

Permit#: _____

Road: _____

Date: _____

TOWN AND VILLAGE OF HARRISON - DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR PERMIT TO DO WORK ON AND WITHIN A TOWN ROAD AREA,
RIGHT OF WAY OR SIDEWALK

Application is hereby made for permission, under the General Ordinance as amended, to enter upon, construct, or open a roadway, right-of-way or sidewalk, constructed or improved within the Town of Harrison as follows:

1. Applicant: _____

2. Address: _____

3. Phone Number: _____

4. Location of Work: _____

5. Maximum Size of Opening: _____ Depth: _____

6. Date Work to be Started: _____ Date Work to be Completed: _____

7. Is pavement to be disturbed? _____ If so, what type: _____

8. Purpose of the Application: _____

9. Attach one (1) copy of a sketch showing location of work, size of openings and giving distance to nearest street intersection

10. Name of Owner for whom work is to be performed: _____

11. Address of Owner for whom work is to be performed: _____

State of New York
County of _____

ss:

_____ being duly sworn deposes and says:
an officer, namely viz:

That he is one of the partners of the Permittee herein named: that compensation has been secured pursuant to the Workmen's Compensation Law of the State of New York, and the provisions of said law will be complied with during the life of this permit, and that no subcontractor will be permitted to do any work under this permit until he has fully and completely complied with all the terms and provisions of the aforesaid law.

If the permit is granted, I hereby agree to comply with all the terms, covenants and conditions hereinafter set forth which are attached to and form part of the permit and to restore the road to its original condition, in accordance herewith.

_____ day of _____ 20____

Applicant's Signature and Title

APPROVED ~ TOWN OF HARRISON ~ DEPARTMENT OF PUBLIC WORKS ~ SUBJECT
TO THE FOLLOWING CONDITIONS

Dated: _____

Department of Public Works

HARRISON DEPARTMENT OF PUBLIC WORKS

Town and /Village of Harrison
Alfred F. Sulla, Jr. Municipal Building
1 Heineman Place
Harrison, New York 10528



ALL APPLICANTS MUST PROVIDE THE TOWN AND VILLAGE OF HARRISON WITH THE FOLLOWING INDEMINIFICATION AND HOLD HARMLESS AGREEMENT

The following Indemnification Agreement shall be, and is hereby a provision of the contract:

"The applicant agrees to protect, defend, indemnify and hold the Town of Harrison and the Village of Harrison, their officers, agents and employees free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or related to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character, and in any jurisdiction, in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, and all such claims, etc., relating to personal injury, death, damage to property, defects in material workmanship, actual or alleged infringement on any patent, trademark, copyright (or application for any thereof) or of any tangible or intangible personal property or property right or any alleged violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any court shall be included in the indemnification hereunder. The applicant further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at his sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which Indemnification would violate Section 5-322.1 of the New York General Obligations Law, or any other applicable legal prohibition, the foregoing provisions concerning Indemnification shall not be construed to Indemnify the Owner for the damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the owner or its employees."

Note: The contractor should include the premium costs of these policies in the bid price for this work.

Signature: _____ Witness Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

This Indemnification and Hold Harmless Agreement must be signed by the Applicant, dated and witnessed.

Any deviations from the Indemnification and Hold Harmless Agreement are null and void, unless approved by the Town of Harrison Law Department.

HARRISON DEPARTMENT OF PUBLIC WORKS

Town and Village of Harrison
Alfred E. Sulla, Jr. Municipal Building
1 Heineman Place
Harrison, New York 10528



INSURANCE REQUIREMENTS

The Town of Harrison and Village of Harrison require the following information on all insurance certificates issued for work on and within a Town road area, right-of-way or sidewalk:

- The Town of Harrison and Village of Harrison *must be named as additional insured.*
- The Town of Harrison and Village of Harrison *must be named as certificate holder.*
- The Town of Harrison and Village of Harrison require insurance coverage of General Liability - \$1,000,000 - \$2,000,000 per occurrence.
- Worker's Compensation and New York State Disability (DBL) as required by New York State
- Insurance Companies must be *licensed* to do business in the State of New York and *such language must be included in the certification.*
- Description of operations, date(s) and location(s) must be provided under the Description section of the certificate.
- Cancellation of Insurance: 10 day expiration notice required unless otherwise authorized by the Town Attorney's Office.
- Insurance coverage must be provided for at least one (1) year unless otherwise authorized by the Town Attorney's Office.
- Certificates must include policy numbers.
- Original Certificates of Insurance must be submitted to:

Town Attorney's Office
Town of Harrison
Village of Harrison
1 Heineman Place
Harrison, New York 10528

Insurance certificates will not be accepted by the Town of Harrison and Village of Harrison unless the above requirements have been met.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURER D:		
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
A	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						Expense Mod Factor 1 \$
	<input checked="" type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> BACEE						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

The Certificate Holder is included as an additional insured when required under written Contract or Agreement. Insurers are all licensed to do business in the State of New York.

CERTIFICATE HOLDER

CANCELLATION

Town/Village of Harrison 1 Helman Place Harrison NY 10528	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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