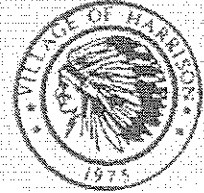


E-1



TOWN OF HARRISON  
VILLAGE OF HARRISON  
ALFRED F. SULLA, JR. MUNICIPAL BUILDING  
BUILDING DEPARTMENT  
1 HEINEMAN PLACE  
HARRISON, NY 10528  
Phone: 914-670-3050  
Fax: 914-835-7491



MEMORANDUM

To: JACKIE GREER, TOWN CLERK  
From: ROBERT FITZSIMMONS, BUILDING DEPT.  
Date: March 4, 2013  
Re: SPECIAL EVENT PERMIT BLOCK-LOT: 0631-5 - Application #: 13-21886

THE BUILDING DEPARTMENT IS IN RECEIPT OF THE ATTACHED SPECIAL EVENT PERMIT FROM THE FOLLOWING PROPERTY OWNER AND/OR ORGANIZATION:

ALS ASSOCIATION  
MANHATTANVILLE COLLEGE  
2900 PURCHASE ST  
PURCHASE, NY 10577

I AM REQUESTING TO PUT THEM ON THE NEXT AGENDA FOR APPROVAL BY THE TOWN BOARD FOR APPROVAL FOR THEIR WALK ON JUNE 23, 2013. THEY ARE REQUESTING THE FEE TO BE WAIVED.

TOWN/VILLAGE OF HARRISON  
SPECIAL EVENT PERMIT APPLICATION

Permit #	13-21856
Date:	3/4/13
Amount	
Receipt #	
FOR OFFICIAL USE ONLY	

PURSUANT TO CHAPTER 106, BUILDING PERMIT FEE, OUTDOOR ASSEMBLIES,  
OF THE CODE OF THE TOWN/VILLAGE OF HARRISON, NY

The installation of all temporary structures shall be secured and clearances for exiting shall comply with  
Section 785.3C of the Uniform Code of the State of New York

PROPERTY LOCATION Manhattanville College Dominican Field  
BLOCK 631 LOT 5  
OWNER Manhattanville College PHONE (914) 694-5000  
ADDRESS 2900 Purchase Street  
LESSEE The ALS Association Greater NY Chapter PHONE (914) 619-1100  
ADDRESS 42 Broadway  
DATE(S) OF EVENT Sunday, June 23, 2013  
DESCRIPTION OF EVENT WALK-A-THON  
Event will be confined to Campus grounds

PLEASE SUBMIT THE FOLLOWING:

- 1) A SITE PLAN SHOWING THE LOCATION OF ALL TENTS, GRANDSTANDS, BLEACHERS, CONCESSION STANDS, STAGES AND PARKING FACILITIES. (✓)
- 2) SPECIAL INDEMNIFICATION FORM (ATTACHED) (✓)
- 3) LIABILITY INSURANCE (✓)
- 4) PERMIT FEE OF \$500.00 (✓)

PLEASE NOTE: THAT AN ELECTRICIAN MUST FILE FOR AN ELECTRICAL PERMIT FOR TEMPORARY LIGHTING, GENERATORS, ETC.

The ALS Association Greater NY Chapter being duly sworn,  
(Owner/Lessee, or Agent) deposits and says that Manhattanville College is the owner in fee of the premises to which this application applies; that he/she (the applicant) is duly authorized to make this application; and that the statements contained herein are true to the best of his/her knowledge and belief.

Sworn to before me this 4  
day of March 2013

[Signature]  
(Signature of Applicant)  
[Signature]  
(Notary Public)

# OTAC6105192  
EXP 2/12/2016



TOWN OF HARRISON  
VILLAGE OF HARRISON

ALFRED F. SULLA, JR. MUNICIPAL BUILDING  
1 HEINEMAN PLACE  
HARRISON, NEW YORK 10528



Telephone: (914) 835-2000

Special Event Indemnification, Release and Discharge Agreement

The ALS Association - GNY, (hereinafter "Indemnitor") 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 relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind of character in connection with or arising, directly or indirectly, out of the Indemnitor or any participant at any event held or sponsored by the Indemnitor's use of the Town of Harrison's right-of-ways, roads, sidewalks, property, or facilities of any kind. Without limiting the generality of the foregoing, all such claims, etc., relating to personal injury, death, damage to property, defects in material, workmanship, actual or alleged infringement on any other 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 indemnity hereunder.

The Indemnitor, further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at its 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 such 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 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.

In consideration of the Town permitting the Special Event, I, for myself, my organization, my executors, administrators, and our respective successors and assignees, do hereby release and discharge the Town & Village of Harrison, and its representatives, officers, employees, agents and successors and assigns from all claims, damages, demands, action and causes of actions whatsoever, in any manner arising growing out of or concerning the special event.

By: [Signature]  
Authorized Signature  
Title: Director Special Events, upstate NY  
Organization: The ALS Association Greater NY

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER ) ss:

On the 4<sup>th</sup> day of March, in the year 2013, before me, the undersigned, personally appeared Kristen Cocim personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

# 01AC6105192 [Signature]  
Notary Public

EXP. 2/2/2016

Client#: 42045

AMYOLATE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/01/2013

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 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).

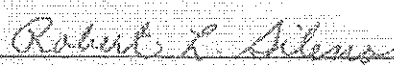
<b>PRODUCER</b> (C) Wharton/Lyon & Lyon 101 S. Livingston Avenue Livingston, NJ 07039 973 992-5775		<b>CONTACT NAME:</b> Mary O'Connor <b>PHONE (A/C, No, Ext):</b> 973 992-5775 <b>E-MAIL ADDRESS:</b> mocconnor@whartoninsurance.com <b>FAX (A/C, No):</b> 9739926660	
<b>INSURED</b> Amyotrophic Lateral Sclerosis Assoc. 1275 K Street NW, Suite 1050 Washington, DC 20005		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hanover Insurance NAIC # 22292 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	ADDITIONAL SUBS INSR (WV)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS		ZHY949966800	04/01/2012	04/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP ASG included COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe in order: DESCRIPTION OF OPERATIONS below		UHY949968400	04/01/2012	04/01/2013	EACH OCCURRENCE \$8,000,000 AGGREGATE \$8,000,000 \$ (PC STAT) (OTH) TORY LIMITS (ER) FL EACH ACCIDENT \$ FL DISEASE - EA EMPLOYER \$ GL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Re: Walk to Defeat ALS at Manhattanville College Campus on June 23, 2013 for ALS Association Greater New York Chapter  
 Township of Harrison and Village of Harrison are named as Additional Insured under General Liability per form CG2026 (07/04).

<b>CERTIFICATE HOLDER</b> Town of Harrison and Village of Harrison Town Attorney's Office 1 Heineman Place Harrison, NY 10528	<b>CANCELLATION</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.
	AUTHORIZED REPRESENTATIVE 

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only) THE ALS ASSOCIATES GREATER NY CHAPTER A CORP NFP 42 BROADWAY STE 1724 NEW YORK, NY 10004-3873</p>	<p>1b. Business Telephone Number of Insured (212) 619-1400 1c. NYS Unemployment Insurance Employer Registration Number of Insured 8697745 1d. Federal Employer Identification Number of Insured or Social Security Number 133-61-6680</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) TOWN OF HARRISON AND VILLAGE OF HARRISON 1 HEINEMAN PLACE HARRISON, NY 10528</p>	<p>3a. Name of Insurance Carrier NEW YORK STATE INSURANCE FUND 3b. Policy Number of entity listed in box "1a" DBL 2985 10 - 0 3c. Policy effective period. 07/01/2012 to 07/01/2013</p>

4. Policy covers:

a.  All of the employer's employees eligible under the New York Disability Benefits Law

b.  Only the following class or classes of the 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 Benefits insurance coverage as described above.

Date Signed 03/4/2013 By Joseph J. Masi Joseph J. Masi  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Title Director of Disability Benefits Insurance

**IMPORTANT:** If box "4a" is 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" is checked, this certificate is NOT COMPLETE for purposes of Section 229, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plus Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" 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 Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

Please Note: Only insurance carriers licensed to write NYS disability 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.





# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

155 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone (212) 587-2149

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 133616580  
THE ALS ASSOCIATION-GREATER  
NEW YORK CITY CHAPTER  
42 BROADWAY SUITE 1724  
NEW YORK NY 10004

<b>POLICYHOLDER</b> THE ALS ASSOCIATION-GREATER NEW YORK CITY CHAPTER 42 BROADWAY SUITE 1724 NEW YORK NY 10004		<b>CERTIFICATE HOLDER</b> TOWN OF HARRISON AND VILLAGE OF HARRISON 1 HEINEMAN PLACE HARRISON NY 10528	
<b>POLICY NUMBER</b> L 1196 134-9	<b>CERTIFICATE NUMBER</b> 438571	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 12/28/2012 TO 12/28/2014	<b>DATE</b> 3/4/2013

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1196 134-9 UNTIL 12/28/2014, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

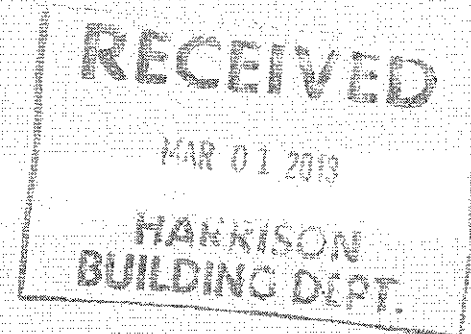
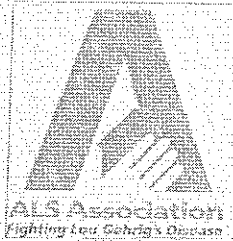
IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 12/28/2014 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 370214846



March 1, 2013

To Whom It May Concern at the Town of Harrison, NY:

Please accept this letter as a request for a Special Event Permit for a charity walk on Sunday, June 23, 2013 on the grounds of Manhattanville College. The Walk to Defeat ALS is a national program through which millions of dollars are raised every year to provide research and patient services for those afflicted with ALS (Lou Gehrig's Disease). ALS is a fatal neuromuscular disease for which there is no known cause or cure. The Greater New York Chapter of the ALS Association is the top chapter in the country, having won nine major awards at this year's national conference. This year the New York Chapter will produce seven walks.

We have arranged with Ada Gallo and the staff at Manhattanville to have the event on June 23. It's a basic charity walk. We will have about 600 people park on-site, gather in an open field, listen to some music, eat breakfast, they'll walk on a route contained within the campus borders, return to the field, have lunch, and leave. Set-up is 6:30 a.m., the walkers arrive around 9:45, the walk starts at 11:00, and the event usually ends around 1:00. We have 10' x 10' and 20' x 20' rental tents that are set-up and broken down on the day of the event. The walk is rain or shine. Lunch normally involves cooking hot dogs on charcoal rental grills. Our staff wears gloves and is well-versed in safe cooking procedures. We bring a fire extinguisher to all events.

We request the presence of a Harrison police officer on-site to help with traffic before the walk and to secure the Registration Tent during the walk, as some walkers will be bringing cash. We recognize that this often requires a fee. We will also call the First Aid squad to request an ambulance to be stationed on-site.

The ALS Association has a \$1,000,000 umbrella insurance policy and we will be providing copies to the Town and Manhattanville College to name them both as additionally insured.

Since this is a non-profit event for a particularly worthwhile cause, we request that any permit fees be waived. Please contact me with any questions or requests for additional information: 201-939-8601 or 973-489-7232. Thank you for your time and consideration of this terrific event.

Best Regards,

Dave Popkin, Event Manager

Walk to Defeat ALS

# Manhattanville College

2900 Purchase Street, Purchase NY 10577 (914)694-2200 [www.manhattanville.edu](http://www.manhattanville.edu)

