader of this message is not the intended recipient, I did not intend to waive, and I do not waive, any legal privilege or the confidentiality of the message. If you receive this message in error, please notify me immediately by return e-mail and delete this message from your computer and network without saving it in any manner. The unauthorized use, dissemination, distribution, or reproduction of this message, including attachments, is prohibited and may be unlawful.



Leatherstocking Cooperative Insurance Company

PO Box 630, 4313 County Highway 11
Cooperstown, NY 13326
Phone: 607-547-2007 Fax: 607-547-2056
www.leatherstockinginsurance.com

PAYMENT RECEIPT

DATE	POLICY NUMBER / PARTY INCLUDED	PAYMENT METHOD / PAYEE	CONTRIBUTION NUMBER	AMOUNT
01/10/23	10-2021-488 Endicott Islamic Center Inc	m&I - ..6795 endicott islamic center	87061673384714	\$430.36
SUMMED TOTAL:				\$430.36

Property:
1202 Monroe St
Endicott, NY 13760



Endicott Fire Department
Code Enforcement Division
Office of the Fire Marshal
1009 East Main St.
Endicott, New York 13760



Phone (607) 757 - 2465

Fax (607) 757 - 2469

April 12, 2023

To: Endicott Village Board
Re: Banner Permit Request


I have reviewed the banner permit request that was submitted by the Endicott Islamic Center and after reviewing the Village Code regarding banners, have the following comments.

It is my opinion that the banner permit application request does not meet the requirements of § 193-16B, § 193-16C, § 193-16E, the information required to be provided under § 193-17 was not provided and the submission deadline requirements under § 193-18 were not met, specifically § 193-18C which states:

"Applications received less than 30 calendar days prior to the event shall be rejected."

This application appears to have been submitted 7 days prior to the date the applicant listed for setup of the banner.

Based on these issues, I believe the Village Code is very clear and the applicant has not not met the requirements listed, but submitted the request less than 30 days prior. Because of these reasons, I believe the application should be rejected.



Brian Botsford
Fire Marshal

MEMO

To: Mayor Linda Jackson

Board of Trustees

Village Manager Anthony Bates

Attorney Robert McKertich

From: Kevin Pero

Date: 04/17/23

Re: Ranney Well

Layne Christensen Company has always worked on our Ranney Well. That is covered under specialty work & does not have to go to bid. I would like permission to have Layne Christensen Company come to do the work on the Ranney Well pump #2. This would be covered under the 2023-2024 budget.

Thank you,

Kevin Pero

Chief Water Plant Operator



Layne Christensen Co.
134-2 Layne Lane
Schoharie, NY 12157
T 518-295-8288
F 518-295-8289
graniteconstruction.com

CONFIRMING ORDER

Date: April 10, 2023

To: *LAYNE CHRISTENSEN COMPANY*
Route 30, P.O. Box 917
Schoharie NY 12157
Phone (518) 295-8288
Fax (518) 295-8289

You are hereby instructed to proceed with the work on our property as follows:

Pump #2 replacement for Endicott, New York

This order is given with the understanding that you are not to be held responsible for any damages in any way whatsoever for failure to complete the work mentioned nor for any damage resulting from your effort to perform such work, nor for any delay on your part in completing same. You are to carry Public Liability Insurance on the work and Worker's Compensation Insurance on your personnel.

Task	Unit	Quantity	Unit Price	Amount
Shop, Mobilization, Support	LS	1	5500	\$5,500.00
Setup	LS	1	1500	\$1,500.00
Pull Pump **	HRS	8	750	\$6,000.00
Clean Pipe and Shafts **	HRS	8	750	\$6,000.00
Set Pump **	HRS	11	750	\$8,250.00
Test into System, Tear Down, Cleanup	LS	1	2200	\$2,200.00
New pump, Bottom Pipe and Shaft and strair	LS	1	18750	\$18,750.00
**Hourly rate for 3 man crew			Est. Total	\$48,200.00

Terms are net 30 days, any applicable taxes not included. The pricing as provided below is based on prevailing wage rates for Broome County, New York. Hourly rates are for three crew members due to proximity to power lines and the need for a spotter.

All work over 8 hours per day or 40 hours per week will be billed at time and one half, except Sundays and Holidays at double time.

For Village of Endicott:

Authorized Signature

Date

WATER RESOURCES