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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: 914-635-7491



MEMORANDUM

To: JACKIE GREER, TOWN CLERK
From: ROBERT FITZSIMMONS, BUILDING DEPT.
Date: March 4, 2013
Re: SPECIAL EVENT PERMIT BLOCK-LOT: 0951-7 - Application #: 13-21883

RECEIVED
2013 MAR 11 PM 2:33
TOWN CLERK
HARRISON, N.Y.

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

BRAE BURN COUNTRY
CLUB INC
39 BRAE BURN DR
PURCHASE, NY 10577

I AM REQUESTING TO PUT THEM ON THE NEXT AGENDA FOR APPROVAL BY THE TOWN BOARD FOR APPROVAL ON THEIR 25TH ANNUAL GOLF AND TENNIS CLASSIC AND ARE REQUESTING THE \$500 FEE TO BE WAIVED.

TOWN/VILLAGE OF HARRISON

SPECIAL EVENT PERMIT APPLICATION

Permit #	
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 765.3C of the Uniform Code of the State of New York.

PROPERTY LOCATION 39 Brae Burn Drive Brae Burn Country Club

BLOCK 951 LOT 7

OWNER: Brae Burn Country Club PHONE (914) 761-8300

ADDRESS: 39 Brae Burn Dr, Purchase NY 10577

LESSEE: Calvary Fund, Inc. PHONE (718) 518-2077

ADDRESS: 1740 Eastchester Road, Bronx NY 10461

DATE(S) OF EVENT: Monday, August 5, 2013

DESCRIPTION OF EVENT: 25th Annual Calvary Hospital Golf + Tennis Classic. Approximately 144 Golfers and 20 Tennis Players followed by a dinner reception. Bleachers, tents and grandstands will NOT be erected. Parking on Brae Burn Country Club grounds to be attended to by Brae Burn Employees.

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) (X)
- 3) LIABILITY INSURANCE (X)
- 4) PERMIT FEE OF \$500.00 - Request to be waived attached ()

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

Vincent J. Sacelli Executive Vice President Calvary Fund, Inc. being duly sworn, (Owner, Lessee, or Agent) deposes and says that: Brae Burn Country Club 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 25th day of February 20 13

Elizabeth Edds Kougasian
(Signature of Applicant)
Elizabeth Edds Kougasian
(Notary Public)

ELIZABETH EDDS KOUGASIAN
Notary Public, State of New York
No. 02K06077534
Qualified in Westchester County
Commission Expires July 22, 20 14



Where Life Continues

February 22, 2013

The Town Board
Town of Harrison
1 Heineman Place
Harrison, New York 10528

To Whom It May Concern:

On Monday, August 5, 2013, Calvary Hospital will be hosting the 25th Annual Golf & Tennis Classic to be held at the Brae Burn Country Club in Purchase NY. As in the past, I am hereby requesting the approval of a Special Events Permit.

Attached please find the Special Events Application Permit, the Special Indemnification Form, along with the Certificate of Liability Insurance as requested for your review. We are expecting approximately 150 golfers and 25 tennis players. The event does not require the use of tents or propane gasoline tanks and does not have a rain date. In addition, we will notify the local fire and police departments of our upcoming event.

This year, more than 36,000 people in New York will suffer painful deaths from advanced cancer. Calvary Hospital is here to provide relief from the physical and emotional pain during a person's last days. Here at Calvary, we have pioneered pain management and care for patients and families known as palliative care. Founded in 1899, Calvary Hospital is a voluntary, not-for-profit hospital. It is the only fully accredited acute care specialty hospital singularly devoted to providing palliative care to adult, advanced cancer patients without regard to race, religion, or economic status. Calvary's continuum of care includes inpatient care, outpatient care, and extensive support programs for patients, families, and friends. Calvary Hospital is a model in the healthcare field, noted for its holistic practices – treating the body, mind, and spirit – and the non-abandonment of both the patient and family who suffer the devastation of terminal illness.

In 2012, Calvary cared for 5,640 patients and families: 3,047 inpatients at our 200-bed Bronx campus and our 25-bed satellite, at Lutheran Medical Center in Brooklyn; 2,154 patients through our hospice and home care, and 441 patients through the Center for Curative and Palliative Wound Care and outpatient department. In addition, we touched the lives of several hundred additional people through our bereavement support programs for adults, adolescents, and young children.

1740 Eastchester Road, Bronx, NY 10461 Tel: 718-518-2677 Fax: 718-518-2477
www.calvaryhospital.org

PLEASE REMEMBER CALVARY IN YOUR WILL.



Where Life Continues

Based on the above and the completed attachments, Calvary Hospital respectfully requests the approval of a Special Events Permit and that the \$500 fee for the permit be waived. Please do not hesitate to contact me at 718-518-2077, if you require additional information or have any questions.

Thank you for all of your assistance and I look forward to hearing from you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Vincent J. Spinnelli", written in dark ink.

Vincent J. Spinnelli
Executive Vice President

VJS:ju
att.



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

Culinary Food, Inc. (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: Vincent J. Spill
Authorized Signature
Title: Executive Vice President
Organization: Culinary Food, Inc.

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss:

On the 25th day of February in the year 2013 before me, the undersigned, personally appeared Vincent J. Spill, 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.

Elizabeth Edds Kougasian
Notary Public

ELIZABETH EDDS KOUGASIAN
Notary Public, State of New York
No. 02K06377894
Qualified in Westchester County
Commission Expires July 22, 2014

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2013

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).

PRODUCER Rosol Agency 625 Fifth Avenue Pelham, NY 10803	CONTACT NAME: Patricia Zukowski	
	PHONE (A/C No. Ext.): 914.428.6600 FAX (A/C No.): 914.428.0118 EMAIL ADDRESS:	
INSURED Calvary Hospital, Inc 1740 Eastchester Road Bronx, NY 10461-2392	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: CITIZENS CO OF AMERICA	31534
	INSURER B: ALLMERICA FINANCIAL BENEFIT	41840
	INSURER C: National Union Fire Ins. Co.	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER: 12-13 GL AUTO & XLS** **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.

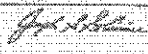
INSR LTR	TYPE OF INSURANCE	ADD/INSR/ WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		LBY927025301	09/01/2012	09/01/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					LAWAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY		AWY9268612	09/01/2012	09/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	BE0526783410	09/01/2012	09/01/2013	EACH OCCURRENCE \$ 15,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 15,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS	10,000				\$
						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STAT/ TORY LIMITS / EMP ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The Town of Harrison & Village of Harrison are included as Additional Insured(s) with respect to Calvary Hospital's Annual Golf & Tennis Outing on or about August 5th, 2013, as their interest may appear.

CERTIFICATE HOLDER

CANCELLATION

TOWN OF HARRISON & VILLAGE OF HARRISON LAW DEPARTMENT ONE HEINEMAN 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  Joseph Solimine, Sr./ZUKO

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New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (212) 587-5506

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 131740274
CALVARY HOLDING CO INC
ATTN: MICHAEL TRONCONE
1740 EASTCHESTER ROAD
BRONX NY 10461

POLICYHOLDER CALVARY HOSPITAL INC ATTN: MICHAEL TRONCONE 1740 EASTCHESTER ROAD BRONX NY 10461	CERTIFICATE HOLDER TOWN OF HARRISON & VILLAGE OF HARRISON, ATTN: LAW DEPT. 1 HEINEMAN PLACE HARRISON NY 10528
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POLICY NUMBER X 741 775-1	CERTIFICATE NUMBER 34089	PERIOD COVERED BY THIS CERTIFICATE 04/01/2010 TO 04/01/2014	DATE 2/20/2013
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 741 775-1 UNTIL 04/01/2014, 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 04/01/2014, IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 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. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

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: 455421727