



ERIE COUNTY WATER AUTHORITY

INTEROFFICE MEMORANDUM

April 7, 2022

To: Terrence D. McCracken, Secretary to the Authority

From: David M. Patton, Senior Production Engineer *DMP*

Subject: Sturgeon Point WTP
Sludge Removal, Disposal, and Relocation
ECWA Project No. 202100038
Pay Application No. 2- Final

Attached is the Final Payment Application for the above referenced project.

The following documents are attached:

- Blue Authorization Form - this form provides the project name and project number, the action that is being requested of the Board, and it provides a list of approvals that are required prior to being acted on by the Board.
- ECWA Final Payment Application Checklist and Packet - the check list is used to make sure that the contractor has provided all the proper documentation to close out the contract.

The Engineering Department is recommending Final Payment be made. The Endurance American Insurance Company issued Certification of Surety for the Final Payment. The Contractor has submitted and signed General Release and AIA Forms G706, G706A, and G707. MWBE Utilization Report – Part D has been attached.

Lavonya Lester, Director of Administration has certified MWBE goals and approved final Certified Payrolls. The entire Final Pay Application package has to be reviewed by Risk Manager and Legal Department prior to Board action.

The amount certified for Final Payment is \$14,740.15 and includes all previous retainage. The project was billed to Unit 1010 O&M Item No. 35 – Refuse and Waste Disposal and retention was withheld from progress payments as per the contract requirements. Unit 1010 O&M Item Line No. 35 is funded to cover the costs.

DMP:jmf
Attachments
cc: R.Stoll
L.Kowalski
M.Wymer
L.Lester
SPWA-824-2101-X-16

ERIE COUNTY WATER AUTHORITY
 AUTHORIZATION FORM
 For Approval/Execution of Documents
 (check which apply)

Contract: 21-24-06 **Project No.:** 202100038
Project Description: Sturgeon Point WTP Sludge Removal, Disposal, and Relocation.

Item Description:








Agreement Professional Service Contract Amendment Change Order
 BCD NYSDOT Agreement Contract Documents Addendum
 Recommendation for Award of Contract Recommendation to Reject Bids
 Request for Proposals
 Other Final Pay Application and Closeout

Action Requested:


Board Authorization to Execute Legal Approval
 Board Authorization to Award Execution by the Chairman
 Board Authorization to Advertise for Bids Execution by the Secretary to the Authority
 Board Authorization to Solicit Request for Proposals
 Other Board Approval

Approvals Needed:

APPROVED AS TO CONTENT:

<input checked="" type="checkbox"/> Sr. Production Engineer	<u></u>	Date: <u>4/8/2022</u>
<input checked="" type="checkbox"/> Chief Operating Officer	<u></u>	Date: <u>4/8/2022</u>
<input checked="" type="checkbox"/> Executive Engineer	<u></u>	Date: <u>04/14/2022</u>
<input checked="" type="checkbox"/> Director of Administration	<u></u>	Date: <u>04/08/2022</u>
<input checked="" type="checkbox"/> Risk Manager	<u></u>	Date: <u>04/08/2022</u>
<input checked="" type="checkbox"/> Chief Financial Officer	<u></u>	Date: <u>04/08/2022</u>
<input checked="" type="checkbox"/> Legal	<u></u>	Date: <u>4/8/2022</u>

APPROVED FOR BOARD RESOLUTION:

<input checked="" type="checkbox"/> Secretary to the Authority	<u></u>	Date: <u>04/18/22</u>
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Remarks: Amount certified for Final Payment \$14,740.15

Resolution Date: _____ **Item No:** _____

Erie County Water Authority Final Payment Application

CHECK LIST: Items to Accompany Final Payment Application

- 1. Blue Authorization Form
- 2. Statement by Consultant, if applicable, certifying that all work was performed in general conformance to plans and specifications and recommend that Final Payment be made. If no Consultant, ECWA Engineering should recommend the Final Payment be made.
- 3. Final Payment Application. The Amount Certified for Final Payment must be written on the Blue Authorization Form.

Insurance & Bond Requirements

- 4. Evidence that Insurance is in effect for two years. This is usually evident on the Certificates of Insurance that are issued.
- 5. Certification that Performance Bond is in effect for two years and Payment Bond is in effect for one year.

Release & AIA Forms

- 6. Form 507 Release by Corporation
- 7. AIA G706, Contractor's Affidavit of Payment of Debts and Claims
- 8. AIA G706A, Contractor's Affidavit of Release of Liens
- 9. AIA G707, Consent of Surety to Final Payment

EEO Requirements

- 10. M/WBE Utilization Report – Part D
- 11. Final Certified Payrolls

DISTRIBUTION:

To Accounts Payable

- After the Final Payment Application has been approved by the ECWA Board of Commissioners, a PDF copy can be emailed to accountspayable@ECWA.org

To ECWA Engineering

- A hard copy of the entire Final Payment Application should be placed in the files.
- A PDF copy of the Final Payment Application should be saved to the appropriate project folder on the network.

EEO:

- M/WBE Part D
- Certified Payrolls

**ERIE COUNTY WATER AUTHORITY
STURGEON POINT TREATMENT PLANT - SLUDGE REMOVAL, DISPOSAL AND RELOCATION
CONTRACT PAYMENT APPLICATION FORM**

TO OWNER: Accounts Payable - Administration Offices
Erie County Water Authority
350 Ellicott Square Building
Buffalo, NY 14203-2494

PROJECT: Sturgeon Point Treatment Plant
Sludge Removal, Disposal and Relocation
Contract No.: 202100038
Project No.: 202100038

FROM CONTRACTOR: Russo Development, Inc.
3710 Millstrip Road
Blasdell, New York 14219

ENGINEER: ECWA - Production

APPLICATION NO. 1

APPLICATION DATE: 03/11/22

PERIOD TO: 12/31/21

DISTRIBUTION TO:
 OWNER
 CONSTRUCTION MANAGER
 ARCHITECT
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below. In connection with the Contract Continuation Sheet, AIA Document G703, is attached.

This undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which Certificates of Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

1. ORIGINAL CONTRACT SUM 299,225.00
2. Net Change By Change Orders 0.00
3. CONTRACT SUM TO DATE (Line 1 + 2) 299,225.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) 294,802.95

To Date	Previous	Due
0.00		
0.00		
0.00	0.00	0.00

5. RETAINAGE
 - a. 5% of Completed Work (Column D + E on G703)
 - b. 5% of Stored Material (Column F on G703)
 Total Retainage (Line 5a & 5b or Total in Column I of G703) 294,802.95
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total) 294,802.95
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) 280,062.80
8. CURRENT PAYMENT DUE 14,740.15
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) 4,422.05

CONTRACTOR: Russo Development, Inc.
By: 
Steve Leitlen

Date: 4/1/22

State of: New York
County of: Erie
Subscribed and sworn to before me this 1st day of April, 2022

NOTARY PUBLIC: Jennifer M Raduns
My Commission expires: 06-29-2025

Jennifer M Raduns
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RA6414482
Commission Expires 02/22/2025

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Construction Manager and Architect certify to the Owner that to the best of their knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 14,740.15

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the Amount Certified)

CONSTRUCTION MANAGER:

By: D J M Path Date: 04/04/2022

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

**ERIE COUNTY WATER AUTHORITY
STURGEON POINT TREATMENT PLANT - SLUDGE REMOVAL, DISPOSAL AND RELOCATION
CONTRACT PAYMENT APPLICATION FORM**

AIA document G702, APPLICATION AND CERTIFICATE FOR PAYMENT,
containing Contractor's signed Certification, is attached.
In tabulations below, amounts are stated to the nearest dollar.
Used Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO.: 1
APPLICATION DATE: 03/11/22
PERIOD TO: 12/31/21
ECWA PROJECT NO. 202100038

A ITEM NO.	B DESCRIPTION OF WORK	C QUANTITY	D UNIT	E UNIT COST	F ORIGINAL CONTRACT SCHEDULED VALUE	G WORK COMPLETED FROM PREVIOUS APPLICATION (D+E)	H WORK COMPLETED THIS PERIOD	I MATERIALS PRESENTLY STORED (NOT IN D & E)	J TOTAL COMPLETED AND STORED TO DATE (D+E+I)	K % COMPLETE (G/J)	L BALANCE TO FINISH (C-G)	M RETAINAGE (IF VARIABLE RATE) 0.0%			
1	DRIED SLUDGE DISPOSAL	5000.00	TONS	\$28.85	\$ 144,250		\$ 189,428		\$ 189,428	131%	\$ -	\$ -			
2	BULLDOZER	40	HRS	\$275.00	\$ 11,000		\$ 4,400		\$ 4,400	40%	\$ 6,600	\$ -			
3	VIBRATING ROLLER	40	HRS	\$175.00	\$ 7,000				\$ -	0%	\$ 7,000	\$ -			
4	ADDED SLUDGE DISPOSAL	3500	TONS	\$28.85	\$ 100,975		\$ 100,975		\$ 100,975	100%	\$ -	\$ -			
5	RELOCATION-CREW-EQUIPMENT	0	HRS	\$0.00	\$ -		\$ -		\$ -		\$ -	\$ -			
6A	30-TON EXCAVATOR	40	HRS	\$275.00	\$ 11,000				\$ -	0%	\$ 11,000	\$ -			
6B	45K-LB BULLDOZER	40	HRS	\$275.00	\$ 11,000				\$ -	0%	\$ 11,000	\$ -			
6C	DUMP TRUCK	40	HRS	\$220.00	\$ 8,800				\$ -	0%	\$ 8,800	\$ -			
6D	DIESEL DEWATERING PUMP	80	HRS	\$15.00	\$ 1,200				\$ -	0%	\$ 1,200	\$ -			
6E	MOB/DE-MOB EQUIPMENT	4	EA	\$1,000.00	\$ 4,000				\$ -	0%	\$ 4,000	\$ -			
CONTRACT TOTAL											\$ 299,225.00	\$ -	\$ 294,802.95	\$ 49,600.00	\$ -

** - Please see Item A Additional Back-Up Sheets for Breakdown



WORLD WIDE BONDING AGENCY

2846 WILLIAM STREET BUFFALO NEW YORK 14227
PH 888-681-7685 ~ FAX 716-681-7683
www.wwbagency.com

March 16th, 2022

Russo Development, Inc.
3710 Milestrip Road
Blasdell, NY 14219

Attn: Sturgeon Point WTP Sludge Removal, Disposal and Relocation Project No. 202100038
Bond # EAIC177000038

To Whom it may concern,

In regards to the captioned performance bond #EAIC177000038, be advised that, in accordance with Article 5.01 of the General Conditions, modified by 5.01A of the Supplementary Conditions, the performance bond for the above captioned project will remain in full force and effect for two (2) years after final acceptance and the payment bond will remain in effect for one (1) year after the date of final acceptance.

Sincerely,

Gary A. Cardinale

Attorney-In-Fact/Endurance American Insurance Company
President/World Wide Agent Services, Inc. d/b/a World Wide Bonding Agency

The content above has been reviewed by:



Gary A Cardinale, President
World Wide Bonding Agency
Work Phone: Toll Free (888)-681-7685
Cell Phone: (716)-583-3968
gary@wwbagency.com



Independent Insurance Agent

***To all to Whom these Presents Shall Come,
or may concern***

Greeting: Know Ye, That Russo Development Inc.

3710 Milestrip Rd

Blasdell NY 14219

NAME AND ADDRESS OF CORPORATION

For and in consideration of the sum of Two-Hundred Ninety-Four Thousand Eight-Hundred
Two and 95/100 dollars (\$ 294,802.95),

lawful money of the United States of America to its duly authorized officer in hand paid by the
Erie County Water Authority,

the receipt whereof is hereby acknowledged, has remised, released, and forever discharged, and by
these presents does for itself, its successors and assigns, remise, release and forever discharge the
said Erie County Water Authority,

heirs, executors, administrators, successors and assigns, of and from all, and all manner of action
and actions cause and causes of action, suits, debts, dues, sums of money, accounts, reckoning,
bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances,
trespasses, damages, judgments, extents, executions, claims and demands whatsoever, in law or in
equity, which against the said:

Russo Development Inc.

(NAME OF CORPORATION)

ever had, now has or which it or its successors or assigns, hereafter can, shall or may have for, upon
or by reason of any matter, cause or thing whatsoever from the beginning of the world to the day of
the date of these presents.

In Presence of

in witness Whereof, the

President, Joseph L. Russo II *has caused its*

corporate seal to be hereunto affixed, and

these presents to be signed by its duly authorized

officer this 30th *day of* March

Two Thousand and Twenty-Two

By 

State of New York)

County of Erie ss.

 Of)

On this 30th *day of* March, *Two Thousand*

and Twenty-Two, *before me personally came* Joseph L Russo, II *to*

me personally known who, being by me duly sworn did depose and say that he/she resides in

Hamburg, New York *that he/she is*

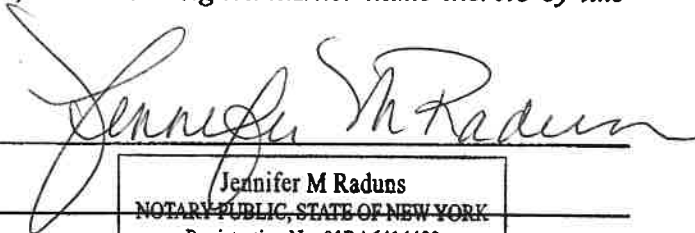
the President *of* Russo Development Inc, *the corporation*

described in and which executed the above Instrument, that he/she knows the seal of said

corporation; that it was so affixed to said Instrument is such corporate seal; that it was so affixed by

order of the Board of Directors of said corporation, and he/she signed his/her name thereto by like

order.



Jennifer M Raduns
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RA6414482
Qualified in Niagara County
Commission Expires 02/22/2025



AIA[®]

Document G706[™] – 1994

Contractor's Affidavit of Payment of Debts and Claims

PROJECT: *(Name and address)*

ECWA Project No. 202100038
3030 Union Rd Buffalo NY 14227

ARCHITECT'S PROJECT NUMBER: 202100038

CONTRACT FOR: Sturgeon Point WTP Sludge Removal

OWNER

ARCHITECT

CONTRACTOR

TO OWNER: *(Name and address)*

Erie County Water Authority
3030 Union Rd
Buffalo, NY 14227

CONTRACT DATED: June 10, 2021

SURETY

OTHER

STATE OF: New York

COUNTY OF: Erie

The undersigned hereby certifies that, except as listed below, payment has been made in full and all obligations have otherwise been satisfied for all materials and equipment furnished, for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or Owner's property might in any way be held responsible or encumbered.

EXCEPTIONS:

None

SUPPORTING DOCUMENTS ATTACHED HERETO:

- Consent of Surety to Final Payment. Whenever Surety is involved, Consent of Surety is required. AIA Document G707[™], Consent of Surety, may be used for this purpose.

Indicate Attachment Yes No

The following supporting documents should be attached hereto if required by the Owner:

- Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
- Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.
- Contractor's Affidavit of Release of Liens (AIA Document G706A[™]).

CONTRACTOR: *(Name and address)*

Russo Development Inc
3710 Milestrip Rd
Blasdell, NY 14219

BY:

(Signature of authorized representative)

Joseph L. Russo II, President

(Printed name and title)

Subscribed and sworn to before me

on this date: April 1, 2022

Notary Public:

My Commission Expires: 2/22/2025

Jennifer M Raduns

NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01RA6414482
Qualified in Niagara County



AIA[®]

Document G706A™ – 1994

Contractor's Affidavit of Release of Liens

PROJECT: *(Name and address)*

ECWA Project No. 202100038
3030 Union Rd Buffalo NY 14227

ARCHITECT'S PROJECT NUMBER: 202100038

CONTRACT FOR: Sturgeon Point WTP Sludge Removal

OWNER

ARCHITECT

CONTRACTOR

TO OWNER: *(Name and address)*

Erie County Water Authority
3030 Union Rd
Buffalo, NY 14227

CONTRACT DATED: June 10, 2021

SURETY

OTHER

STATE OF: New York

COUNTY OF: Erie

The undersigned hereby certifies that to the best of the undersigned's knowledge, information and belief, except as listed below, the Releases or Waivers of Lien attached hereto include the Contractor, all Subcontractors, all suppliers of materials and equipment, and all performers of Work, labor or services who have or may have liens or encumbrances or the right to assert liens or encumbrances against any property of the Owner arising in any manner out of the performance of the Contract referenced above.

EXCEPTIONS:

None

SUPPORTING DOCUMENTS ATTACHED HERETO:

- Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
- Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.

CONTRACTOR: *(Name and address)*

Russo Development Inc
3710 Milestrip Rd
Blasdell, NY 14219

BY:

(Signature of authorized representative)

Joseph L. Russo II, President
(Printed name and title)

Subscribed and sworn to before me
on this date: April 1, 2022

Notary Public:

My Commission Expires: 02/22/2025

Jennifer M Radwin
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01RA6414482
 Qualified in Niagara County
 Commission Expires 02/22/2025

Record#	Trans#	Date	Description/Job	Vendor/Employee/Equipment	Cost	
279267	8018	08/31/2021	15562 Excavator Transport	1116 Pariso Logistics, Inc.	615.00	Paid
279153	648775	08/15/2021	15562 Testing	1235 Alpha Analytical, Inc.	3,390.00	Paid
285736	9839	11/30/2021	15562 Truck Services	1314 LCA Development Inc.	75,758.69	Paid
280261	2034	09/19/2021	15562 Truck Services	1453 HR Georgi Construction	297.50	Paid
280278	70014538MB	09/15/2021	15562 Truck Services	74 Gernatt Asphalt Products, Inc.	13,894.56	Paid

Processed in triplicate



AIA[®] Document G707[™] – 1994

Consent Of Surety to Final Payment

Bond No.: EAIC177000038

PROJECT: *(Name and address)*
Sturgeon Point Water Treatment
Plant Sludge Removal, Disposal
and Relocation Project Number
202100038

ARCHITECT'S PROJECT NUMBER:

CONTRACT FOR: Construction

OWNER:
ARCHITECT:
CONTRACTOR:
SURETY:
OTHER:

TO OWNER: *(Name and address)*
Erie County Water Authority
295 Main Street, Room 350
Buffalo, NY 14203

CONTRACT DATED: 6/23/2021

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the
(Insert name and address of Surety)

ENDURANCE AMERICAN INSURANCE COMPANY
4 MANHATTANVILLE ROAD
PURCHASE, NY 10577

on bond of
(Insert name and address of Contractor)

Russo Development, Inc.
3710 Milestrip Rd.
Blasdell, NY 14219

hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not relieve the
Surety of any of its obligations to
(Insert name and address of Owner)

Erie County Water Authority
295 Main Street, Room 350
Buffalo, NY 14203

as set forth in said Surety's bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date: **March 16, 2022**
(Insert in writing the month followed by the numeric date and year.)

ENDURANCE AMERICAN INSURANCE COMPANY

(Surety)


(Signature of authorized representative)

Gary A Cardinale, Attorney-in-Fact

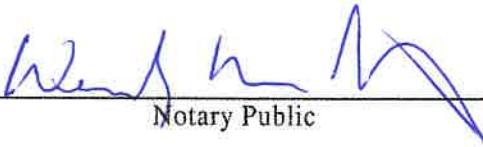
(Printed name and title)

Attest: 
(Seal): Joseph Cardinale

ACKNOWLEDGMENT OF SURETY

STATE OF New York)
) SS.:
COUNTY OF Erie)

On the 16th day of March in the year 2022, before me, the undersigned, personally appeared Gary A Cardinale, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

WENDY MARIE MONTANTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MO6411197
Qualified in Erie County
Commission Expires November 09, 2024

ENDURANCE AMERICAN INSURANCE COMPANY
FINANCIAL STATEMENT SUMMARY - STATUTORY BASIS
As of December 31, 2020

ASSETS:

Bonds	\$ 1,072,068,523
Stocks	\$ 259,479,838
Other Invested Assets	\$ 13,477,581
Receivable for Securities	\$ 1,664,449
Cash and Cash Equivalents	\$ 330,430,954
Total Cash and Invested Assets	\$ 1,677,121,345

Agents' Balances or Uncollected Premiums	\$ 1,016,377,118
Reinsurance Recoverable on Loss and Loss Adjustment Expense Payments	\$ 446,914,860
Funds Held By or Deposited With Reinsurance Companies	\$ 24,284,710
Federal & Foreign Income Tax Recoverable & Interest Thereon	\$ 269,535
Net Deferred Tax Asset	\$ 31,563,271
Receivables From Parent, Subsidiaries & Affiliates	\$ 49,635,594
Aggregate Write-ins for Other Than Invested Assets	\$ 51,669
Investment Income Due and Accrued	\$ 6,347,595
Total Admitted Assets	\$ 3,252,565,697

LIABILITIES:

Losses	\$ 479,413,921
Loss Adjustment Expenses	\$ 99,971,551
Reinsurance Payable on Paid Loss and Loss Adjustment Expenses	\$ 394,120,484
Taxes Licenses and Fees	\$ 5,880,012
Unearned Premiums	\$ 412,330,318
Ceded Reinsurance Premiums Payable	\$ 751,760,734
Funds Held by Company Under Reinsurance Treaties	\$ 48,094,048
Commissions Payable, Contingent Commissions and Similar Items	\$ (1,211,893)
Amounts Withheld or Retained by Company for Account of Others	\$ 5,902,949
Remittances and Items Not Allocated	\$ 23,623,502
Other Expenses Payable	\$ 587,644
Payable to Parents, Subsidiaries and Affiliates	\$ 27,552,897
Provision for Reinsurance	\$ 48,483,793
Payable for Securities	\$ 12,255,426
Other Liabilities	\$ 30,569,927
Total Liabilities	\$ 2,339,335,313

CAPITAL AND SURPLUS:

Common Capital Stock	\$ 6,000,000
Gross Paid In and Contributed Surplus	\$ 1,110,153,297
Unassigned Funds (Surplus)	\$ (202,922,913)
Total Capital and Surplus	\$ 913,230,384

Total Liabilities and Capital and Surplus	\$ 3,252,565,697
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I, Entela Hana, Treasurer of Endurance American Insurance Company (the "Company") do hereby certify that to the best of my knowledge and belief, the foregoing is a full and true Statutory Statement of Admitted Assets, Liabilities, Capital and Surplus of the Company as of December 31, 2020 prepared in conformity with accounting practices prescribed or permitted by the State of Delaware Department of Insurance. The foregoing statement should not be taken as a complete statement of financial condition of the Company. Such a statement is available upon request at the Company's office located at 4 Manhattanville Road, 3rd Floor; Purchase, NY 10577.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Company at Purchase, New York:

Entela Hana

Entela Hana, Treasurer

Subscribed and sworn to before me this 3rd day
of March, 2021:

Notarized by:
Fiona McNamara

Notary Public Seal

Notary Public, State of New York
Qualified in Rockland County
No. 01MC5081895
My commission expires July 14, 2021



POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that Endurance Assurance Corporation, a Delaware corporation, Endurance American Insurance Company, a Delaware corporation, Lexon Insurance Company, a Texas corporation, and/or Bond Safeguard Insurance Company, a South Dakota corporation, each, a "Company" and collectively, "Sompo International," do hereby constitute and appoint: Gary A. Cardinale as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of Forty Million Dollars (\$40,000,000.00).

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation
By: Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard Appel; SVP & Senior Counsel



ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he they is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23



CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

- 1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

"RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

; and be it further

RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."

- 3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 16th day of March 2022.

By: Daniel S. Lurie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. Please read this Notice carefully.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

MINORITY BUSINESS ENTERPRISE UTILIZATION REPORT - PART D

FINAL CERTIFICATION OF EXPENDITURES TO MBE's

(to be completed by the prime CONTRACTOR and submitted with
the request for final payment)

CONTRACTOR: Russo Development Inc.

CONTRACT: Sturgeon Pt Sludge
#202100038

MBE	TOTAL AMOUNT EXPENDED
LCA Development	\$75,758.69

TOTAL OF ALL MBE
SUB-CONTRACTS \$ \$75,758.69

AMOUNT OF
CONTRACT \$294,802.95

FINAL MBE
PERCENTAGE 26%

I, Steven Leitten, as an official
representative of Russo Development Inc.,

do hereby certify that the information listed above is correct and complete.



NAME

Sr. Project Manager

TITLE

3/30/2022

DATE

David Patton

From: Lavonya Lester
Sent: Thursday, April 7, 2022 10:33 AM
To: David Patton
Subject: PN202100038 Russo Development - Final Pay app

This has been approved.
Thanks

Lavonya Lester

Director of Administration | Erie County Water Authority
3030 Union Road Cheektowaga, NY 14227
Phone: (716)685-8565 | Fax: (716)681-3119
Email Address: llester@ecwa.org



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David Patton

From: Steven Leitten <sleitten@russodev.com>
Sent: Thursday, April 7, 2022 9:03 AM
To: David Patton; Lavonya Lester
Subject: RE: [EXTERNAL] FW: LCA Check

Lavonya,

This check includes payment on two invoices from LCA. One invoice is for the \$75,758.69 on the sludge contract. The remaining \$12,626.91 is for work LCA did for us at our Pleasant Creek Development site.

Regards,

Steven Leitten, P.G.
Sr. Project Manager
Russo Development, Inc.
3710 Milestrip Road
Blasdell, New York 14219
Phone - (716) 844-8745
Fax - (716) 931-9071
www.russodevelopmentinc.com

From: David Patton <dpatton@ecwa.org>
Sent: Thursday, April 7, 2022 8:42 AM
To: Steven Leitten <sleitten@russodev.com>
Subject: FW: [EXTERNAL] FW: LCA Check

From: Lavonya Lester <llester@ecwa.org>
Sent: Wednesday, April 6, 2022 12:16 PM
To: David Patton <dpatton@ecwa.org>
Subject: RE: [EXTERNAL] FW: LCA Check

No. not yet.

From: David Patton <dpatton@ecwa.org>
Sent: Wednesday, April 6, 2022 11:59 AM
To: Lavonya Lester <llester@ecwa.org>
Subject: RE: [EXTERNAL] FW: LCA Check

Lavonya,

Has Steve relied to you?

From: Lavonya Lester <llester@ecwa.org>
Sent: Tuesday, April 5, 2022 4:53 PM

To: 'sleitten@russdev.com' <sleitten@russdev.com>

Cc: David Patton <dpatton@ecwa.org>

Subject: FW: [EXTERNAL] FW: LCA Check

Hi Steve,

This check is more than the part D utilization report.

Is there a reason for this?

We show \$75,758.69 (additional sheet shows a record#285736 trans#9839)

Your check is for \$88,385.60 and its dated 3.28.22

This doesn't make sense.

Please advise. thanks

Lavonya Lester

From: David Patton <dpatton@ecwa.org>

Sent: Tuesday, April 5, 2022 1:41 PM

To: Lavonya Lester <llester@ecwa.org>

Cc: Justyna M. Falkowski <jfalkowski@ecwa.org>

Subject: FW: [EXTERNAL] FW: LCA Check

Lavonya,

See attached as requestedsd.

From: Steven Leitten <sleitten@russodev.com>

Sent: Tuesday, April 5, 2022 1:39 PM

To: David Patton <dpatton@ecwa.org>

Cc: Mike Grimaldi <mikeg@russodev.com>

Subject: [EXTERNAL] FW: LCA Check

Dave,

Here is the canceled check. Please let me know if you need anything else.

Regards,

Steven Leitten, P.G.

Sr. Project Manager

Russo Development, Inc.

3710 Milestrip Road

Blasdell, New York 14219

Phone - (716) 844-8745

Fax - (716) 931-9071

www.russodevelopmentinc.com

From: Mike Grimaldi <mikeg@russodev.com>

Sent: Tuesday, April 5, 2022 1:17 PM

To: Steven Leitten <sleitten@russodev.com>

Subject: LCA Check

David Patton

From: Shari Zajdel
Sent: Wednesday, April 6, 2022 11:14 AM
To: Lavonya Lester; David Patton
Subject: FW: PN202100038 STP Sludge Disposal Project Fianl Payment
Attachments: Contract No. 21-24-06 Russo Development Estimate #1P

I have reviewed and approved the attached certified payroll for 202100038.

Thank you.

Shari

From: David Patton <dpatton@ecwa.org>
Sent: Monday, April 4, 2022 3:24 PM
To: Lavonya Lester <llester@ecwa.org>
Cc: Shari Zajdel <szajdel@ecwa.org>
Subject: RE: PN202100038 STP Sludge Disposal Project Fianl Payment

Lavonya,

You would have received all certified payrolls for Payment App No. 1, this is for the retainage only.

Certified payrolls were received and approval previously (see attached)

Dave

From: Lavonya Lester <llester@ecwa.org>
Sent: Monday, April 4, 2022 3:10 PM
To: David Patton <dpatton@ecwa.org>
Cc: Shari Zajdel <szajdel@ecwa.org>
Subject: RE: PN202100038 STP Sludge Disposal Project Fianl Payment

Dave – I don't see any certified payrolls.

Shari – have you seen certified payrolls for this project?

Dave – please have Russo to provide certified payrolls for this project.

Thanks

Lavonya

From: David Patton <dpatton@ecwa.org>
Sent: Monday, April 4, 2022 2:22 PM
To: Lavonya Lester <llester@ecwa.org>
Subject: PN202100038 STP Sludge Disposal Project Fianl Payment

Lavonya,

Hope all is well.

Please see attached documentation submitted by Russo Development, Inc. for the final payment application and contract close out.

Please review the MWBE final docs along with the certified payrolls and let me know if you approve.

I have drafted my memo to Terry M. for board approval and need for your approval of the MWBE and final certified payrolls before sending.

Thanks for your help.

Dave
David M. Patton, PE
Sr. Production Engineer



Erie County Water Authority
722 Sturgeon Point Road, New York 14047
Direct: (716) 685.8229 | Cell: (716) 984.8397 | dpatton@ecwa.org

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PAYROLL



(For Contractor's Optional Use: See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Russo Development, Inc. ADDRESS 3710 Milestrip Road
 PROJECT AND LOCATION ECWA Sturgeon Pt Sludge 2 Blasdell NY 14219
 OMB NO.: 1235-0008
 Expires: 07/31/2024

PAYROLL NO. 35 FOR WEEK ENDING 08/28/21
 PROJECT OR CONTRACT NO. 15562

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			08/22	08/23	08/24	08/25	08/26	08/27	08/28				FICA	WITH- HOLDING TAX	SWH	SUI	OTHER		TOTAL DEDUCTIONS
			Sun	Mon	Tue	Wed	Thu	Fri	Sat										
Scott Carlson	0	Operator							4.00	96.07	0.00	1532.60	157.11	274.70	98.71	0.00	284.22	814.74	1319.56
Christophor Galati	4	Operator							1.00	93.22	0.00	265.52	205.49	414.99	160.43	0.00	434.04	1214.95	1713.31
Matthew Jasinski	0	Operator							1.00	98.03	0.00	282.36	56.97	56.56	31.42	0.00	4.40	149.35	595.22
Jasinski	0	Operator							2.50	73.73	0.00	744.57							

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 09/15/21

I, Joseph L Russo II, President (Name of Signatory Party) (Title)

Russo Development, Inc. (Contractor or Subcontractor) on the ECWA Sturgeon Pt Sludge 2021 (Building or Work) that during the payroll period commencing on the 22 day of August 2021 and ending the 28 day of August 2021

(1) That I pay or supervise the payment of the persons employed by Russo Development, Inc. all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Russo Development, Inc. (Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

[X] — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[] — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. The table is currently empty.

REMARKS: Company paid health insurance or health insurance reimbursements are deducted as fringe benefits.

NAME AND TITLE: Joseph L Russo II, President. SIGNATURE: [Handwritten Signature]. THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1004 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Russo Development, Inc.

ADDRESS
 3710 Milestrip Road
 Blasdell NY 14219
 OMB NO.: 1235-0008
 Expires: 07/31/2024

PAYROLL NO 36 FOR WEEK ENDING 09/04/21
 PROJECT AND LOCATION ECWA Sturgeon Pt Sludge 2 PROJECT OR CONTRACT NO 15562

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			US 09/04	09/05	09/06	09/07	09/08	09/09	09/10				FICA	WITH- HOLDING TAX	SWH	SUI	OTHER		TOTAL DEDUCTIONS
Joseph Boyles 7292	0	Operator								0.00	0.00	1165.92	131.19	160.04	87.57	0.00	9.36	388.16	1326.60
Scott Carlson 8526	0	Operator								24.00	71.77	1674.15	121.91	182.57	73.11	0.00	240.44	618.03	1056.12

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 33.55(a). The Copeland Act (40 U.S.C. § 3149) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulates at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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Date 09/15/21

I, Joseph L Russo II, President

(Name of Signatory Party) (Title)

Russo Development, Inc. do hereby state: (1) That I pay or supervise the payment of the persons employed by Russo Development, Inc. on the

ECWA Sturgeon Pt Sludge 2021 (Contractor or Subcontractor) that during the payroll period commencing on the (Building or Work) 29 day of August 2021 and ending the 04 day of September 2021

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Russo Development, Inc. (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

[X] - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. The table is currently empty.

REMARKS:

Company paid health insurance or health insurance reimbursements are deducted as fringe benefits.

NAME AND TITLE: Joseph L Russo II, President. SIGNATURE: [Handwritten Signature]

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1007 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL



(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

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U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Russo Development, Inc. ADDRESS 3710 Milestrip Road
 PROJECT AND LOCATION ECWA Sturgeon Pt Sludge 2 PROJECT OR CONTRACT NO. 15562
 Blasdel NY 14219
 OMB NO.: 1235-0008
 Expires: 07/31/2024

PAYROLL NO. 37 FOR WEEK ENDING 09/11/21
 PROJECT AND LOCATION ECWA Sturgeon Pt Sludge 2 PROJECT OR CONTRACT NO. 15562

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) HOLDING EMPLOYER'S I.D. NUMBER	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			ST	TR	TH	FR	SA	SU	TOTAL				FICA	WITH- HOLDING TAX	SWH	SUI	OTHER		TOTAL DEDUCTIONS
			09/05	09/06	09/07	09/08	09/09	09/10											
Carlson 8526	0	Operator			8.00	8.00	8.00	8.00	32.00	0.00	0.00	1898.87	139.09	227.56	85.32	0.00	261.82	713.79	1185.08
Anthony Conti 0842	0	Operator					1.00		1.00	0.00	0.00	72.87	98.94	132.59	59.55	0.00	84.81	375.89	917.39

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We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 09/16/21

I, Joseph L. Russo II, President (Title)

(Name of Signatory Party) do hereby state:

(1) That I pay or supervise the payment of the persons employed by Russo Development, Inc. on the

ECWA Sturgeon Pt Sludge 2021 (Contractor or Subcontractor) that during the payroll period commencing on the

(Building or Work)

05 day of September, 2021, and ending the 11 day of September, 2021, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Russo Development, Inc. from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

[X] - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

[] - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract; except as noted in section 4(c) below.

(c) EXCEPTIONS

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. The table is currently empty.

REMARKS:

Company paid health insurance or health insurance reimbursements are deducted as fringe benefits.

Table with 2 columns: NAME AND TITLE, SIGNATURE. Row 1: Joseph L. Russo II, President. Includes a disclaimer: THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION...

U.S. Department of Labor
Wage and Hour Division

PAYROLL



(For Contractor's Optional Use: See Instructions at www.dol.gov/whhd/forms/lwh347instr.htm)

U.S. Wage and Hour Division
Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Russo Development, Inc.
 ADDRESS 3710 Millestrip Road
 PROJECT AND LOCATION ECWA Sturgeon Pt Sludge 2
 PROJECT OR CONTRACT NO. 15562
 OMB NO.: 1235-0008
 Expires: 07/31/2024

PAYROLL NO. 38
 FOR WEEK ENDING 09/18/21
 PROJECT AND LOCATION ECWA Sturgeon Pt Sludge 2
 PROJECT OR CONTRACT NO. 15562

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NUMBER OF HOLDINGS WITH EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK											
			OT	OR	ST.	Sun	Mon	Tue	Wed				Thu	Fri	Sat	FICA		WITH-HOLDING TAX	SWH	SUI	OTHER	TOTAL DEDUCTIONS						
			HOURS WORKED EACH DAY																									
Scott Carlson 8526	0	Operator								8.00	8.00	4.00	8.00	8.00		36.00	71.77	0.00	2583.72	140.04	230.04	85.99	0.00	263.00	719.07	1217.15		

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employe during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

Date 10/16/21

I, Joseph L Russo II President (Title)

(Name of Signatory Party) (Title)
do hereby state:

(1) That I pay or supervise the payment of the persons employed by Russo Development, Inc. on the _____

ECWA Sturgeon Pt Sludge 2021 (Contractor or Subcontractor) that during the payroll period commencing on the _____

(Building or Work)

12 day of September, 2021, and ending the 18 day of September, 2021,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Russo Development, Inc. (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R., Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4 (c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:
Company paid health insurance or health insurance reimbursements are deducted as fringe benefits.

NAME AND TITLE	SIGNATURE
Joseph L Russo II President	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

Date 10/16/21

I, Joseph L Russo II President (Title)

(Name of Signatory Party) do hereby state:

(1) That I pay or supervise the payment of the persons employed by Russo Development, Inc. on the

ECWA Sturgeon Pt Sludge 2021 (Contractor or Subcontractor) that during the payroll period commencing on the

(Building or Work)

19 day of September, 2021, and ending the 25 day of September, 2021,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Russo Development, Inc. (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R., Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4 (c) below.


(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS: Company paid health insurance or health insurance reimbursements are deducted as fringe benefits.

NAME AND TITLE	SIGNATURE
Joseph L Russo II President	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.



RUSSDEV-02

RJUDASZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2021

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).

PRODUCER License # 1009544 Lawley Construction Solutions 361 Delaware Avenue Buffalo, NY 14202	CONTACT NAME: Rachel Judasz PHONE (A/C, No, Ext): (716) 849-8628 8628 FAX (A/C, No): (716) 849-8291 E-MAIL ADDRESS: rjudasz@lawleyinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Wesco Insurance Company	NAIC # 25011
INSURER B: Technology Insurance Company	42376
INSURER C: Markel American Insurance Co	28932
INSURER D: Everest Indemnity Insurance Company	10851
INSURER E:	
INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Included GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X X	WPP188164901	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X X	WPP182548101	10/1/2021	10/1/2022	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X X	WUM184989301	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A X	TAC4030593	10/1/2021	10/1/2022	<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
C	Excess Liability Sec		WKLM1EUE100560	10/1/2021	10/1/2022	Limit 5,000,000
D	Pollution Liability		EF4PO01825191	10/1/2021	10/1/2022	Occ/Agg 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 111, Additional Remarks Schedule, may be attached if more space is required)
Project: #202100038 Sturgeon Point Water Treatment Plant Sludge Removal, Disposal and Relocation
When required by executed written contract the following endorsements apply - Refer to Acord 101 on Reverse

MPO #7286-21

CERTIFICATE HOLDER Erie County Water Authority 295 Main Street, Room 350 Buffalo, NY 14203	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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Lawley Construction Solutions		License # 1009544	NAMED INSURED Russo Development, Inc Triple R Properties, LLC 3710 Milestrip Road Blasdell, NY 14219
POLICY NUMBER SEE PAGE 1		NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1
CARRIER SEE PAGE 1			

ADDITIONAL REMARKS

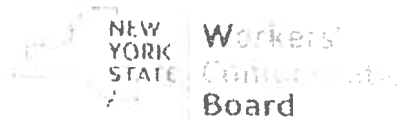
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: **ACORD 25** FORM TITLE: **Certificate of Liability Insurance**

Endorsements:
General Liability:
CG 25 03 05 09 Designated Construction Project(s) General Aggregate Limit
CG 20 38 04 13 Additional Insured - Owners, Lessees Or Contractors - Automatic Status for Other Parties when required in written Construction Agreement
CG 20 37 04 13 Additional Insured - Owners, Lessees or Contractors - Completed Operations
CG 20 34 04 13 Additional Insured - Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement
CG 20 32 04 13 Additional Insured - Engineers Architects or Surveyors Not Engaged By The Named Insured
CG 20 01 04 13 Primary and Noncontributory - Other Insurance Condition
GL990078 09 12 Broadened Coverage for Contractors

Auto:
CA990187NY 10 13 Business Auto Coverage Expansion Endorsement

Umbrella:
CU 2240 12 04 - Other Valid and Collectible Insurance (Additional Insured)
CU2240 12 04 Aggregate Limits of Insurance (Per Project)
CU2403 09 00 - Waiver of Our Right to Recover Payment

Workers Compensation:
WC 00 03 13 04 84 Waiver of Our Right to Recover from Others



**CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**



<p>1a. Legal Name and address of Insured (Use street address only)</p> <p>Russo Development, Inc. 3710 Milestrip Rd Blasdell, NY 14219-1527</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State or a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>(716) 844-8745</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>45099303</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>16-1558916</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>Eric County Water Authority Attn: Anthony Alessi 295 Main Street, Suite 350 Buffalo, NY 14203</p>	<p>3a. Name of Insurance Carrier</p> <p>Technology Insurance Company</p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>TWC4030593</p> <p>3c. Policy effective period:</p> <p>10/1/2021 to 10/1/2022</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partner/officers excluded</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above 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 canceled 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 the 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 Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation 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 Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved By: William Lawley Jr.
(Print name of authorized representative or licensed agent of insurance carrier)

Approved By: 9/30/21
(Signature) (Date)

Title: Managing Partner
Telephone Number of authorized representative or licensed agent of insurance carrier: Carrier Phone

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.



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

1a. Legal Name & Address of Insured (use street address only)
Russo Development Inc.
3710 Milestrip Road
Blasdell, NY 14219
1b. Business Telephone Number of Insured
(716) 844-8745
1c. Federal Employer Identification Number of Insured or Social Security Number
161558916
2. Name and Address of Entity Requesting Proof of Coverage
Erie County Water Authority
295 Main Street, Room 350
Buffalo, NY 14203
3a. Name of Insurance Carrier
ShelterPoint Life Insurance Company
3b. Policy Number of Entity Listed in Box "1a"
D144335
3c. Policy effective period
3/1/2022 to 3/1/2023

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] 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 March 14, 2022 By [Signature]
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number (716) 849-8618 Name and Title William Lawley, Jr., Principal

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.

