



# ERIE COUNTY WATER AUTHORITY

## INTEROFFICE MEMORANDUM

January 31, 2023

To: Terrence D. McCracken, Secretary to the Authority

From: Michael J. Quinn, PE, Senior Distribution Engineer 

Subject: Transmission Main Leak Repair  
Town of West Seneca  
Right of Entry Agreement  
National Grid  
PN 202100064

---

Recently a leak was discovered on a section of Erie County Water Authority (ECWA) owned 16-inch diameter cast iron transmission main in the Town of West Seneca. The main is located on property owned by National Grid and must be repaired as soon as possible. Both the ECWA and National Grid have attempted to locate an easement allowing ECWA forces and our emergency repair contractor, Mark Cerrone, to access the area to make the repair. Having been unable to locate an easement, National Grid has requested that the attached Right of Entry Agreement be executed by all parties prior to completing the work.

The ECWA Law and Engineering Departments have reviewed the terms of this Agreement and collectively are recommending that the Board review and approve attached Agreement and authorize the Chairman to execute same. The ECWA has the required insurance coverage and there is no fee associated with this agreement.

Attached find three copies of the Agreement for execution by the Chairman. Thank you and please feel free to contact me if you have any questions.

MJQ:jmf  
Attachments  
cc: L.Kowalski  
J. Catanzaro  
ECWA-736-2101-X-14

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

**Contract:** 21-27-08

**Project No.:** 202100064

**Project Description:** On Call Repair Services

Watermains and Related Facilities 09/01/2021 through 08/30/2023

National Grid Right of Entry Agreement, Town of West Seneca

**Item Description:**


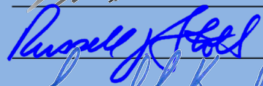



- |                                                               |                                                        |                                             |                                       |
|---------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Agreement                 | <input type="checkbox"/> Professional Service Contract | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> BCD                                  | <input type="checkbox"/> NYSDOT Agreement              | <input type="checkbox"/> Contract Documents | <input type="checkbox"/> Addendum     |
| <input type="checkbox"/> Recommendation for Award of Contract | <input type="checkbox"/> Recommendation to Reject Bids |                                             |                                       |
| <input type="checkbox"/> Request for Proposals                |                                                        |                                             |                                       |
| <input type="checkbox"/> Other _____                          |                                                        |                                             |                                       |

**Action Requested:**

- |                                                                               |                                                                      |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Board Authorization to Execute            | <input checked="" type="checkbox"/> Legal Approval                   |
| <input type="checkbox"/> Board Authorization to Award                         | <input checked="" type="checkbox"/> Execution by the Chairman        |
| <input type="checkbox"/> Board Authorization to Advertise for Bids            | <input type="checkbox"/> Execution by the Secretary to the Authority |
| <input type="checkbox"/> Board Authorization to Solicit Request for Proposals |                                                                      |
| <input type="checkbox"/> Other _____                                          |                                                                      |

**Approvals Needed:**

**APPROVED AS TO CONTENT:**

- |                                                              |                                                                                     |                  |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> Sr Distribution Engineer |  | Date: 1/31/2023  |
| <input checked="" type="checkbox"/> Chief Operating Officer  |  | Date: 1/31/2023  |
| <input checked="" type="checkbox"/> Executive Engineer       |  | Date: 02/01/2023 |
| <input type="checkbox"/> Director of Administration          | _____                                                                               | Date: _____      |
| <input checked="" type="checkbox"/> Risk Manager             |  | Date: 02/01/2023 |
| <input type="checkbox"/> Chief Financial Officer             | _____                                                                               | Date: _____      |
| <input checked="" type="checkbox"/> Legal                    |  | Date: 2/1/2023   |

**APPROVED FOR BOARD RESOLUTION:**

- |                                                                |                                                                                     |              |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------|
| <input checked="" type="checkbox"/> Secretary to the Authority |  | Date: 2/1/23 |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------|

**Remarks:** Right of Entry Agreement with National Grid, Town of West Seneca.

**Resolution Date:** \_\_\_\_\_

**Item No:** \_\_\_\_\_



October 19, 2022

**ECWA**  
**3030 Union Road**  
**Cheektowaga, NY 14227-1097**

Attn: Michael Quinn

***Re: Right of Entry for ECWA, including sub-contractors and assigns, to access Niagara Mohawk Power Corporation Rights of Way, tax parcel 143.05-3-4, adjacent to 401 Orchard Park Rd, West Seneca NY 14224 for the sole purpose maintenance on its underground waterline facility.***

Dear Michael:

Pursuant to your request to memorialize an agreement between Niagara Mohawk Power Corporation and use of certain fee-owned lands of Niagara Mohawk Power Corporation located in the Town of West Seneca, County of Erie, New York, Niagara Mohawk Power Corporation (hereinafter referred to as "NMPC"), insofar as it lawfully may and without covenant or warranty of any kind, express or implied, does hereby grant to you the right and permission to enter upon said lands for the purposes maintenance on its underground water line facility. Tax parcel **143.05-3-4**, adjacent to 401 Orchard Park Rd. Location is attached hereto and made a part hereof as **Exhibit A**.

This Agreement is given upon and subject to the following terms and conditions:

- 1) The term of this Agreement is to commence upon full execution of this agreement for **30 days**, and may be renewed by requestor if required for extension of time to complete activities described above within fee-owned lands of Niagara Mohawk Power Corporation.
- 2) **ECWA** hereby assume all risk of and shall hereby indemnify this Corporation and save it harmless from all loss, damage or injury to persons or property occasioned by negligence or otherwise, and arising out of or in any way connected with the work outlined in this agreement, and **ECWA** hereby expressly agree to indemnify, defend and save harmless this Corporation, its officers, contractors, agents and employees from and against all such loss, damage or injury, whether resulting or accruing this Corporation, its officers, contractors, agents or employees, or to any other person or persons, and from all claims arising out of such loss, damage or injury, and from all costs and expenses connected therewith, unless it is established that the same was occasioned by the sole negligence of this Corporation.

*ECWA* shall be responsible for all costs, expenses or damages arising out of, or in connection with, any injuries to persons or damages to property caused by the exercise of the rights herein granted.

In the event that any part of this Agreement is determined to be invalid, illegal, or unenforceable, such determination shall not affect the validity, legality or enforceability of any other part of this instrument and the remaining parts of this instrument shall be enforced as if such invalid, illegal or unenforceable part were not contained in the instrument.

Each individual employee, agent, contractor, or representative of *ECWA* who enters upon the subject Property in furtherance of the activities authorized by this Agreement shall be provided with a copy of this Agreement or otherwise specifically informed as to the limitations on on-site activity enumerated below.

- 3) *ECWA* hereby agrees that they and/or any of your subcontractor(s) working on NMPC's property shall have in force liability insurance with a minimum general aggregate limit of \$2,000,000 and a limit of \$1,000,000 per occurrence in a form acceptable to this Corporation and naming "**National Grid USA, its subsidiaries and affiliates**" as additional insured on said policy. (refer to exhibit C attached here to)
- 4) All activities conducted by *EWCA*, or their contractors, shall comply with all applicable Federal, state and local laws, statutes, regulations and codes. In particular, the requirements of the following statutes, regulations and safety codes and guidelines must be met:
  - National Electrical Safety Code
  - In New York, Part 57 of the New York State Industrial Code Rules (also known as the "High Voltage Proximity Act")  
<http://www.labor.state.ny.us/workerprotection/safetyhealth/sh57.htm>
  - OSHA regulations governing working clearances from energized lines. OSHA Standard 29 CFR 1926.550 Subpart N is specific to cranes, derricks, hoists, elevators and conveyors. However, all personnel, vehicles, equipment and loads shall maintain the minimum clearances from energized wires that are specified in this Standard unless a more restrictive standard applies.
- 5) There will be **no storage** of any kind on NMPC property.

- 6) There will be no dumpsters of any sort on NMPC property.
- 7) Agrees to comply to “Standard Environmental Conditions”. **Exhibit B.**
- 8) All areas where the soil has been disturbed will be seeded and mulched.
- 9) Agrees to comply to “Conditions for Activity within Electric Transmission Line Rights of Way”. **Exhibit D.**
- 10) An electrically qualified spotter must be on site while the work is being completed. The resume for this spotter is showing in **Exhibit E.**

Kindly indicate your acceptance of the terms and conditions of the foregoing by signing the original and duplicate original of this Agreement and returning both originals to Jean MacFarlane, Real Estate Dept., Niagara Mohawk Power Corporation, 144 Kensington Ave, Buffalo, NY 14214, together with evidence of the required insurance specified in paragraph 3 of this Agreement.

Very truly yours,

**NIAGARA MOHAWK POWER CORPORATION**

---

James Zuccolotto  
Authorized Representative

ACCEPTED this \_\_\_\_ day of January, 2023.

ECWA

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

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

ACCEPTED this \_\_\_\_\_ day of February 2023.

Contractor of ECWA

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

Title: CHIEF ESTIMATOR / Sr PM

Print Name: JEFFERY SALVATORE

ACCEPTED this 1 day of February 2023.

**EXHIBIT A**  
**LOCATION**



## **EXHIBIT B**

### **Standard Environmental Conditions**

- General/Permits: Requestor is required to obtain and comply with any, and all, environmental permits required for work on National Grid's easement or fee owned premises and comply with all applicable environmental laws and regulations, deed restrictions, local ordinances, notification requirements, and environmental guidance documents etc.
- Oil/Chemicals/Refueling/Spills: Requester shall not store, mix, perform maintenance (e.g., drain equipment of fluids) or load any petroleum products, pesticides, hazardous materials or chemicals labeled toxic on National Grid's easement or fee owned premises. No refueling of vehicles or equipment will be allowed on National Grid's easement or fee owned premises. The Requester shall conduct all activities in a manner that will prevent a release of said materials to the environment. In the event of a release of oil/hazardous materials to the environment, the Requester shall be responsible for making all required notifications to regulatory agencies in the required time frame and to ensure that the release is properly responded to, including the cleanup and disposal of waste materials, in accordance with all regulatory requirements. The Requester shall notify National Grid's Division Environmental Engineer of all spills regardless of quantity released.
- Erosion and Sediment Control: When work is complete the Requestor will stabilize and properly restore all disturbed areas on National Grid's easement or fee owned premises.
- Materials Handling: Backfill on National Grid's property shall include only clean materials from a NYSDOT approved commercial source and shall have no visual or olfactory evidence of contamination.
- Excavation-Derived Spoil: No excavation spoils, excess soil, construction debris or materials of any kind shall be removed from NG's property without notification and approval from National Grid's Division Environmental Engineer. If off-site removal is required, all excavation spoils, excess soil, construction debris and materials of any kind must be managed in accordance with NYSDEC's solid waste regulations (6 NYCRR 360, 361, and 364).

**Exhibit C**  
**Insurance**



ERIECOU-03

TLANZA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2023

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).

<b>PRODUCER</b> License # 1009544 <b>Lawley, LLC</b> 361 Delaware Avenue Buffalo, NY 14202	<b>CONTACT NAME:</b> Tania Lanza <b>PHONE (A/C, No, Ext):</b> (716) 849-1546 1546 <b>FAX (A/C, No):</b> (716) 849-8291 <b>E-MAIL ADDRESS:</b> tlanza@lawleyinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  <b>Erie County Water Authority</b> 295 Main St Suite #350 Buffalo, NY 14203-2494	<b>NAIC #</b> <b>18058</b>

## 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 INSD	SUBR 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	PHPK2434044	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	PHPK2434044	7/1/2022	7/1/2023	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 <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB821880	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)  
Re: tax parcel 143.05-3-4, adjacent to 401 Orchard Park Rd, West Seneca, NY 14224

Additional Insured and Waiver of Subrogation coverage shown will apply if marked with an X.  
Terms set forth as evidenced by the attached endorsement (s) identified on the Acord 101

When required by executed written contract, the

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

<b>National Grid</b> 300 Erie Blvd West Syracuse, NY 13202	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY <b>Lawley, LLC</b>	License # 1009544	NAMED INSURED <b>Erie County Water Authority 295 Main St Suite #350 Buffalo, NY 14203-2494</b>
POLICY NUMBER <b>SEE PAGE 1</b>		
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>

## ADDITIONAL REMARKS

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

Description of Operations/Locations/Vehicles:  
following endorsements apply:

## General Liability:

CG20 26 04 13 - Additional Insured - Designated Person or Organization  
PI-GL-005 (07/12) - Additional Insured Primary and Non-Contributory Insurance  
CG 24 04 05 09 - Waiver of Transfer of Rights of Recovery Against Others to Us

## Automobile Liability:

CA0444 03 10 - Waiver of Transfer of Rights of Recovery Against Others To Us  
PI-CA-003 (04/13) - Blanket Additional Insured

## Umbrella Liability:

PI-WDI-101 (10/17) Commercial Excess Liability Coverage Form Water Districts Insurance Program



MARKCER-03

JMUSCATO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2023

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).

<b>PRODUCER</b> License # 1009544 Lawley Construction Solutions 361 Delaware Avenue Buffalo, NY 14202	<b>CONTACT NAME:</b> Debra Stetler		
	<b>PHONE</b> (A/C, No, Ext): (716) 849-8654	<b>FAX</b> (A/C, No): (716) 849-8291	
	<b>E-MAIL ADDRESS:</b> dstetler@lawleyinsurance.com		
<b>INSURED</b>  Mark Cerrone, Inc. PO Box 3009 Niagara Falls, NY 14304	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Zurich American Insurance Co</b>		<b>16535</b>
	<b>INSURER B : American Zurich Insurance Co</b>		<b>40142</b>
	<b>INSURER C : Merchants Mutual Insurance Company</b>		<b>23329</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## 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 INSD	SUBR 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GLO450358310	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BAP450358410	5/1/2022	5/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
								\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CUP0001363	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
								\$
								\$
								\$
								\$
								\$
B	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N / A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WC450358210	5/1/2022	5/1/2023	<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
								\$
								\$
								\$
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured and Waiver of Subrogation coverage shown above and marked with an X. Terms set forth as evidenced by the attached endorsement(s) identified on the ACORD 101

National Grid USA, its subsidiaries and affiliates

## CERTIFICATE HOLDER

## CANCELLATION

National Grid  
ECWA  
3030 Union Road  
Cheektowaga, NY 14227

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 <b>Lawley Construction Solutions</b>		License # 1009544	NAMED INSURED <b>Mark Cerrone, Inc.</b> <b>PO Box 3009</b> <b>Niagara Falls, NY 14304</b>
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

When required by executed written contract the following endorsements apply:

## General Liability:

U GL 2162 A CW 02 19 Additional Insured - Automatic - Owners, Lessees Or Contractors  
U GL 925 B CW 12 01 Waiver of Subrogation (Blanket) Endorsement  
CG 25 03 05 09 Designated Construction Project(s) General Aggregate Limit

## Auto:

U-CA-424-G NY 09 17 Coverage Extension Endorsement - New York

## Umbrella:

MU 86 22 05 09 Primary and Non-Contributing Insurance  
MN-05 Per Project Aggregate  
MU 82 70 08 06 General Liability Follow Form Endorsement  
CU 24 03 09 00 Waiver of Transfer of Rights of Recovery Against Others to Us

## Excess:

EXL 0203 0813 Excess Liability Coverage Follow Form (Short Form)  
EXL 1351 0817 Primary Non-Contributory Endorsement  
EXL 6092 0813 Waiver of Subrogation

## Worker's Compensation:

WC 00 03 13 (4/84) Waiver of Our Right To Recover From Others Endorsement

**Exhibit E**  
**Resume**

**Robert West**  
2344 Route 39  
Forestville, NY 14062

---

**EXPERIENCE:** Ferguson Electric: Buffalo, New York  
**Journeyman/Lineman, IBEW Local Union #1249 Lineman**

**TRAINING:**

2<sup>nd</sup> Person NEAT  
3<sup>rd</sup> Person NEAT  
4<sup>th</sup> Person NEAT  
6<sup>th</sup> Person NEAT  
7<sup>th</sup> Person NEAT  
Bucket Truck/Pole Top Rescue  
Bucket Truck Rescue  
Cable Splicing  
Cardiopulmonary Resuscitation (CPR)  
CDL – 6 Hour Classroom Training  
Climbing  
Code of Excellence  
Construction Organizing Membership Education Training  
Confined Space  
Department of Labor (Apprenticeship)  
DOT/Drug & Alcohol  
DOT/Flagger  
First Aid  
Hot Stick Training  
Insulate and Isolate with Proper PPE  
Journeyman/Lineman  
OSHA 500 T&D  
Rigging – Mechanical Advantage  
Safety Review  
Theory  
Transformer  
Wood Pole Climbing Test (2)  
Wood Pole Climbing Test (3)