

DUTCHESS COUNTY
DEPARTMENT OF PUBLIC WORKS
 626 Dutchess Turnpike, Poughkeepsie, NY 12603

CHANGE ORDER

Date: August 4, 2025

1. Contract Number: 23-0520-9/24-PW Change Order Number: 23-0520-9/24-PW-A3
 2. County Attorney Number: 18396 Contractor:
 Town of Clinton
 1215 Centre Road
 Rhinebeck, NY 12572

3. Project:

Intermunicipal Agreement for Snow Removal and Ice Control Services

4. Reason for Change:

To extend as per Section "II" entitled "**EXTENSION**" which allows for additional one (1) year term at the rate of \$5,900.00 per mile for the total miles shown in the attached Exhibit C3.

5. Term Change as Follows:

a. Original Term: From: October 1, 2023 to September 30, 2024
 b. Change Order 1 Term Extension: From: October 1, 2024 to September 30, 2025
 c. Change Order 2 Term Extension: From: October 1, 2025 to September 30, 2026

6. a. Original Amount of Contract \$ 92,008.00
 b. Total Amount of Any Previously Authorized Changes: \$ 96,937.00
 c. Total Amount of Contract Authorized to Date: \$ 188,945.00
 d. Amount of this Change Order: \$ 96,937.00
 e. Total Contract Amount: \$ 285,882.00

APPROVED/ACCEPTED (Please Sign Below)

7. For Contractor - By: Michael White Date 8-13-2025

8. For County Project Manager - By: _____ Date _____

9. For Dept. of Public Works - By: _____ Date _____

10. For County Attorney - By: _____ Date _____

11. For County of Dutchess - By: _____ Date _____

PUBLIC WORKS & CAPITAL PROJECTS

RESOLUTION NO. 2017200

RE: AUTHORIZATION TO ENTER INTO INTERMUNICIPAL
AGREEMENTS FOR SNOW AND ICE CONTROL SERVICES
BY THE LOCAL MUNICIPALITIES

Legislators PULVER and BORCHERT offer the following and move its adoption:

WHEREAS, Article 6, Section 135-a of the New York State Highway law provides authorization for the County to empower the Commissioner of Public Works to enter into agreements with various municipalities for the purpose of removing snow from County roads or for sanding or otherwise treating them for the purpose of removing the danger of snow and ice, and

WHEREAS, the Commissioner of Public Works, in his capacity as the County Superintendent of Highways, has determined that it is in the best interest of the County, and the safety and transportation needs of residents and users of the highways in outlying areas of the County, to enter into agreements with various municipalities for the assistance of snow and ice removal from County roads, and

WHEREAS, a copy of the proposed Intermunicipal Agreement for Snow Removal and Ice Control Services is annexed hereto, now, therefore, be it

RESOLVED, that the County Executive is authorized to execute Intermunicipal Agreements for Snow and Ice Control Services with various municipalities in substantially the same form as annexed hereto.

CA-121-17
09/06/17
CAB/AMS/kvh/G-1462-O
Fiscal Impact: See attached statement.

APPROVED

M. Molinaro
MARCUS J. MOLINARO
COUNTY EXECUTIVE

Date 10/12/2017

STATE OF NEW YORK

COUNTY OF DUTCHESS

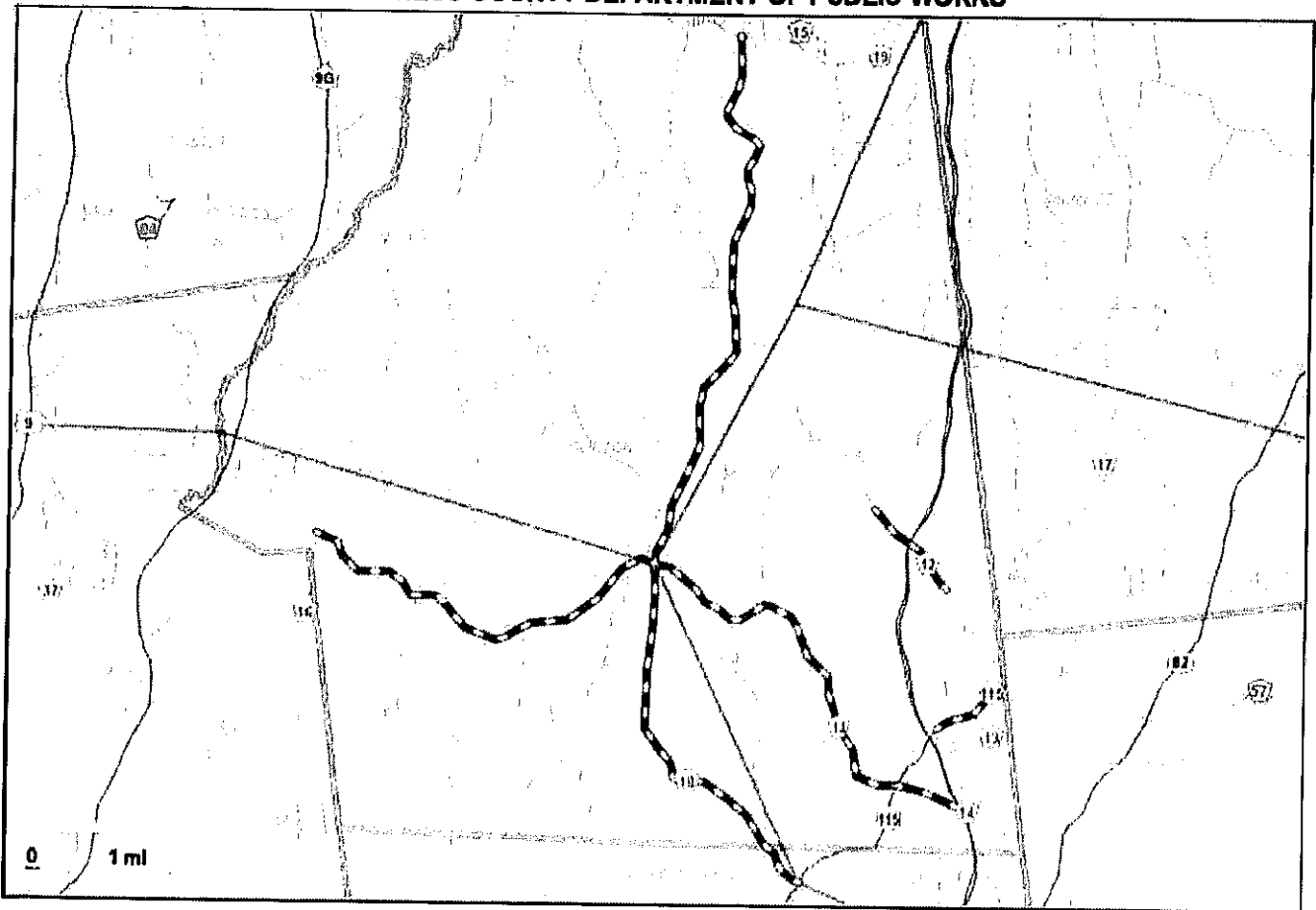
This is to certify that I, the undersigned Clerk of the Legislature of the County of Dutchess have compared the foregoing resolution with the original resolution now on file in the office of said clerk, and which was adopted by said Legislature on the 10th day of October 2017, and that the same is a true and correct transcript of said original resolution and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of said Legislature this 10th day of October 2017.

Carolyn Morris
CAROLYN MORRIS, CLERK OF THE LEGISLATURE

EXHIBIT C3

DUTCHESS COUNTY DEPARTMENT OF PUBLIC WORKS



TOWN OF CLINTON

TOWN OF CLINTON

	<i>miles</i>
18 Centre Rd	4.72
18 Clinton Hollow Rd	3.22
14 Hollow Rd	3.40
14 Hollow Rd (CR 18 East)	3.65
17 Salt Point TRNPK	0.55
12 Schultzville Rd	0.89
	16.43

Total Mileage: 16.43



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2025

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 SALERNO BROKERAGE CORPORATION 117 Oak Drive Syosset NY 11791		CONTACT NAME: Nicole Morton PHONE (A/C, No, Ext): (516) 364-4044 FAX (A/C, No): (516) 364-5901 E-MAIL ADDRESS:	
INSURED Town of Clinton 1215 Centre Road Rhinebeck NY 12572		INSURER(S) AFFORDING COVERAGE INSURER A: NYMIR INSURER B: New York Municipal Ins. Recip. INSURER C: PERMA (Public Employers Risk) INSURER D: INSURER E: INSURER F:	
		NAIC # 0038 20690 12250	

COVERAGES**CERTIFICATE NUMBER:** 25-26 Liability**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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	MPK-TCLN-0000001-25	05/15/2025	05/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MCA-TCLN-0000001-25	05/15/2025	05/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	MEC-TCLN-0000001-25	05/15/2025	05/15/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC1000135-32	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ Unlimited E.L. DISEASE - EA EMPLOYEE \$ Unlimited E.L. DISEASE - POLICY LIMIT \$ Unlimited

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

County of Dutchess is included as an additional insured for general liability, auto liability and excess/umbrella liability as respects the written contract/agreement for the removal of snow and ice. Coverage is on a primary and non-contributory basis for general liability, auto liability and umbrella/excess liability. Waiver of Subrogation is included for general liability, auto liability, umbrella/excess liability and workers compensation.

CERTIFICATE HOLDER**CANCELLATION**County of Dutchess
22 Market Street

Poughkeepsie

NY 12601

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
County of Dutchess 22 Market Street Poughkeepsie, NY 12601
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

County of Dutchess
22 Market Street
Poughkeepsie, NY 12601

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary *applicable only to the person or organization shown in the Schedule above:*

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

County of Dutchess
22 Market Street
Poughkeepsie, NY 12601

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name of Person or Organization

Country of Dutchess
22 Mark Street
Poughkeepsie, NY 12601

(If no entry appears above, information to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Each person or organization shown in the Schedule is an additional insured for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Country of Dutchess
22 Mark Street
Poughkeepsie, NY 12601

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary applicable only to the person or organization shown in the Schedule above:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Town of Clinton (Dutchess)

Endorsement Effective Date: 05/15/2025

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Country of Dutchess
22 Mark Street
Poughkeepsie, NY 12601

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

CERTIFICATE HOLDER COPY
STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION
GROUP SELF-INSURANCE**

1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only) Town of Clinton, Dutchess County 1215 Centre Road Rhinebeck, NY 12572-0208	1d. Corporate Contact Name of Business referenced in box "1a" Business Telephone Number of Business referenced in box "1a" Michael Whitton 845-266-5721 1e. NYS Unemployment Insurance Employer Registration Number of business referenced in box "1a"
1b. Effective Date of Membership in the Group 02/02/1994	
1c. The Proprietor, Partners, or Executive Officers are <input checked="checked" type="checkbox"/> included (only check box if all partners/officers included) all excluded or certain partners/officers excluded	1f. Federal Employer Identification Number of Business referenced in Box "1a". 146002131
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder) Dutchess County 22 Market Street Poughkeepsie NY 12601 RE: Proof of Workers' Compensation Coverage; Waiver of Subrogation in favor of County of Dutchess, its affiliated companies, its coventurers, and its directors with respects to Workers' Compensation.	3. Name and Address of Group Self-Insurer Public Employer Risk Management Association PO Box 12250 Albany, NY 12212-2250


This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in "box 2".

The Group Self-Insurer's Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "1a" is terminated. (these notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

If this certificate is no longer valid according to the above guidelines and the business referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof of the business is comp lying 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 of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.

Certified by: Jack Wheeler, President
(Print name of authorized representative of the Group Self-Insurer)

Certified by:  01/01/2025
Signature Date

Title: President

Telephone Number: 1-888-737-6269

WORKERS COMPENSATION LAW

Section 57 Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Please Note: This Certificate is valid only through the policy dates indicated above, OR, a maximum of one year after this form is approved by the authorized representatives of the Group Self-Insurer. At the expiration of those dates, if the business continues to be named on a permit or contract issued by the above government entity, the business must provide that government entity with a new Certificate. The business must also provide a new Certificate upon notice of cancellation or change in status of the policy.