

Town of Rhinebeck
Regular Board Meeting
Agenda
November 9, 2015 6:45 pm

Draft 11/6/2015 2:06:36 PM

A. Call to Order

B. Pledge of Allegiance

C. Approval of Prior Minutes

1. October 26, 2015 Regular Town Board Meeting
2. October 27, 2015 Special Town Board Meeting

D. Announcements

E. Public Hearings

1. Continuation of 2016 Budget Public Hearing

F. Presentations

1. Bridget Barclay of Dutchess County Water and Wastewater on the Vanderburgh Cove Sewer District

G. Committee & Liaison Reports

H. Resolutions

1. Resolution 2015240 Preliminary Abstract 11, V1166-V1217, 40 Checks for \$190,966.00
2. Resolution 2015241 Capital Project Abstract, 4 Checks for \$84,128.32
3. Resolution 2015242 Budget Transfers and Amendments
4. Resolution 2015243 Dutchess County Real Property Tax Office Re-Levy on Certain Vanderburgh Cove Sewer District Accounts on 2016 County/Town Tax Bills
5. Resolution 2015244 Town Hall Use Application (Sinterklaas)
6. Resolution 2015245 Change of Contractor for Project to Narrow the Previously Existing Road From the Starr Library to the New Access Road for the Thompson Mazzarella Park

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7. Resolution 2015246 Recreation Tumbling Program and Hire of Assistant Basketball Coach
8. Resolution 2015247 CDPHP Medicare Advantage Insurance Policy Renewal
9. Resolution 2015248 MVP Health Care Application
10. Resolution 2015249 New York Municipal Insurance Reciprocal Town Liability Policy Renewal

I. New Business

J. Discussion Items

K. Public Comment on Non-Agenda Items

L. Executive Session

1. Proposed, pending or current litigation.
2. Proposed acquisition, sale or lease of real property.

M. Adjournment

**Town of Rhinebeck
Regular Board Meeting
Minutes**

October 26, 2015 6:45 pm

Draft of 11/6/2015 10:25 AM

Supervisor Spinzia called the meeting to order at 6:46 pm

Present: Supervisor Elizabeth Spinzia
Deputy Supervisor Joseph Gelb
Councilperson Allan Scherr
Councilperson Bruce Washburn

Absent: Councilperson Elaine Fernandez

Others Present: Kathy Kinsella, Highway Superintendent
Joel Tyner, County Legislator
6 members of the public

Recording Secretary: Jon Gautier

The Pledge of Allegiance was recited.

A. Approval of Prior Minutes

The minutes of the October 13, 2015 Regular Board Meeting were approved by unanimous voice vote.

B. Announcements

1. Supervisor Spinzia announced that November 3, 2015 is Election Day.

C. Public Hearings

At 6:47 pm Supervisor Spinzia re-opened the previously adjourned public hearing on Local Law No. ___ of the Year 2015 To Override the Tax Levy Limit for Fiscal Year 2016 Pursuant to General Municipal Law §3-c. No one wishing to be heard, the public hearing was closed by unanimous voice vote at 6:48 pm.

D. Resolutions

1. Resolution 2015229 Preliminary Abstract 10B, V1107-V1165, 42 Checks for \$28,564.41

Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia

Aye

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Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015229 Preliminary Abstract 10B, V1107-V1165, 42 Checks for \$28,564.41 adopted 4-0.

2. Resolution 2015230 Preliminary Capital Project Abstract, 4 Checks for \$12,256.47

Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015230 Preliminary Capital Project Abstract, 4 Checks for \$12,256.47 adopted 4-0.

3. Resolution 2015231 Budget Transfers and Amendments

Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015231 Budget Transfers and Amendments adopted 4-0.

4. Resolution 2015232 Adopting Local Law No. ___ of the Year 2015 Override of the Tax Levy Limit for Fiscal Year 2016 Pursuant to General Municipal Law §3-c

Motioned by Supervisor Spinzia
Seconded by Councilperson Scherr

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Roll Call Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	No
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	No

Resolution 2015232 Adopting Local Law No. ___ of the Year 2015 Override of the Tax Levy Limit for Fiscal Year 2016 Pursuant to General Municipal Law §3-c FAILS 2-2.

5. Resolution 2015233 Rhinebeck Farmers' Market, Ltd. Contract 2015-2016

Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015233 Rhinebeck Farmers' Market, Ltd. Contract 2015-2016 adopted 4-0.

6. Resolution 2015234 Appointing Clerk for the Conservation Advisory Board

Motioned by Councilperson Washburn
Seconded by Supervisor Spinzia

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015234 Appointing Clerk for the Conservation Advisory Board adopted 4-0.

7. Resolution 2015235 Intermunicipal Agreement with Dutchess County for Snow Removal and Ice Control Services

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Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015235 Intermunicipal Agreement with Dutchess County for Snow Removal and Ice Control Services adopted 4-0.

8. Resolution 2015236 Purchase of Copy Machine for Town Hall Basement

Motioned by Supervisor Spinzia
Seconded by Councilperson Scherr

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015236 Purchase of Copy Machine for Town Hall Basement adopted 4-0.

9. Resolution 2015237 Change Orders on Town Hall Boiler Replacement Project

Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015237 Change Orders on Town Hall Boiler Replacement Project adopted 4-0.

E. Discussion Items

Town of Rhinebeck
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The Town Board discussed the following:

1. Consolidated Services Project Schedule (Tab 10)
2. Justice Court JCAP Grant Application for addition of emergency exit door and file storage room at the back of chambers

F. Public Comment on Non-Agenda Items

1. County Legislator Joel Tyner commented on a number of issues.

G. Executive Session

At 7:06 pm by unanimous voice vote the Board retired to executive session to discuss proposed, pending or current litigation.

H. Adjournment

The Board returned to regular session and adjourned by unanimous voice vote at 7:15 pm.

Respectfully submitted,

Jon Gautier
Town Clerk

**Town of Rhinebeck
Special Board Meeting
Minutes**

October 27, 2015 11:00 am

Draft of 11/6/2015 10:26 AM

Supervisor Spinzia called the meeting to order at 11:20 am

Present: Supervisor Elizabeth Spinzia
Deputy Supervisor Joseph Gelb
Councilperson Allan Scherr
Councilperson Bruce Washburn

Absent: Councilperson Elaine Fernandez

Recording Secretary: Supervisor Spinzia

A. Call to Order

B. Discussion Items

1. 2016 Tentative Budget

C. New Business

1. Resolution 2015238 JCAP Grant Application for a Building Addition to Town Hall to Add a File Storage Room and Emergency Exit Behind the Justice Court Chambers

Motioned by Supervisor Spinzia
Seconded by Councilperson Washburn

Voice Vote:

Supervisor Spinzia	Aye
Deputy Supervisor Gelb	Aye
Councilperson Fernandez	Absent
Councilperson Scherr	Aye
Councilperson Washburn	Aye

Resolution 2015238 JCAP Grant Application for a Building Addition to Town Hall to Add a File Storage Room and Emergency Exit Behind the Justice Court Chambers adopted 4-0.

**Town of Rhinebeck
Special Board Meeting
Minutes
October 27, 2015 11:00 am**

D. Adjournment

The Town Board adjourned by unanimous voice vote at 12:10 pm.

Respectfully submitted,

Jon Gautier
Town Clerk

TOWN OF RHINEBECK

RESOLUTION NO. 2015240

PRELIMINARY ABSTRACT 11, V1166-V1217, 40 CHECKS FOR \$190,966.00

WHEREAS, the Town Bookkeeper has submitted the attached Preliminary Abstract 11, V1166-V1217, 40 Checks for \$190,966.00, to the Town Board for approval; and

WHEREAS, the Town Board has reviewed the attached abstract of vouchers and finds the vouchers appropriate for payment; now, therefore; be it

RESOLVED, that the vouchers listed in the attached Preliminary Abstract 11, V1166-V1217, 40 Checks for \$190,966.00, are approved for payment.

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
=====	==	=====	==	==	=====	=====	=====	=====

Bank: TRUST AGENCY FD TRUST AGENCY FD

-----Checks-----

Vendor: TIME WARNER CAB
 Invoice ID: 25855557
 2015 2015 1 Yes
 2015 2015 2 Yes

TIME WARNER CABLE
 Invoice Date: 10/30/2015 Due Date: 11/09/2015
 000 -01 -1620-429
 000 -01 -1620-430

REMIT ADDRESS
 V1214 10/30-11/29/15 INTERNET \$ 189.00
 V1214 10/30-11/29/15 TELEPHON \$ 526.51

INVOICE TOTAL (INVOICE ID: 25855557) = \$ 715.51
 CHECK TOTAL (CHECK #: 14279) = \$ 715.51

Vendor: AUGUSTINE LANDSCAPING & NURSER
 Invoice ID: 9/12/15
 2015 2015 1 No

AUGUSTINE LANDSCAPING & NURSERY
 Invoice Date: 09/12/2015 Due Date: 11/09/2015
 000 -07 -8810-410

REMIT ADDRESS
 V1211 CEDAR POSTS W/ WORE AND \$ 150.00

CHECK TOTAL (CHECK #: 14280) = \$ 150.00

Vendor: BBW REALTY LLC
 Invoice ID: PLAN PROJ COMP
 2015 2015 1 No

BBW REALTY LLC
 Invoice Date: 11/04/2015 Due Date: 11/09/2015
 010 -07 -0085-400

REMIT ADDRESS
 V1217 PROJECT COMPLETE. REFUN \$ 196.00

CHECK TOTAL (CHECK #: 14281) = \$ 196.00

Vendor: BOTTINI FUEL
 Invoice ID: 136664
 2015 2015 1 No

BOTTINI FUEL
 Invoice Date: 09/16/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-450

REMIT ADDRESS
 003 -200 V1166 9/16:424.5 GAL GAS@1.60 \$ 682.21

Invoice ID: 446586
 2015 2015 1 No

BOTTINI FUEL
 Invoice Date: 09/09/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-450

REMIT ADDRESS
 003 -200 V1166 9/9: 418.8 GAL UNL GAS \$ 706.89

Invoice ID: 549036
 2015 2015 1 No

BOTTINI FUEL
 Invoice Date: 09/30/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-450

REMIT ADDRESS
 003 -200 V1166 9/30: 300.2 GAL GAS @1. \$ 475.61

Invoice ID: 740041
 2015 2015 1 No

BOTTINI FUEL
 Invoice Date: 09/02/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-450

REMIT ADDRESS
 003 -200 V1166 9/2: 400.1 GAL UNL GAS \$ 690.29

Invoice ID: 845900
 2015 2015 1 No

BOTTINI FUEL
 Invoice Date: 09/23/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-450

REMIT ADDRESS
 003 -200 V1166 9/23:350.0 GAL GAS @1.6 \$ 573.09

CHECK TOTAL (CHECK #: 14282) = \$ 3,128.09

Vendor: CALLANAN INDUST
 Invoice ID: 710660
 2015 2015 1 No

CALLANAN INDUSTRIES, INC.
 Invoice Date: 10/17/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-421

REMIT ADDRESS
 003 -200 V1170 10/14: 2.01 TON @ 55.60 \$ 111.76

CHECK TOTAL (CHECK #: 14283) = \$ 111.76

Vendor: CAPITAL FUND
 Invoice ID: H77-93
 2015 2015 1 No

CAPITAL FUND
 Invoice Date: 10/21/2015 Due Date: 11/09/2015
 003 -10 -9950-900

REMIT ADDRESS
 003 -200 V1203 TRANS TO CAP PRO H77-93 \$ 39,330.22

Invoice ID: H77-93 10/14/15
 2015 2015 1 No

CAPITAL FUND
 Invoice Date: 10/14/2015 Due Date: 11/09/2015
 003 -10 -9950-900

REMIT ADDRESS
 003 -200 V1202 TRANS TO CAP PRO H77-93 \$ 60,000.00

CHECK TOTAL (CHECK #: 14284) = \$ 99,330.22

Vendor: CARDMEMBER SERVICE
 Invoice ID: 1466
 2015 2015 1 No

CARDMEMBER SERVICE
 Invoice Date: 09/28/2015 Due Date: 11/09/2015
 000 -01 -1650-449

REMIT ADDRESS
 000 -200 V1207 STAMPS.COM \$ 15.99

Invoice ID: 2355
 2015 2015 1 No

CARDMEMBER SERVICE
 Invoice Date: 09/28/2015 Due Date: 11/09/2015
 2015-5110- 003 -04 -5110-413

REMIT ADDRESS
 003 -200 V1207 EZ PASS TOLLS (JAN-JULY \$ 500.00

Invoice ID: 6196
 2015 2015 1 No

CARDMEMBER SERVICE
 Invoice Date: 09/28/2015 Due Date: 11/09/2015
 000 -01 -1650-449

REMIT ADDRESS
 000 -200 V1207 POSTAGE- STAMPS.COM \$ 200.00

Invoice ID: 7800
 2015 2015 1 No

CARDMEMBER SERVICE
 Invoice Date: 10/15/2015 Due Date: 11/09/2015
 000 -01 -1680-401

REMIT ADDRESS
 000 -200 V1207 MAIL CHIMP \$ 15.00

TOWN OF RHINEBECK
 PRELIMINARY ABSTRACT 11 V1166-V1217 40 CHECKS DUE DATE 11-9-15
 Executed By: krussell

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 DATE: 11/04/2015

CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
=====	==	=====	=====	==	=====	=====	=====	=====
Invoice ID: 8824				Invoice Date: 09/23/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1650-449	000 -200	V1207 POSTAGE- STAMPS.COM	\$ 50.00
CHECK TOTAL (CHECK #: 14285) = \$								780.99
Vendor: CDPHP				CAP DIST. PHYSICIANS' HEALTH PLAN, INC.			REMIT ADDRESS	
Invoice ID: 152860020881				Invoice Date: 10/13/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -08 -9060-801	000 -200	V1168 NOV'15 COVERAGE RETIREE	\$ 268.50
2015	2015	2	No		000 -08 -9060-801	000 -200	V1168 NOV'15 COVERAGE RETIREE	\$ 268.50
2015	2015	3	No		001 -08 -9060-801	001 -200	V1168 NOV'15 COVERAGE RETIREE	\$ 268.50
2015	2015	4	No		003 -08 -9060-802	003 -200	V1168 NOV'15 COVERAGE RETIREE	\$ 537.00
2015	2015	5	No		003 -08 -9060-802	003 -200	V1168 NOV'15 COVERAGE RETIREE	\$ 537.00
2015	2015	6	No		003 -08 -9060-802	003 -200	V1168 NOV'15 COVERAGE RETIREE	\$ 268.50
2015	2015	7	No		000 -01 -1220-804	000 -200	V1169 NOV'15 COVERAGE SD	\$ 1,284.89
2015	2015	8	No		000 -01 -1410-804	000 -200	V1169 NOV'15 COVERAGE JG	\$ 1,284.89
2015	2015	9	No		000 -01 -1410-804	000 -200	V1169 NOV'15 COVERAGE JW	\$ 890.48
2015	2015	10	No		000 -04 -5010-804	000 -200	V1169 NOV'15 COVERAGE KK	\$ 890.48
2015	2015	11	No		000 -07 -8810-804	000 -200	V1169 NOV'15 COVERAGE GS	\$ 890.48
2015	2015	12	No		000 -08 -9060-804	000 -200	V1169 NOV'15 COVERAGE RF	\$ 1,284.89
2015	2015	13	No		001 -08 -9060-801	001 -200	V1169 NOV'15 COVERAGE NC	\$ 446.87
2015	2015	14	No		003 -08 -9060-802	003 -200	V1169 NOV'15 COVERAGE AC	\$ 1,284.89
2015	2015	15	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE BH	\$ 792.06
2015	2015	16	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE MK	\$ 890.48
2015	2015	17	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE RL	\$ 890.48
2015	2015	18	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE ML	\$ 446.87
2015	2015	19	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE RR	\$ 792.06
2015	2015	20	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE RS	\$ 1,267.56
2015	2015	21	No		003 -08 -9060-800	003 -200	V1169 NOV'15 COVERAGE RW	\$ 890.48
INVOICE TOTAL (INVOICE ID: 152860020881) = \$								16,375.86
CHECK TOTAL (CHECK #: 14286) = \$								16,375.86
Vendor: CENTRAL HUDSON				CENTRAL HUDSON GAS & ELECTRIC CORP			REMIT ADDRESS	
Invoice ID: 541112600030C15				Invoice Date: 10/21/2015		Due Date: 11/09/2015		
2015	2015	1	No		001 -04 -5182-400	001 -200	V1208 OCT'15 DEL 2534 KWK	\$ 724.00
Invoice ID: 541112800010C15				Invoice Date: 10/21/2015		Due Date: 11/09/2015		
2015	2015	1	No		020 -04 -5182-400	020 -200	V1208 OCT'15 DEL 2320 KWK	\$ 969.64
Invoice ID: 560918800070C15				Invoice Date: 10/20/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -7180-431	000 -200	V1172 9/21-10/19 DEL 103 KWH	\$ 94.79
Invoice ID: 566120650050C15				Invoice Date: 10/26/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -07 -8161-431	000 -200	V1208 9/28-10/26 DELIV 0 KWH	\$ 118.66
2015	2015	2	No		000 -07 -8161-431	000 -200	V1208 9/28-10/26 GEN CRD	\$ 10.66
INVOICE TOTAL (INVOICE ID: 566120650050C15) = \$								108.00
Invoice ID: 580311830050C15				Invoice Date: 10/22/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -5720-431	000 -200	V1208 8/25-10/22 DELIV 901 KW	\$ 84.71
Invoice ID: 580319200180C15				Invoice Date: 10/21/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -07 -8810-431	000 -200	V1208 8/24-10/21 DEL 631 KWK	\$ 80.33
Invoice ID: 580425900160C15				Invoice Date: 10/20/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -7140-431	000 -200	V1172 8/20-10/20 DEL 16 KWH	\$ 70.35
Invoice ID: 580425055001C15				Invoice Date: 10/20/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -7140-431	000 -200	V1172 8/20-10/20 DEL 14959 KW	\$ 2,204.26
2015	2015	2	No		000 -06 -7180-431	000 -200	V1172 8/20-10/20 DEL 0 KWH	\$ 70.09
INVOICE TOTAL (INVOICE ID: 580425055001C15) = \$								2,274.35
Invoice ID: 580430900080C15				Invoice Date: 10/20/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1620-431	000 -200	V1172 8/20-10/20 DEL 1051 KWH	\$ 87.15
CHECK TOTAL (CHECK #: 14287) = \$								4,493.32
Vendor: CHAZEN ENGINEER				CHAZEN ENGINEERING, LAND SURVEYING & INC			REMIT ADDRESS	
Invoice ID: 0092406				Invoice Date: 10/14/2015		Due Date: 11/09/2015		

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CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
=====	==	=====	===	==	=====	=====	=====	=====
2015	2015	1	No		000 -07 -8160-451	000 -200	V1173 8/29-10/2/15 3RD QTR GA \$	455.00

CHECK TOTAL (CHECK #: 14288) = \$								455.00
Vendor: COLARUSSO QUARR			COLARUSSO QUARRY CO.			REMIT ADDRESS		
Invoice ID: 69228MB			Invoice Date: 10/23/2015			Due Date: 11/09/2015		
2015	2015	1	No	2015-5142-	003 -04 -5142-415	003 -200	V1174 10/20: 104.8 TON SAND @ \$	812.21

CHECK TOTAL (CHECK #: 14289) = \$								812.21
Vendor: COLOMBEL, ERIC			ERIC COLOMBEL			REMIT ADDRESS		
Invoice ID: PLAN PROJ COMP			Invoice Date: 11/04/2015			Due Date: 11/09/2015		
2015	2015	1	No		010 -07 -0085-400	010 -230	V1216 PROJECT COMPLETE. REFUN \$	229.50

CHECK TOTAL (CHECK #: 14290) = \$								229.50
Vendor: CONSORTIUM RHIN			CONSORTIUM OF RHINEBECK HISTORY			REMIT ADDRESS		
Invoice ID: 2015 DUES			Invoice Date: 10/29/2015			Due Date: 11/09/2015		
2015	2015	1	No	2015-7510-	000 -06 -7510-400	000 -200	V1177 2015 DUES \$	100.00

CHECK TOTAL (CHECK #: 14291) = \$								100.00
Vendor: CONSTELLATION NEWENERGY, INC			CONSTELLATION NEWENERGY, INC			REMIT ADDRESS		
Invoice ID: 28446174			Invoice Date: 10/22/2015			Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -7180-431	000 -200	V1205 POOL 103 KWH 9/21-10/18 \$	8.86
Invoice ID: 28474643			Invoice Date: 10/23/2015			Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -7140-431	000 -200	V1205 PAV 16 KWH 8/24-10/19/1 \$	1.37
Invoice ID: 28474766			Invoice Date: 10/23/2015			Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1620-431	000 -200	V1205 TH 1051 KWH 8/20-10/19/ \$	90.33
Invoice ID: 28526097			Invoice Date: 10/25/2015			Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -5720-431	000 -200	V1205 DOCK 901 KWH 8/25-10/21 \$	77.46
Invoice ID: 28526115			Invoice Date: 10/25/2015			Due Date: 11/09/2015		
2015	2015	1	No		000 -07 -8810-431	000 -200	V1205 CEM 631 KWH 8/24-10/20/ \$	54.24

CHECK TOTAL (CHECK #: 14292) = \$								232.26
Vendor: CONWAY'S LAWN &			CONWAY'S LAWN & POWER EQUIP., INC.			REMIT ADDRESS		
Invoice ID: 97390			Invoice Date: 10/20/2015			Due Date: 11/09/2015		
2015	2015	1	No	2015-5130-	003 -04 -5130-427	003 -200	V1175 10/20 NOZZLE; BLOWER TU \$	28.93
Invoice ID: 97878			Invoice Date: 10/30/2015			Due Date: 11/09/2015		
2015	2015	1	No	2015-5130-	003 -04 -5130-423	003 -200	V1176 10/30 9HP WALK BLOWER \$	1,151.99

CHECK TOTAL (CHECK #: 14293) = \$								1,180.92
Vendor: COREGROUP PROPERTIES LLC			COREGROUP PROPERTIES LLC			REMIT ADDRESS		
Invoice ID: PLAN PROJ COMP			Invoice Date: 11/04/2015			Due Date: 11/09/2015		
2015	2015	1	No		010 -07 -0085-400	010 -230	V1215 PROJECT COMPLETE. REFUN \$	170.00

CHECK TOTAL (CHECK #: 14294) = \$								170.00
Vendor: CPE			CORROSION PRODUCTS & EQUIPMENT, INC.,			REMIT ADDRESS		
Invoice ID: 91505			Invoice Date: 10/22/2015			Due Date: 11/09/2015		
2015	2015	1	No		022 -07 -8130-440	022 -200	V1167 CALIBRATION, PRINTER RIB \$	1,021.50

CHECK TOTAL (CHECK #: 14295) = \$								1,021.50
Vendor: CUNNINGHAM, BAR			CUNNINGHAM, BARBARA			REMIT ADDRESS		
Invoice ID: NOV'15			Invoice Date: 11/02/2015			Due Date: 11/09/2015		
2015	2015	1	No		000 -08 -9060-801	000 -200	V1209 NOV'15 COVERAGE \$	373.90

CHECK TOTAL (CHECK #: 14296) = \$								373.90
Vendor: DAILY FREEMAN			DAILY FREEMAN			REMIT ADDRESS		

TOWN OF RHINEBECK
 PRELIMINARY ABSTRACT 11 V1166-V1217 40 CHECKS DUE DATE 11-9-15
 Executed By: krussell

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CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
=====	==	=====	====	==	=====	=====	=====	=====
Invoice ID: 761843				Invoice Date: 10/08/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1410-449	000 -200	V1178 STARR LIBRARY CONTRIB I \$	87.48
Invoice ID: 787956				Invoice Date: 10/16/2015		Due Date: 11/09/2015		
2015	2015	1	No		001 -07 -8020-449	001 -200	V1204 ANIMAL HOSPITAL SIGN \$	35.55
CHECK TOTAL (CHECK #: 14297) = \$								123.03
Vendor: DOWSER, LLC,				DOWSER, LLC,		REMIT ADDRESS		
Invoice ID: 1590628				Invoice Date: 09/11/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1620-410	000 -200	V1179 6 5GAL WATERS \$	13.74
2015	2015	2	No		000 -01 -1620-410	000 -200	V1179 BOX OF 500 CUPS \$	22.99
INVOICE TOTAL (INVOICE ID: 1590628) = \$								36.73
Invoice ID: 1593644				Invoice Date: 09/11/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1620-410	000 -200	V1179 COOLER RENTAL \$	3.98
CHECK TOTAL (CHECK #: 14298) = \$								40.71
Vendor: DUT CTY AGRICUL				DUT CTY AGRICULTURAL SOCIETY, INC.		REMIT ADDRESS		
Invoice ID: PLAN PROJ COMP				Invoice Date: 11/04/2015		Due Date: 11/09/2015		
2015	2015	1	No		010 -07 -0085-400	010 -230	V1171 PROJECT COMPLETE. REFUN \$	709.50
CHECK TOTAL (CHECK #: 14299) = \$								709.50
Vendor: F&M PRINTING				F&M PRINTING INC.		REMIT ADDRESS		
Invoice ID: 7262				Invoice Date: 09/30/2015		Due Date: 11/09/2015		
2015	2015	1	No		001 -02 -3620-410	001 -200	V1212 9 LG COPIES - 23 HILEE \$	22.50
2015	2015	2	No		001 -02 -3620-410	001 -200	V1212 1 LG COPIES - WYNDCLIFF \$	3.00
INVOICE TOTAL (INVOICE ID: 7262) = \$								25.50
Invoice ID: 7277				Invoice Date: 10/05/2015		Due Date: 11/09/2015		
2015	2015	1	No		001 -02 -3620-410	001 -200	V1180 500 BUSINESS CARDS-ED M \$	59.00
CHECK TOTAL (CHECK #: 14300) = \$								84.50
Vendor: FRED CARTIER				FRED C. CARTIER SERVICES		REMIT ADDRESS		
Invoice ID: 1256				Invoice Date: 10/20/2015		Due Date: 11/09/2015		
2015	2015	1	No		001 -07 -8020-450	001 -200	V1181 10/19/15 PLANNING BRD M \$	85.00
CHECK TOTAL (CHECK #: 14301) = \$								85.00
Vendor: FRONTIER				FRONTIER		REMIT ADDRESS		
Invoice ID: 876-3203-NOV'15				Invoice Date: 10/28/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1620-430	000 -200	V1210 10/28-11/27/15 \$	46.55
Invoice ID: 876-3961-NOV'15				Invoice Date: 10/28/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -07 -8810-430	000 -200	V1210 10/28-11/27/15 \$	45.99
2015	2015	2	No		000 -07 -8810-429	000 -200	V1210 10/28-11/27/15 \$	19.99
INVOICE TOTAL (INVOICE ID: 876-3961-NOV'15) = \$								65.98
Invoice ID: 876-6161-NOV'15				Invoice Date: 10/28/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -06 -7180-430	000 -200	V1210 10/28-11/27/15 \$	51.14
CHECK TOTAL (CHECK #: 14302) = \$								163.67
Vendor: GAUTIER, JON				JON GAUTIER		REMIT ADDRESS		
Invoice ID: MILE/PRK				Invoice Date: 10/26/2015		Due Date: 11/09/2015		
2015	2015	1	No		000 -01 -1410-447	000 -200	V1206 PARKING AND MILE TO POU \$	21.05
CHECK TOTAL (CHECK #: 14303) = \$								21.05
Vendor: HANSON, BRIAN				HANSON, BRIAN		REMIT ADDRESS		
Invoice ID: 2015 HANSON				Invoice Date: 10/29/2015		Due Date: 11/09/2015		
2015	2015	1	No	2015-9089-	003 -08 -9089-803	003 -200	V1182 10/29 WINTER CLOTHING \$	151.78

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=====	==	=====	=====	==	=====	=====	=====	=====
					MID-HUDSON NYSB		REMIT ADDRESS	
Vendor: MID-HUDSON NYSB					MID-HUDSON NYSB			
Invoice ID: NY0009751B					Invoice Date: 10/07/2015		Due Date: 11/09/2015	
2015	2015	1	No		001 -07 -8010-447	001 -200	V1183 11/18/15 CONF-R.EVANGEL \$	100.00
								CHECK TOTAL (CHECK #: 14304) = \$ 151.78
								CHECK TOTAL (CHECK #: 14305) = \$ 100.00
					NATIONAL WATER MAIN CLEANING CO.		REMIT ADDRESS	
Vendor: NATIONAL WATER MAIN CLEANING C					NATIONAL WATER MAIN CLEANING CO.			
Invoice ID: 028236					Invoice Date: 10/20/2015		Due Date: 11/09/2015	
2015	2015	1	No		022 -07 -8120-440	022 -200	V1201 MANHOLE REHAB 9/16-9/18 \$	19,023.75
								CHECK TOTAL (CHECK #: 14306) = \$ 19,023.75
					NORTHERN SAFETY CO., INC.		REMIT ADDRESS	
Vendor: NORTHERN SAFETY					NORTHERN SAFETY CO., INC.			
Invoice ID: 901642999					Invoice Date: 10/07/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-9089-	003 -08 -9089-800	003 -200	V1185 HI VIS TSHIRTS, SLEEVEL \$	164.85
Invoice ID: 901652662					Invoice Date: 10/14/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-9089-	003 -08 -9089-804	003 -200	V1184 12 HI VIS RAINWEAR \$	258.18
2015	2015	2	No	2015-9089-	003 -08 -9089-800	003 -200	V1184 30 HI VIS TSHIRTS, SLEE \$	448.50
								INVOICE TOTAL (INVOICE ID: 901652662) = \$ 706.68
								CHECK TOTAL (CHECK #: 14307) = \$ 871.53
					RED HOOK AUTOMOTIVE SUPPLY		REMIT ADDRESS	
Vendor: RED HOOK CARQUE					RED HOOK AUTOMOTIVE SUPPLY			
Invoice ID: 8861-197999					Invoice Date: 10/13/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-5130-	003 -04 -5130-427	003 -200	V1192 OIL FILTERS, SPRAK PLUG \$	62.68
Invoice ID: 8861-199445					Invoice Date: 10/19/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-5130-	003 -04 -5130-427	003 -200	V1192 BATTERY #6 \$	138.30
Invoice ID: 8861-200334					Invoice Date: 10/22/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-5130-	003 -04 -5130-427	003 -200	V1192 SPARK PLUG FOR SMALL GE \$	2.16
								CHECK TOTAL (CHECK #: 14308) = \$ 203.14
					ROYAL FLUSH		REMIT ADDRESS	
Vendor: ROYAL FLUSH					ROYAL FLUSH			
Invoice ID: 10/30/15					Invoice Date: 10/30/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-5132-	000 -04 -5132-440	000 -200	V1193 10/30 SEPTIC PUMPED \$	331.00
								CHECK TOTAL (CHECK #: 14309) = \$ 331.00
					SAXON, JAMES & ABBY		REMIT ADDRESS	
Vendor: SAXON, JAMES & ABBY					SAXON, JAMES & ABBY			
Invoice ID: OVERPAYMENT					Invoice Date: 10/22/2015		Due Date: 11/09/2015	
2015	2015	1	No		000 -2198	000 -200	V1194 OVERPAYMENT OF PURCHASE \$	50.00
								CHECK TOTAL (CHECK #: 14310) = \$ 50.00
					SKILLPATH SEMINARS		REMIT ADDRESS	
Vendor: SKILLPATH SEMINARS					SKILLPATH SEMINARS			
Invoice ID: 12/4/15 SEMINAR					Invoice Date: 10/30/2015		Due Date: 11/09/2015	
2015	2015	1	No	2015-5010-	000 -04 -5010-447	000 -200	V1195 12/5:COMMUNICATION SKIL \$	149.00
								CHECK TOTAL (CHECK #: 14311) = \$ 149.00
					SOLAR CITY		REMIT ADDRESS	
Vendor: SOLAR CITY					SOLAR CITY			
Invoice ID: REFUND					Invoice Date: 10/26/2015		Due Date: 11/09/2015	
2015	2015	1	No		001 -2550	001 -200	V1196 REFUND-BLDG PERMIT FEE \$	75.00
2015	2015	2	No		001 -2551	001 -200	V1196 REFUND-CERT OF COMPLIAN \$	50.00
								INVOICE TOTAL (INVOICE ID: REFUND) = \$ 125.00
								CHECK TOTAL (CHECK #: 14312) = \$ 125.00

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=====	==	=====	==	==	=====	=====	=====	=====
Vendor: TELEDYNE INSTRUMENTS, INC.					TELEDYNE INSTRUMENTS, INC.		REMIT ADDRESS	
Invoice ID: PO20016370					Invoice Date: 09/30/2015		Due Date: 11/09/2015	
2015	2015	1	No		022 -07 -8120-440	022 -200	V1197 AIR PUMP, REPAIR KIT, B \$	927.37
CHECK TOTAL (CHECK #: 14313) = \$								927.37
Vendor: THE UPS STORE					THE UPS STORE		REMIT ADDRESS	
Invoice ID: 10/23/2015					Invoice Date: 10/23/2015		Due Date: 11/09/2015	
2015	2015	1	No		001 -07 -8010-402	001 -200	V1198 10/23 5 COPIES OF ZONIN \$	126.05
CHECK TOTAL (CHECK #: 14314) = \$								126.05
Vendor: TOWN OF RHINEBECK MEDICAL INSURANCE					TOWN OF RHINEBECK MEDICAL INSURANCE ACCT		REMIT ADDRESS	
Invoice ID: 12/14-11/15					Invoice Date: 10/28/2015		Due Date: 11/09/2015	
2015	2015	1	No		000 -01 -1220-804	000 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	2	No		000 -01 -1410-804	000 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	3	No		000 -01 -1410-804	000 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	4	No		000 -04 -5010-804	000 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	5	No		000 -07 -8810-804	000 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	6	No		000 -08 -9060-804	000 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	7	No		001 -08 -9060-801	001 -200	V1199 12/1/14-11/30/15 DED PY \$	1,080.00
2015	2015	8	No		003 -08 -9060-802	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	9	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	10	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	11	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	12	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	13	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	14	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
2015	2015	15	No		003 -08 -9060-800	003 -200	V1199 12/1/14-11/30/15 DED PY \$	2,160.00
INVOICE TOTAL (INVOICE ID: 12/14-11/15) = \$								30,240.00
CHECK TOTAL (CHECK #: 14315) = \$								30,240.00
Vendor: VILLAGE OF RHINEBECK					VILLAGE OF RHINEBECK		REMIT ADDRESS	
Invoice ID: OCT'2015					Invoice Date: 11/03/2015		Due Date: 11/09/2015	
2015	2015	1	No		000 -01 -1110-421	000 -200	V1213 OCT'15 13 HRS CT \$	520.00
2015	2015	2	No		000 -01 -1110-421	000 -200	V1213 OCT'15 3 HRS V&T \$	120.00
2015	2015	3	No		001 -02 -3120-420	001 -200	V1213 OCT'15 85.5 HRS PATROL \$	4,275.00
2015	2015	4	No		001 -02 -3120-422	001 -200	V1213 OCT'15 573 MILES \$	320.88
INVOICE TOTAL (INVOICE ID: OCT'2015) = \$								5,235.88
CHECK TOTAL (CHECK #: 14316) = \$								5,235.88
Vendor: WELKER, SUZANNE					WELKER, SUZANNE		REMIT ADDRESS	
Invoice ID: REFUND-VARIANCE					Invoice Date: 09/28/2015		Due Date: 11/09/2015	
2015	2015	1	No		001 -2110	001 -200	V1200 REFUND AREA VARIANCE-OV \$	400.00
CHECK TOTAL (CHECK #: 14317) = \$								400.00
TOTAL CHECKS = \$								189,019.00
TOTAL BANK (TRUST AGENCY FD) = \$								189,019.00

-----Checks-----

Vendor: PLANNERS EAST					PLANNERS EAST INC.		REMIT ADDRESS	
Invoice ID: 2015-SEP-13					Invoice Date: 09/30/2015		Due Date: 11/09/2015	
2015	2015	1	No		2015-PE-SE 010 -07 -0085-400	010 -230	V1190 AUG/SEPT'15 CURTHOYS-AC \$	49.50

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CAL YEAR	FY	TRANS	MAN	PO	ACCOUNT CODE	CREDIT CODE	DESCRIPTION	AMOUNT
=====	==	=====	==	==	=====	=====	=====	=====
Invoice ID: 2015-SEP-14					Invoice Date: 09/30/2015	Due Date: 11/09/2015		
2015	2015	1	No	2015-PE-SE 010 -07	-0085-400	010 -230	V1189 AUG/SEPT STEVEN & IRENE \$	330.00
Invoice ID: 2015-SEP-16					Invoice Date: 09/30/2015	Due Date: 11/09/2015		
2015	2015	1	No	2015-PE-SE 010 -07	-0085-400	010 -230	V1188 AUG/SEPT VANIKIOTIS, SER \$	544.50
Invoice ID: 2015-SEP-17					Invoice Date: 09/30/2015	Due Date: 11/09/2015		
2015	2015	1	No	2015-PE-SE 010 -07	-0085-400	010 -230	V1187 AUG/SEPT RENE SCHMITT-H \$	429.00
Invoice ID: 2015-SEP-18					Invoice Date: 09/30/2015	Due Date: 11/09/2015		
2015	2015	1	No	2015-PE-SE 010 -07	-0085-400	010 -230	V1186 VERIZON WIRELESS-SALISB \$	363.00
Invoice ID: 2015-SEP-9					Invoice Date: 09/30/2015	Due Date: 11/09/2015		
2015	2015	1	No	2015-PE-SE 010 -07	-0085-400	010 -230	V1191 AUG/SEPT'15 RUGE'S 9&9G \$	231.00
CHECK TOTAL (CHECK #: 14318) = \$								1,947.00
TOTAL CHECKS = \$								1,947.00
TOTAL BANK (TRUST AGENCY MM) = \$								1,947.00
TOTAL PAYMENTS = \$								190,966.00

TOWN OF RHINEBECK

RESOLUTION NO. 2015241

CAPITAL PROJECT ABSTRACT, 4 CHECKS FOR \$84,128.32

WHEREAS, the Town Bookkeeper has submitted the attached Preliminary Capital Project Abstract, 4 Checks for \$84,128.32, to the Town Board for approval; and

WHEREAS, the Town Board has reviewed the attached Preliminary Capital Project Abstract and finds it appropriate for payment; now, therefore, be it

RESOLVED, that the attached Preliminary Capital Project Abstract, 4 Checks for \$84,128.32, is approved for payment.

TOWN OF RHINEBECK

RESOLUTION NO. 2015242

BUDGET TRANSFERS AND AMENDMENTS

WHEREAS, the Town Bookkeeper has submitted the following budget transfers and amendments:

now, therefore, be it

RESOLVED, that the Bookkeeper is authorized to make the foregoing budget transfers, amendments, and any necessary bookkeeping entries.

TOWN OF RHINEBECK

RESOLUTION NO. 2015243

**DUTCHESS COUNTY REAL PROPERTY TAX OFFICE RE-LEVY ON CERTAIN
VANDERBURGH COVE SEWER DISTRICT ACCOUNTS ON 2016 COUNTY/TOWN
TAX BILLS**

WHEREAS, the Town of Rhinebeck Bookkeeper has reported the following delinquent Vanderburgh Cove Sewer District Accounts:

Name/Address	Property Number	Delinquent Amount
Fokine/3 Cove Road	135089 6168-00-330331-0000	\$1,800.00
Holmes-Hunter/4 Cove Road	135089 6168-00-363332-0000	\$1,800.00
Patrick/19 Cove Road	135089 6168-00-171367-0000	\$1,055.00
Rudolph/14 Cove Road	133200 6168-03-251233-0000	\$1,800.00

now, therefore; be it

RESOLVED, that the Dutchess County Real Property Tax Office is authorized to re-levy on the above accounts on the 2016 county/town tax bills.

TOWN OF RHINEBECK

RESOLUTION NO. 2015244

TOWN HALL USE APPLICATION (SINTERKLAAS)

WHEREAS, the Town has received the attached application for the use of Town Hall for the Sinterklaas event on December 5, 2015 from 9:00 am to 6:00 pm; now, therefore, be it

RESOLVED, that the attached Town Hall usage application is approved.

TOWN OF RHINEBECK TOWN HALL USAGE APPLICATION

Application date 11.2.15

. When approved this application authorizes the sponsor to conduct the activity described. This authorization is subject to revocation by the Town Board at any time.

. Applications must be submitted to Town Clerk's office at least 45 days prior to the requested event

Application is hereby made by:

NAME Jeanne Fleming

ADDRESS 118 LA Berguie lane

PHONE NUMBER 7585519 EMAIL sminklas hudson valley @ gmail . com

Name of event Sminklas! The Hoe Down

Date of event 12/5 from 9 to 10 6pm

Description of Event ~~The Hoe Down sponsored by The~~
~~Town as part of Sminklas~~

Will there be amplified sound? no.

Approximate number of attendee's expected 125

The applicant hereby agrees to indemnify and hold harmless the Town of Rhinebeck from any and all claims and judgments for personal injury or damage to property resulting directly or indirectly from the activities held and from any costs. Applicant agrees to clean up Town Hall after the event.

Security - Rhinebeck Village Police will receive notice of event, main entrance will be monitored by an adult volunteer, side and rear doors will not be used as entrances except for handicapped accessibility, east hallway and lower level are off limits and will be monitored by an adult, and bathrooms will be monitored by an adult.
Set-up - all garbage, trash and waster will be removed from the premises and restore hall tables and chairs per diagram on wall.

Applicant cannot charge entry fee.

Applicant signature Date Jeanne Fleming

11.2.15

TOWN OF RHINEBECK

RESOLUTION NO. 2015245

**CHANGE OF CONTRACTOR FOR PROJECT TO NARROW THE PREVIOUSLY
EXISTING ROAD FROM THE STARR LIBRARY TO THE NEW ACCESS ROAD FOR
THE THOMPSON MAZZARELLA PARK**

WHEREAS, by Resolution 2015224 the Town Board previously approved a \$7,000 project for Roehrs Construction to narrow that portion of the previously existing roadway leading into the recreation park from the Starr Library to the new access road; and

WHEREAS, Roehrs Construction is unable to perform this work, but the work can be performed by Quality Landscaping; now, therefore, be it

RESOLVED, that Quality Landscaping is authorized to replace Roehrs Construction for this project and to perform the work necessary to narrow that portion of the previously existing roadway leading into the recreation park from the Starr Library to the new access road for \$7,000, and the Supervisor is authorized to execute any necessary contracts, paperwork or other documentation to effectuate the same

TOWN OF RHINEBECK

RESOLUTION NO. 2015246

RECREATION TUMBLING PROGRAM AND HIRE OF ASSISTANT BASKETBALL COACH

WHEREAS, the Recreation Department seeks approval of the following program:

Event/ Program	Day/Time	Date(s)	Place	Cost	Staffing & Fee
Tumbling/ Acrobatics	Saturdays (2 Age Group Sessions each Saturday: 9 to 10 am and 10:15 to -11:15am)	Start Jan 16 6 Saturdays (12 Classes Total)	CLS	\$25/person	Lauren Grady \$600

; and

WHEREAS, the Recreation Department recommends the hire of Alexandra Dunn as Assistant Coach for the Youth Basketball Program at the prevailing minimum wage; now, therefore, be it

RESOLVED, that the above program is approved; and, be it further

RESOLVED, that the above hire is approved.

TOWN OF RHINEBECK

RESOLUTION NO. 2015247

CDPHP MEDICARE ADVANTAGE INSURANCE POLICY RENEWAL

WHEREAS, the Town is in receipt of the attached renewal term sheet for its CDPHP Medicare Advantage insurance policy; now, therefore, be it

RESOLVED, that the Town Supervisor is authorized to execute any documents necessary to renew the above policy in accordance with the attached term sheet.

Res- 205247



MEDICARE ADVANTAGE RENEWAL

September 29, 2015

2015 Group #: 20025877

2016 Group #: 20031270

Health Benefit Administrator
Town of Rhinebeck-Medicare
80 E Market St
Rhinebeck, NY Dutchess

Dear Employer:

One of our top priorities is ensuring our Medicare Choices members receive the rights and protections they deserve. To help us better track these measures, CDPHP® is changing how we process our Medicare Choices groups.

Effective January 1, 2016, all employer groups that share a Medicare Choices number with another CDPHP product will use the new unique group number listed above for its Medicare plan. This will result in the creation of a separate invoice for Medicare members. Please make sure that all enrollment forms and payments include the new number.

Premium rate changes

The benefits and premium rates for your health insurance policy are changing. The following chart includes a high-level overview of your existing plan design, as well as the plan that is the most comparable for 2016.

	Proposed 2016 Benefit Package	Current 2015 Benefit Package
Medical Plan:	MEDICARE PPO GROUP - \$10/15	MEDICARE PPO GROUP - \$10/15
Office Visit Copay:	\$10	\$10
Specialist Visit Copay:	\$15	\$15
Inpatient Hospital:	No copayment	No copayment
Outpatient Surgery:	\$125	\$125
Emergency Room:	\$75 (waived if admitted)	\$50 (waived if admitted)
Ambulance:	\$100	\$75
Urgent Care:	\$50	\$35
Durable Medical Equipment:	20% coinsurance	20% - \$200 max out-of-pocket cost per item
Physical/Occupational/Speech Therapy:	\$15	\$15
Part B pharmaceutical:	\$20	No copayment
Rx Rider:	Plan 524-\$0/\$10/\$30/\$50/\$50 No Deductible, No Coverage Gap	Plan 524-\$0/\$10/\$30/\$50/\$50 No Deductible, No Coverage Gap
Dental Rider:	PPO 592 - Preventive Dental \$250	PPO 592 - Preventive Dental \$250
	Proposed 2016 Monthly Premium	Current 2015 Monthly Premium
Individual:	\$287.20	\$ 268.50

* In Network benefits only. Please refer to your Benefit Summary or EOC for plan details.

Please note the following employer guidelines for CDPHP Group Medicare products.

TOWN OF RHINEBECK

RESOLUTION NO. 2015248

MVP HEALTH CARE APPLICATION

WHEREAS, the Town is switching certain employee health insurance policies to MVP;
and

WHEREAS, the attached application shows the terms and other pertinent details of the
new policy; now, therefore, be it

RESOLVED, that the Town Supervisor is authorized to execute any documents necessary
to renew the above policy in accordance with the attached application sheet.



ANCILLARY NEW BUSINESS APPLICATION

Thank you for choosing MVP Health Care as your Spending Account Administrator. This document ensures that important operational criteria regarding your plan is gathered, reviewed and accepted prior to implementation. A 30 day implementation period is required. This form must be completed in its entirety prior to plan implementation. If you have questions or need assistance completing this application, please contact your MVP representative.

SECTION 1 - COMPANY INFORMATION

Company Name **Town of Rhinebeck**

Address **80 East Market Street** City **Rhinebeck** State **NY** Zip **12572**

Telephone _____ Email Address _____ Tax ID **146002401**

Company Contact **Shelly Day** Phone **845-876-7952** Email Address **town.business@rhinebeck-ny.gov**

Financial Contact (if different) _____ Phone _____ Email Address _____

Broker Agency **Marshall & Sterling** MVP Broker ID _____ MVP Group # _____

ANCILLARY SERVICES REQUESTED FORM OF BUSINESS

Health Reimbursement Arrangement (HRA) Sole Proprietorship Non-Profit Corporation

Flexible Spending Account (FSA) Partnership Corporation

Limited Purpose FSA (LP FSA) Unincorporated Association Religious Corporation

Dependent Care Reimbursement Account (DCA) Limited Liability Company Other **Municipality**

Parking/Transit

SECTION 2 - ELIGIBILITY

WAITING PERIOD AT TERMINATION

Same as Health Plan End of Month # of Part Time Employees 23

30 Days Date of Termination # of Excluded Employees _____

Other: _____ Other: _____ # of Full Time Employees 13

SECTION 3 - BUSINESS & REGULATORY INFORMATION

Would you like MVP Health Care to provide SPD and annual plan amendments? Yes or No

Would you like MVP to provide Discrimination testing? Yes or No

Would you like MVP to provide annual 5500 information required for filing? Yes or No

Do you require reporting or funding by Group division number or by department? Yes or No

Claims Settlement Weekly-Requires Pre-Funding Deposit Daily (200+ employees only)

Note: The required prefunding deposit for weekly settlement is based on the estimated weekly debit card charges.

Plan Year Effective Date **12/1/15** Is this a renewing Plan? Yes or No

Previous Claims Administrator **CDPHP**

SECTION 4 - BENEFIT INFORMATION

Health Plan Carrier **MVP**

Plan Name Option 1 _____

MVP Facets PID _____

Plan Name Option 2 _____

MVP Facets PID _____

Preventive Drug Rider Yes or No

MVP HRA Product ID _____

Dental Carrier _____ Vision Carrier _____ Other _____

Plan Year Effective Date _____ Start Date / / _____ End Date / / _____

PLAN'S OFFERED Check all that apply:

EPO Qualified High Deductible

PPO Qualified High Deductible

EPO Non-Qualified High Deductible

PPO Non-Qualified High Deductible

EPO Copay

PPO Copay

HMO

Other: _____

HEALTH PLAN DEDUCTIBLE:

Single \$ **1500**

2 Person \$ **3000**

Parent + Child(ren) \$ **3000**

Family \$ **3000**

Aggregate Deductible

Embedded Deductible

SECTION 5 - HRA (HEALTH REIMBURSEMENT ACCOUNT)

SELECT YOUR HRA PLAN

Employer First Plan

The Employer First HRA plan is designed to be coupled with a High Deductible Health Plan with a member cost share in the back of the plan.

Member First Plan

The Member First HRA plan is designed to be coupled with a High Deductible Health Plan with member cost share in the front of the plan.

Comprehensive HRA

The Comprehensive HRA plan may or may not be coupled with a High Deductible Health Plan. This HRA is designed to provide flexibility in cost share with deductible and copay.

Retiree Only

The Retiree Only HRA plan allows for Employers to fund a reimbursement account for Retirees that can be used to pay for qualified expenses, including medical insurance premiums at retirement.

Post Deductible HRA w/Health Savings

The Post Deductible HRA is designed to be coupled with an MVP Qualified High Deductible and integrated HSA. The post deductible HRA allows employers to provide a cost share towards the employee's deductible once the IRS minimum deductible has been reached.

Wellness HRA

Customize your employee's wellness program with MVP's custom card program.

SECTION 6 - HRA FUNDING/CONTRIBUTION AMOUNT BY EMPLOYER

Single \$ **2000** 2 Person \$ **4000** Parent + Child(ren) \$ **4000** Family \$ **4000**

Other Fixed Funding \$ _____ Notes _____

Employee Out of Pocket before HRA funds are payable:

Note: For post deductible HRAs with integrated HSAs this will be the IRS established minimum.

Single \$ _____ 2 Person \$ _____ Parent + Child(ren) \$ _____ Family \$ _____

SECTION 7 - ELIGIBLE HRA EXPENSES

Pharmacy	Medical	Dental	Vision
<input checked="" type="checkbox"/> RX Deductible	<input checked="" type="checkbox"/> Med Deductible	<input type="checkbox"/> Other: List below	<input type="checkbox"/> Dental
<input checked="" type="checkbox"/> RX Copay	<input checked="" type="checkbox"/> Med Copay	1. _____	<input type="checkbox"/> Vision
<input type="checkbox"/> RX Coinsurance	<input type="checkbox"/> Med Coinsurance	2. _____	
<input type="checkbox"/> OTC	<input type="checkbox"/> Insurance Premiums	3. _____	

CLAIMS PROCESSING OPTIONS BY CLAIM CATEGORY

Please select one option for each claims category. Manual claims submission for reimbursement is automatically attached to each claim type.

Pharmacy	Medical	Dental	Vision
<input checked="" type="checkbox"/> Debit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Debit Card
<input type="checkbox"/> ACT Member Remit	<input checked="" type="checkbox"/> ACT Provider Remit	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> N/A	<input type="checkbox"/> ACT Member Remit		
	<input type="checkbox"/> N/A		

NOTE: ACT = Automatic Claims Transfer (must be MVP member).

CUSTOM CLAIMS PROCESSING OPTIONS UNDER THE COMPREHENSIVE HRA

If you are requesting claims processing as a % of claim or copay arrangement, please complete the comprehensive HRA claims processing form.

SECTION 8 - HRA BUSINESS RULES

Do you pro-rate HRA Contribution amounts based on eligibility date during the plan year? Yes or No

Do you currently allow year end balances in the HRA to roll over? Yes or No

If yes, is there a cap on the maximum balance allowed in the HRA? Please provide maximum \$ _____

How is the HRA offered under COBRA? Combined with the Health Plan (Medical and HRA)
 Stand Alone Benefit (Medical with optional HRA election)

Deadline to submit claims at the end of plan year: 90 days 180 days (MVP standard) Other-please provide details _____

Deadline to submit claims at termination of employment: 90 days 180 days (MVP standard) Other-please provide details _____

Names of owners who are not eligible for the HRA: _____

SECTION 9 - FSA INFORMATION (IF APPLICABLE)

Do you also offer your employees an FSA? Yes or No

If yes, please indicate order of reimbursement: (1) FSA-(2) HRA (1) HRA-(2) FSA

Current FSA Administrator Name _____

Contact Information _____

SECTION 10 - HSA

Do you also offer your employees an HSA? Yes or No

Do they have a separate health plan? Yes or No

Effective Date _____ HSA Bank _____

Please indicate eligible employees to participate in the HSA _____

SECTION 11 - FLEXIBLE SPENDING ACCOUNT N/A

Plan Year _____ Start Date / / _____ End Date / / _____

FSA Plan Type Traditional FSA (All sec. 213D qualifying expenses)
 Limited Purpose FSA (Limitations may be set by the employer for eligible reimbursements that meet IRS guidelines. Offered alongside an HSA.)

FSA Employee Contribution Amount \$2,550 IRS Maximum Other \$ _____

FSA Employer Contribution Amount \$ _____

FSA Rollover \$500 IRS Maximum Other \$ _____

Will MVP be receiving rollover amounts from the prior plan year? Yes or No

FSA Grace Period Yes or No

If yes, please provide the following based on the date of service of the claim:
 2 1/2 months Other: _____ Days

Medical FSA can adopt either the \$500 rollover option or the Grace Period. A plan may not have both.

Deadline to submit at the end of the plan year: 30 days 60 days 90 days Other--please provide details

Deadline to submit at the close of the 2 1/2 month extension: 30 days 60 days 90 days Other--please provide details

Deadline to submit claims at termination of employment: 90 days 180 days (MVP standard) Other--please provide details

Eligible Medical Expenses Traditional FSA All Section 213(D)-Standard Other

Eligible Medical Expenses Limited Purpose FSA Dental Vision Other

CLAIMS PROCESSING OPTIONS BY CLAIM CATEGORY

Please select one option for each claims category. Manual claims submission for reimbursement is automatically attached to each claim type.

Pharmacy	Medical	Dental	Vision
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Debit Card
<input type="checkbox"/> ACT member Remit	<input type="checkbox"/> ACT Provider Remit	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> N/A	<input type="checkbox"/> ACT Member Remit		
	<input type="checkbox"/> N/A		

Please provide current Payroll Schedule 52 Weeks 26 Weeks 12 Pays Other

First Payroll Start Date / / _____ Please provide payroll calendar with payroll dates indicated.

SECTION 12 - DEPENDENT CARE N/A

Maximum DCA Election \$5,000 IRS Maximum Other \$ _____

DCA Grace Period Yes or No

If yes, please provide the following based on the date of service of the claim:
 2 1/2 months Other: _____ Days

Deadline to submit at the close of the 2 1/2 month extension: 30 days 60 days 90 days Other--please provide details

If no, deadline to submit at the end of the plan year:
 30 days 60 days 90 days Other--please provide details

TOWN OF RHINEBECK
 NEW YORK STATE TAX QUARTERLY/ANNUAL REPORT
 Executed By: sday

PAGE: 2
 DATE: 11/05/15
 TIME: 09:09:28

Withholding Identification Number: 146002401
 Original Return: Yes
 Amended Return: No

Employer Legal Name:
 TOWN OF RHINEBECK

Withholding Period: 3Q2015

EMPLOYEE NAME	QTD GROSS WAGES	QTD WITHHELD	YTD FEDERAL+414H WAGES	YTD TAX WITHHELD
S POTTS, DAIMYN D.G.	\$ 4.69	\$ 2.23		
S PRENTICE, EMILY R E	\$ 4.07	\$ 43.31		
S QUACKENBUSH, BRADLEY R	\$ 19.00	\$ 95.71		
P RAUM, ELIZABETH C	\$ 9.00	\$ 0.00		
P RINCON, MARGARITA	\$ 15.00	\$ 81.99		
F ROUSH JR, ROBERT S	\$ 4.08	\$ 514.58		
F RUGER, EMERY W	\$ 13.75	\$ 34.65		
A RUSHTON, DANIEL L	\$ 19.71	\$ 364.45		
A RUSSELL, KIM F	\$ 10.86	\$ 77.42		
E SANCHEZ, WILLIAM	\$ 10.01	\$ 193.11		
E SCHERR, ALLAN L	\$ 18.25	\$ 0.00		
E SIGNOR, NICHOLAS SLOANE	\$ 7.00	\$ 52.34		
E SLATER, GARRY A	\$ 6.68	\$ 314.46		
E SPINZIA, ELIZABETH L	\$ 10.01	\$ 71.49		
E STOKES JR, RICKIE W	\$ 12.06	\$ 448.95		
S TEUBL, LYDIA H	\$ 10.76	\$ 3.12		
S TOBACK, KAELA D	\$ 15.33	\$ 0.00		
S TOBACK, SARENA R	\$ 6.26	\$ 0.00		
S VAN VOORHIS, CASEY W	\$ 7.82	\$ 0.00		
S VANLEUVEN, DAVID HAWK	\$ 9.25	\$ 0.00		
E WASHBURN, BRUCE W	\$ 8.25	\$ 0.00		
E WECKESSER, KAYLA N	\$ 4.44	\$ 5.66		
E WINNE, JOAN L	\$ 1.99	\$ 272.36		
E WOLAK, KRISTINA STEFANIE	\$ 1.25	\$ 16.92		
E WYANT, ROBERT C	\$ 1.43	\$ 665.55		
Total All	\$ 311,899.07	\$ 10,022.80		

Subject: 12/1/15 MVP Group Application- required paperwork (Town of Rhinebeck)
 From: "Krista Greco" <kgreco@marshallsterling.com>
 Date: Fri, October 30, 2015 11:47 am
 To: "'town.business@rhinebeck-ny.gov'" <town.business@rhinebeck-ny.gov>
 Cc: "'town.supervisor@rhinebeck-ny.gov'" <town.supervisor@rhinebeck-ny.gov>, "Minnie McCombes-Fogden" <mmccombes-fogden@marshallsterling.com>
 Priority: High

Hi Shelly,

To replace the current medical plan and HRA with MVP effective 12/1/2015, the following paperwork is required please:

* MVP Employer Application: I filled in some of the blanks. Please review and complete the attached employer application.

✓ * Tax Documentation: Please provide a copy of your most current NYS-45 (Tax & Wage Report). Please indicate next to each employee's name their status: Full-time, part-time, terminated, or waivers, i.e. other coverage, spousal, or opting out.

* MVP HRA Group Application: I filled in some of the blanks. Please review and complete the attached HRA group application.

* MVP HBA Form: Please sign and return the attached Health Benefits Administrator form. This gives us online access to quickly process eligibility requests.

* MVP HRA/FSA Fee Proposal Please sign and return the attached HRA fee proposal.

* CDPHP Termination: Please place on company letterhead, sign and return.

* MVP Rates: Please sign and return the attached Silver 3 rates.

Please fax or email all of the required paperwork to my attention by Friday 11/13/2015. My contact information is below.

Please contact us with any questions.

Best Regards,
 Krista Greco

Client Service Representative
 Marshall & Sterling Insurance
 110 Main Street
 Poughkeepsie, NY 12601
 p: 845.226.3083 x 2116
 f: 845.452.6382

kgreco@marshallsterling.com

Notice of Confidentiality - Marshall & Sterling: If you have received this transmittal in error, please notify us and delete the original without reproducing it in any fashion as it may contain private or privileged information.

Attachments

untitled-[1.2].html	text/html	8.5 KiB	
CDPHPGroup Term letter - Copy.doc	application/msword	34 KiB	CDPHPGroup Term letter - Copy.doc
Employer Application.pdf	application/pdf	319 KiB	Employer Application.pdf
	application/pdf	8.1 KiB	MVP HRA Fee Proposal.pdf

TOWN OF RHINEBECK

RESOLUTION NO. 2015249

**NEW YORK MUNICIPAL INSURANCE RECIPROCAL TOWN LIABILITY POLICY
RENEWAL**

WHEREAS, the Town must renew its liability insurance policy with its carrier, the New York Municipal Insurance Reciprocal (NYMIR); and

WHEREAS, the attached statements show the levels of coverage for various Town properties; now, therefore, be it

RESOLVED, that the Town Supervisor is authorized to execute any documents necessary to renew the above policy in accordance with the attached statements.

Town of Rhinebeck
 80 East Market Street
 Rhinebeck, NY 12572

Policy Number: MPLTRHN001
 Effective Date: 01/01/2015
 Expiration Date: 01/01/2016

New York Municipal Insurance Reciprocal STATEMENT OF VALUES

Please sign and date the form

Signature of Municipal Administrator:

[Handwritten Signature]

Date:

10.6.15

Location	Building	Address	Building Value Current Value	Contents Value
1 - 1	Town Hall	80 E. Market Street Rhinebeck, NY 12572	\$2,047,851	\$107,781
2 - 1	Highway Garage	N/S Rte 308 Rhinebeck, NY 12572	\$1,019,074	\$40,418
2 - 2	Highway Garage 2 - 4 Bay Garage	N/S Rte 308 Rhinebeck, NY 12572	\$232,360	\$5,837
2 - 3	Dog Kennel	N/S Rte 308 Rhinebeck, NY 12572	\$16,525	\$0
2 - 4	Salt Shed	N/S Rte 308 Rhinebeck, NY 12572	\$516,453	\$0
3 - 1	Bath House	S/S Route 308 Rhinebeck, NY 12572	\$368,454	\$13,923
3 - 2	Shade Building	S/S Route 308 Rhinebeck, NY 12572	\$18,322	\$0
3 - 3	Refreshment Stand	S/S Route 308 Rhinebeck, NY 12572	\$179,187	\$9,431
3 - 4	Metal Fence	S/S Route 308 Rhinebeck, NY 12572	\$53,893	\$0
3 - 5	Bleachers	S/S Route 308 Rhinebeck, NY 12572	\$53,893	\$0
3 - 6	2 Shade Bldg/Pavilion	S/S Route 308 Rhinebeck, NY 12572	\$10,780	\$0
3 - 7	Shade Bldg/Pavilion	S/S Route 308 Rhinebeck, NY 12572	\$10,780	\$0
3 - 8	Pavillion at Pool	S/S Route 308 Rhinebeck, NY 12572	\$142,979	\$0
4 - 1	Ballfield Fence	Stone Church Road Rhinebeck, NY 12572	\$35,928	\$0
4 - 2	Landfill Garage	Stone Church Road Rhinebeck, NY 12572	\$131,077	\$1,983
4 - 3	Garage	Stone Church Road Rhinebeck, NY 12572	\$37,726	\$0
4 - 4	Transfer Station	Stone Church Road Rhinebeck, NY 12572	\$413,146	\$20,208
5 - 1	Quittman House / Museum	Route 9 Rhinebeck, NY 12572	\$499,472	\$0
6 - 1	Sewer Project/Injection Pumps	Vanderburg Cove Rhinebeck, NY 12572	\$27,406	\$0
7 - 1	Dwelling Rhinebeck Cemetary	3 Mill Street Rhinebeck, NY 12572	\$244,382	\$7,985
7 - 2	Storage Shed	3 Mill Street Rhinebeck, NY 12572	\$70,273	\$4,793
8 - 1	Pavillion	Waterfront Rhinecliff, NY 12572	\$11,670	\$0
9 - 1	(3) Light Poles	Throughout Municipality Rhinebeck, NY 12572	\$6,000	\$0
10 - 1	(4) Signs	Entry to town Routes 9 & 96 Rhinebeck, NY 12572	\$4,000	\$0
11 - 1	(3) Flagpoles	Town Hall/Pool/Rhinecliff Memorial Rhinebeck, NY 125	\$6,000	\$0
12 - 1	Playground Equipment	TTSM Park Rhinebeck, NY 12572	\$56,462	\$0

Town of Rhinebeck
 80 East Market Street
 Rhinebeck, NY 12572

New York Municipal Insurance Reciprocal STATEMENT OF VALUES

Policy Number: MPLTRHIN001
 Effective Date: 01/01/2015
 Expiration Date: 01/01/2016

Please sign and date the form.

Signature of Municipal Administrator: _____

Date: _____

Location	Building	Address	Building Value	Contents Value
12 - 2	(2) Dug Outs	TTSM Park Rhinebeck, NY 12572	\$10,000	\$0
12 - 3	Tennis & Basketball courts	TTSM Park Rhinebeck, NY 12572	\$100,000	\$0
Totals			\$6,324,093	\$212,359

TIV @ 90% \$5,882,807

- ① ADD \$2,100 FOR FUNGROLE @ CEHETARY RESIDENCE / 3 HILL STREET
- ② ADD \$34500 FOR GENERATOR + FUEL TANK @ TOWN HALL / 80 E. MARKET STREET
- ③ ADD \$7711 FOR SIGNAGE @ QUITMAN HOUSE / ROUTE 9
- ④ ADD \$44500 FOR FUEL TANKS, DISPENSERS, KIOSK, + BALARDS @ HIGHWAY GARAGE / N-S ROUTE 308

MAILING ADDRESS
Town of Rhinebeck
80 East Market Street
Rhinebeck, NY 12572



Policy Number: MPLTRHIN001
Effective Date: 01/01/2016
Expiration Date: 01/01/2017

NYMIR SCHEDULE OF SUBSCRIBER CONTACTS

MAILING ADDRESS CHANGES

Address _____

City _____

State NY

Zip Code _____

PRIMARY INSURANCE CONTACT

Name Elizabeth Spinzia

Title Supervisor

Telephone _____

Fax _____

Email ets@ping23.com

PLEASE MAKE CHANGES WHERE NECESSARY
PRIMARY INSURANCE CONTACT CHANGES

Name _____

Title _____

Telephone _____

Fax _____

Email town.supervisor@rhinebeck-ny.gov

SECONDARY INSURANCE CONTACT

Name _____

Title _____

Telephone _____

Fax _____

Email _____

PLEASE MAKE CHANGES WHERE NECESSARY
SECONDARY INSURANCE CONTACT CHANGES

Name Shelly Day

Title Bookkeeper

Telephone 845-876-7952 ext. 12

Fax 845-876-5885

Email town.business@rhinebeck-ny.gov

Authorized Signature

Date

10.5.15

Valuation Comparison Report

Appraisal	Subsector	Loc #	Item #	Building	Address	Historical Building RCN	Historical Contents RCN	Historical Historical TV	Appraised Building RCN	Appraised Contents RCN	Appraised Historical TV	Appraised Site Improvements RCN	Appraised / Client Provided TV	% Change in Value	Road Zone	Value in RED were not appraised - Staff Agency recommend increasing these locations by 5%.
X	Town of Rhinebeck	01	01	Town Hall	10791 St.	\$ 2,027,293	\$ 212,393	\$ 2,155,622	\$ 1,742,690	\$ 247,200	\$ 34,500	\$ 1,885,200	-12.5%	X	Site Improvement = \$34,500 (Generator, Fencing, Bus, Trash)	
X	Town of Rhinebeck	02	01	Highway Garage	N.S. Route 308	\$ 1,019,074	\$ 40,618	\$ 1,059,692	\$ 1,046,600	\$ 40,500	\$ 44,500	\$ 1,131,600	7.0%	AE	Site Improvement = \$40,500 (Fuel Tanks, Dispensers, Kiosk, Banners)	
X	Town of Rhinebeck	02	02	Highway Garage 2 - 4 Bay Garage	N.S. Route 308	\$ 232,380	\$ 5,837	\$ 238,197	\$ 206,000	\$ 5,900	\$ -	\$ 211,900	-11.0%	AE	Not appraised	
X	Town of Rhinebeck	02	03	Highway Garage	N.S. Route 308	\$ 16,525	\$ -	\$ 16,525	\$ 17,351	\$ -	\$ -	\$ -	4.7%	AE	Not appraised	
X	Town of Rhinebeck	02	04	Self Shed	N.S. Route 308	\$ 516,453	\$ -	\$ 516,453	\$ 441,800	\$ 33,500	\$ -	\$ 475,300	-8.0%	X	Site Improvement = \$24,992 (Fencing, Lights, Playground Equipment, Basketball & Tennis Courts)	
X	Town of Rhinebeck	03	01	Barhouse	S.S. Route 308	\$ 366,454	\$ 13,923	\$ 382,377	\$ 376,500	\$ 14,000	\$ 251,992	\$ 642,492	68.0%	X	Not appraised	
X	Town of Rhinebeck	03	02	Highway Garage	S.S. Route 308	\$ 18,322	\$ -	\$ 18,322	\$ 19,238	\$ -	\$ -	\$ -	5.0%	X	Not appraised	
X	Town of Rhinebeck	03	03	Refreshment Stand	S.S. Route 308	\$ 179,457	\$ 9,431	\$ 188,818	\$ 177,100	\$ 9,400	\$ -	\$ -	\$ 186,500	-1.1%	X	Not appraised
X	Town of Rhinebeck	03	04	Highway Garage	S.S. Route 308	\$ 52,893	\$ -	\$ 52,893	\$ 56,586	\$ -	\$ -	\$ -	5.3%	X	Not appraised	
X	Town of Rhinebeck	03	05	Highway Garage	S.S. Route 308	\$ 52,893	\$ -	\$ 52,893	\$ 56,586	\$ -	\$ -	\$ -	5.3%	X	Not appraised	
X	Town of Rhinebeck	03	06	Highway Garage	S.S. Route 308	\$ 10,780	\$ -	\$ 10,780	\$ 11,319	\$ -	\$ -	\$ -	4.9%	X	Not appraised	
X	Town of Rhinebeck	03	07	Highway Garage	S.S. Route 308	\$ 142,979	\$ -	\$ 142,979	\$ 137,600	\$ -	\$ -	\$ -	-3.8%	X	Not appraised	
X	Town of Rhinebeck	03	08	Barhouse	80 East Market Street	\$ 36,926	\$ -	\$ 36,926	\$ 37,724	\$ -	\$ -	\$ -	2.1%	X	Not appraised	
X	Town of Rhinebeck	04	01	Landfill Garage	376 Stone Church Road	\$ 131,077	\$ 1,983	\$ 133,060	\$ 81,600	\$ 2,000	\$ -	\$ 83,600	-37.2%	X	Not appraised	
X	Town of Rhinebeck	04	02	Transfer Station	Stone Church Road	\$ 37,276	\$ -	\$ 37,276	\$ 38,932	\$ -	\$ -	\$ -	4.7%	X	Not appraised	
X	Town of Rhinebeck	04	03	Transfer Station	Stone Church Road	\$ 413,146	\$ 20,208	\$ 433,354	\$ 211,100	\$ 20,200	\$ 3,365	\$ 234,665	-46.8%	X	Site Improvement = \$34,365 (Banners and Fencing)	
X	Town of Rhinebeck	05	01	Transfer Station	Route 9	\$ 499,472	\$ -	\$ 499,472	\$ 507,300	\$ -	\$ -	\$ -	1.6%	X	Site Improvement = \$771 (Fencing)	
X	Town of Rhinebeck	06	01	Transfer Station	Route 9	\$ 27,406	\$ -	\$ 27,406	\$ 28,726	\$ -	\$ -	\$ -	4.8%	X	Not appraised	
X	Town of Rhinebeck	07	01	Transfer Station	Route 9	\$ 244,392	\$ 7,985	\$ 252,347	\$ 223,600	\$ 8,000	\$ 2,140	\$ 233,200	-7.8%	X	Site Improvement = \$21,000 (Fencing)	
X	Town of Rhinebeck	07	02	Transfer Station	3 Mill Street	\$ 70,273	\$ 4,793	\$ 75,066	\$ 64,500	\$ 4,800	\$ -	\$ 69,300	-7.7%	X	Not appraised	
X	Town of Rhinebeck	08	01	Transfer Station	Waterfront	\$ 11,670	\$ -	\$ 11,670	\$ 12,356	\$ -	\$ -	\$ -	5.9%	X	Not appraised	
X	Town of Rhinebeck	09	01	Transfer Station	Waterfront	\$ 6,000	\$ -	\$ 6,000	\$ 6,000	\$ -	\$ -	\$ -	0.0%	X	Not appraised	
X	Town of Rhinebeck	10	01	Transfer Station	Waterfront	\$ 4,000	\$ -	\$ 4,000	\$ 4,200	\$ -	\$ -	\$ -	5.0%	X	Not appraised	
X	Town of Rhinebeck	11	01	Transfer Station	Town Hall Road/Riverdell Mem	\$ 6,000	\$ -	\$ 6,000	\$ 6,000	\$ -	\$ -	\$ -	0.0%	X	Not appraised	
X	Town of Rhinebeck	12	01	Transfer Station	TTSDA Park	\$ 56,462	\$ -	\$ 56,462	\$ 59,288	\$ -	\$ -	\$ -	5.1%	X	Not appraised	
X	Town of Rhinebeck	12	02	Transfer Station	TTSDA Park	\$ 10,800	\$ -	\$ 10,800	\$ 10,500	\$ -	\$ -	\$ -	-2.7%	X	Not appraised	
X	Town of Rhinebeck	13	03	Transfer Station	TTSDA Park	\$ 100,000	\$ -	\$ 100,000	\$ 105,000	\$ -	\$ -	\$ -	5.0%	X	Not appraised	

* Note 1 - Values are based on the value of permanently affixed equipment values included in the building value.

** Note 2 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

*** Note 3 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

**** Note 4 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 5 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 6 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 7 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 8 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 9 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 10 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 11 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 12 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 13 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 14 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 15 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 16 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 17 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 18 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 19 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 20 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 21 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 22 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 23 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 24 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 25 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 26 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 27 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 28 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 29 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 30 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 31 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 32 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 33 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 34 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 35 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 36 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 37 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 38 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 39 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 40 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 41 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 42 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 43 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

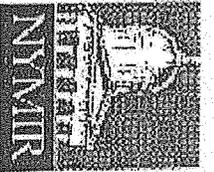
***** Note 44 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 45 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 46 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

***** Note 47 - Appraisals were done on buildings with an estimated value of \$50,000 or greater. Utility buildings were included regardless of cost.

Town of Rhinebeck
 80 East Market Street
 Rhinebeck, NY 12572



Policy Number: MIMTRHIN001
 Effective Date: 01/01/2015
 Expiration Date: 01/01/2016

NYMIR SCHEDULE OF INLAND MARINE

Category	Item	Coverage Limit	Deductible	Written Premium
Auto Physical Damage		951,613 \$732,673	\$1,000	
Contractor's Equipment		\$270,687	\$1,000	
EDP Equipment (Incl Software)		\$150,000	\$500	
	(2) Ipad Tablets @ \$700 Each ✓	\$1,400	\$500	
Miscellaneous Equipment				
	Tools - \$1,000 per item	\$5,000	\$250	
Other				
	Docks Piers Boat Mooring	\$250,000	\$2,500	

Town of Rhinebeck
 80 East Market Street
 Rhinebeck, NY 12572



Policy Number: MCATRHIN001
 Effective Date: 01/01/2015
 Expiration Date: 01/01/2016

NYMIR SCHEDULE OF VEHICLES *Liability*

Seq#	Vehicle Key	Class	Year	Make	Model	VIN	Full Glas	Cost New	Comp	Depd.	Coll Depd.	Annual Premium
Garage Location: 1 80 E. Market Street												
1	R12	2	21479	1994	Ford	1FDYS82ZTRVA28166	No	\$15,000	FLTR		FLTR	\$211.20
2	R7	7	21479	1991	Ford	1FDY582A7MVA11339	No	\$15,000	FLTR		FLTR	\$211.20
3	Maint.	14	68499	2000	Big Text	4K8PX1222YIE63047	No	\$16,000	\$1,000		\$1,000	\$85.80
4	Blg	15	01499	2002	Ford	1FTYR14U22TA39685	No	\$14,900	\$1,000		\$1,000	\$279.40
5	Comby	16	01499	2002	Ford	1FTNF21F02EB01435	No	\$35,000	\$1,000		\$1,000	\$375.10
6	R5	19	31479	2003	Ford	3FDNF65633MB05830	No	\$88,000	FLTR		FLTR	\$255.20
7	R6	21	31479	2005	International	1HTWDAADR45J036324	No	\$85,000	FLTR		FLTR	\$255.20
8	R2	22	01499	2007	Dodge	1D7HU18N27J567897	No	\$19,500	\$1,000		\$1,000	\$300.30
9	R9	23	01499	2008	Ford	1FTNF21538ED33172	No	\$20,000	\$1,000		\$1,000	\$300.30
10	R8	24	31479	2009	International	1HTWDAZRX9J057905	No	\$141,000	FLTR		FLTR	\$255.20
11	R10	25	07906	2004	Elgin	P4243S	No	\$45,000	FLTR		FLTR	\$96.80
12	R10	26	01499	2009	Ford	1FTRX14W69FA44506	No	\$20,000	\$1,000		\$1,000	\$300.30
13	Senior	27	01499	2007	Chevrolet	1GAHG35U471204891	No	\$25,000	\$1,000		\$1,000	\$320.10
14		28	68499	2007	Kaufman	15XFH23357L001165	No	\$5,000	\$1,000		\$1,000	\$40.70
15	Maint	29	21479	2013	Ford	1FDRF3H63DEB36000	No	\$40,062	FLTR		FLTR	\$211.20
16	R3	31	40479	2014	International	1HTWLAZR3EH016648	No	\$145,410	FLTR		FLTR	\$535.70
17	R1	32	50479	2014	Mack	1M2AX09C2EM020548	No	\$203,141	FLTR		FLTR	\$555.50
18	R4	33	21499	2015	Ford	1FDUF5HY0FEA16522	No	\$54,578	\$1,000		\$1,000	\$558.80
19	R11	32	50479	2015	HYK	1M2AN08RC2FH024588	NO	\$25,000	FLTR		FLTR	TFD

Purchase Price

Inland Marine Schedule – Town of Rhinebeck

Misc Property/Equipment

Item #	Description	Limit
0001	EDP Equipment & Software	150,000
0002	Docks, Piers, Boat Mooring	250,000
0003	(2) IPADS	1,400

Unscheduled Misc Equipment

Description	Maximum Limit Per Item	Total Limit Per Group
Misc Tools	\$1,000	\$10,000

Contractors Equipment

Item #	Description	ID/Serial #	Limit
0001	Tractor w/Attachments		30,000
0002	Tractor w/ Snowplower		15,487
0003	Compressor	2604	800
0004	Generator	1248865	50
0005	Lowering Device w/Attachments		400
0006	(4) Electric Trimmers	199	200
0007	Thawing Machine		200
0008	Tent		250
0009	Leaf Blower		300
0010	Power Mower		200
0011	Backhoe Loader w/Accessories	48693/13331/25000	36,000
0012	Backhoe Loader	A22176	68,000
0013	2006 Caterpillar 930G	R01322	115,800
0014	1972 Blaw Knox	0589-024	1,500

Auto Physical Damage

Item #	Description	ID/Serial #	Limit
0001	1994 Ford Dump <i>R12</i>	1FDYS82E7RVA28166	15,000
0002	1991 Ford Dump <i>R7</i>	1FDY582A7MVA11339	15,000
0003	2003 Ford F650 Dump <i>R5</i>	3FDNF65633MB05830	88,000
0004	2005 International Dumo <i>R6</i>	1HTWDADR45J036324	85,000
0005	2009 International Dumo <i>R8</i>	1HTWDAZR9J057905	141,000
0006	2013 Ford Dump <i>Maint</i>	1FDRF3H63DEB36000	40,062
0007	2014 International Dump <i>R3</i>	1HTWLAZR3EH016648	145,410
0008	2014 Mack w/Plow <i>R1</i>	1M2AX09C2EM020548	203,141
0009	2015 Mac Dump <i>R11</i>	1M2AX09C2FM024598	225,000



Cyber Coverage Application

Public Entity Information

TOWN OF RHINEBECK

Name of Public Entity

Insurance Contact/Title

80 E. MARKET ST.

Address

RHINEBECK, NY 12572

City, State, Zip

Email Address

845-876-3409

Phone Number

845-876-5885

Fax Number

Broker Information

SPAIN AGENCY INC.

Broker

Laurie Hillmann

Broker Contact

625 ROUTE 6

Address

MAHOPAC, NY 10541

City, State, Zip

1/1/2016

Effective Date of Coverage

lhillmann@spainins.com

Email Address

845-628-4500 x254

Phone Number

845-628-1804

Fax Number

Quote Need by Date

Policy Information

Gross Budget

Gross Budget	Security Breach Limit	Deductible	Network Security Liability Limit	Deductible
> \$1.5MM	50,000	1,000	100,000	2,500
\$1.5MM - \$2.5MM	50,000	1,000	100,000	2,500
\$2.5MM - \$4MM	50,000	1,000	100,000	2,500
\$4MM - \$12.5MM	50,000	1,000	100,000	2,500
\$12.5MM - \$25MM	50,000	1,000	100,000	2,500
\$25MM+	50,000	1,000	100,000	2,500

I. Sensitive Data

1. Does your Public Entity store sensitive or Personally Identifiable Information (PII)? Yes No
2. Does your Public Entity store sensitive information or PII on any of the following media?

Media	Yes/No	Number of Units
a. Laptops	NO	
b. PDA's / Mobile Devices	NO	
c. Flash Drives / Portable Storage devices	NO	
d. Back-up Tapes	NO	
e. Internet Connected Web Servers	NO	
f. Databases, Audit Logs, Files on servers	N/A Yes	
g. Email	NO	

3. Does your Public Entity control who is assigned municipal mobile devices, such as laptops, tablets, phones? Yes No

II. Security Controls

If the answer is "No" to any question in this section, please provide additional details.

1. Does the Public Entity have written information security policies and procedures that are reviewed annually by a management-level employee? Yes No
2. Are background checks performed on employees who have access to sensitive data and PII? Yes No
3. Are desktop PC's password protected? Yes No
4. Are anti-virus, anti-spyware, anti-malware software and firewall protection in use? Yes No
5. Does the Public Entity secure remote access to its IT systems? Yes No
6. If wireless network access is provided by the Public Entity, is it security-enabled? Yes No
7. Are all sessions where sensitive data is entered encrypted with a Secure Socket Layer (SSL)? Yes No
8. Does the Public Entity have written procedures for routine backups and maintain proof of backups? Yes No
9. Do you have an IT professional? Yes No

Name: NORTHEAST COMPUTER
 Phone: 845-876-3031
 Email: support@NECS Corp.com

III. Personnel, Policies, Procedures

If the answer is "No" to any question in this section, please provide additional details.

1. Does the Public Entity have a procedure to remove system access after an employee has been terminated? Yes No
2. Are periodic IT security audits performed to access network/data security? Yes No
3. Does the municipality have a Cyber Incident Emergency Response Plan? Yes No

IV. Prior Claims

1. Has there been, or is there now pending, any Cyber related claims against your Public Entity? Yes No

Fraud Warning Disclosure

On behalf of our firm, I agree that this application is true to the best of my knowledge and that I have not suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. It is understood and agreed that the completion of this application does not bind the Company to sell or the applicant to purchase this insurance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

Signed: El Spangis Date: 10/27/15

Printed Name: ELIZABETH SPANGIS Title: SUPERVISOR

The Omni, 333 Earle Ovington Blvd.
Suite 505 • Uniondale, NY 11553-3624
(516) 227 2120 • (800) NYMIR05
Fax: (516) 227-2352



12 Metro Park Road, Suite 208
Colonie, NY 12205-1139
(518) 437 1171
Fax: (516) 227-2352

The New York Municipal Insurance Reciprocal
2016-2017 ANNUAL RENEWAL APPLICATION
For
Town of Rhinebeck
80 East Market Street
Rhinebeck, NY 12572

Your annual renewal application has been revised to minimize your effort in returning necessary information to NYMIR. The application consists of a brief application followed by a series of detailed schedules showing the current picture of your insurance portfolio.

- Please complete the renewal application in its entirety and sign the bottom of the form. *Please return the completed application within 15 business days.*
- Please use the attached schedules to add, change, or delete items in your current portfolio. If you wish, you may attach separate pages to add or change items. The following schedules are included.
 - Statement of Values (Property)
 - Schedule of Vehicles (Municipal Auto)
 - Schedule of Inland Marine Coverage (If applicable, please include an *updated contractor's equipment schedule* and a *schedule of vehicles to be included on the Inland Marine Policy for auto physical damage.*)
 - Schedule of Subscriber Contacts
- Please *sign and date* the first page of each schedule.
- For any of the previous (6) years you were not a NYMIR subscriber, please provide *currently valued* loss runs from your previous carrier.

If you require assistance in completing your renewal application or if you have any questions, please contact your Customer Service Representative. Thank you for your consideration and cooperation in returning the application on a timely basis. We look forward to delivering your NYMIR renewal quotation.

AUTHORIZED SIGNATURE: *[Signature]* DATE: _____
TITLE OF SIGNATORY: *Supervisor* TELEPHONE: *845-876-3109*

GENERAL INFORMATION

1. Please attach a copy of the most *current budget*.

2. Name of Mayor/Supervisor/County Executive: ELIZABETH SPINZIA
(If available attach a list of elected & appointed municipal officials.)

Name of Town/Village/County Clerk: RHINEBECK

3. Does the municipality plan on any major capital expenditures for the coming year? *(If yes, please provide details.)* Yes No

4. Has the municipality paid off or disposed of any major capital asset during the past year? *(If yes, please provide details.)* Yes No

5. Does the municipality plan on any new activities or new operations for the coming year? *(If yes, please provide details.)* Yes No

6. Has the municipality entered into any joint ventures? *(If yes, please provide details.)* Yes No

Purchased equipment jointly with other towns. The equipment is listed/covered on their insurance.

7. Have there been any unreported legal actions brought against the municipality during the past year? *(If yes, please provide details.)* Yes No

PROPERTY INFORMATION

Please review and update the **Statement of Values** (4% increase for inflation is suggested). Include any changes in deductibles.

2. Has the municipality purchased, leased or acquired any real property or locations (including vacant land) during the past year? (If yes, please provide details.) Yes No

3. Has the municipality upgraded their safety procedures or installed any alarm system(s) in the past year? (If yes, please provide details.) Yes No

Only front doors unlocked during work day.

No alarm system installed.

- 7 0 4. Please review and update the **Inland Marine Schedule**. Please make sure value of vehicles 10 years or older is on an actual cash value basis and that REPLACEMENT COST for vehicles 10 years and newer is updated annually.

LAW ENFORCEMENT INFORMATION / DOES NOT APPLY

1. If you have a **Police Department**, indicate the current number of officers, and total number of man hours: (Do not count any individual twice)

ARMED POLICE OFFICERS:

of Full Time 0
 # of Part Time 0
 # of TOTAL Hours per month for all Part Time 0

UNARMED OFFICERS WITH ARREST AUTHORITY:

of Full Time 0
 # of Part Time 0
 # of TOTAL Hours per month for all Part Time 0

2. If you employ **Armed Court Officers**, indicate the current number of officers, and total number of man hours:

of Part-Time **Armed Court Officers** 0
 # of Total Hours (per month) 0

3. If you employ **Attorneys**, indicate the current number of attorneys:

of District Attorneys 0
 # of Assistant District Attorneys 0
 # of other Municipal Attorneys (1)

SPECIAL PROSECUTOR

AUTO INFORMATION

1. Please review and update the **Vehicle Schedule**. Include any changes in coverage or deductible.

2. Are any vehicle(s) used seasonally? Yes No
 (If yes, please indicate on the vehicle schedule which vehicle(s) and how many months they are not used.) *Sweeper & roller*

NYMIR RENEWAL SUPPLEMENTAL EXPOSURE APPLICATION

Exposure	Yes	No	Contracted	Exposure Base
Automobile Racing Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Facilities
Beach/Lake Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Beaches # of Months in use
Bleachers				
100 – 500 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Locations
501 – 1000 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Locations
1001 – 5000 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Locations
> 5000 Seats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Locations
Carnivals*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
Concession Stands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
DAMS/DIKES/LEVEES/RESERVOIRS†				SEE SEPARATE APPLICATION
Day Care Nurseries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Children
Electric Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Distribution Payroll Generation Payroll
Emergency Medical Personnel (if not separately insured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Employees # of Volunteers
Fairs/Festivals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of Events Receipts

TABLE RENTAL TO VENDORS

* There is no coverage for Mechanical Rides

† A separate application must be filled out for each structure. NYMIR Underwriting will evaluate each structure before coverage will be provided by form MPL 219 03 07.

‡ "Existence hazard coverage due to the existence of dams, dikes, levees or reservoirs is automatically included. If downstream dam failure is being requested the Dam, Dike and Levee questionnaire must be fully completed and a copy of the most recent inspection by the New York State - Department of Environmental Conservation must be included."

NYMIR RENEWAL SUPPLEMENTAL EXPOSURE APPLICATION

Exposure	Yes	No	Contracted	Exposure Base
Fire Department [‡] (if not separately insured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fireworks (Sponsor's Risk)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Locations/Days
Garbage Collection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payroll
Golf Courses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
Holding Cells	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Cells
Housing Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Square Footage
INDUSTRIAL DEVELOPMENT AGENCY [§]	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEE SEPARATE APPLICATION
				Square Footage
Jails	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Employees
				# of Cells
				# of Inmates
Libraries/Museums	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2744 Square Footage
Marinas/Boatyards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Square Footage
Nursing Homes/Medical Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Separate Application Required
Sewer Facility [*]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payroll
				(2) # of Miles

*PLANT OPERATION IS CONTRACTED TO VRI
 - CLERK STIPEND =
 - BUDGET < \$500 FOR MINOR REPAIRS/MAINT.

[‡] If Fire Department is separately insured, enter the name of the insurance company.

[§] Provide description of each IDA. NYMIR Underwriting will evaluate each IDA before coverage will be provided.

NYMIR RENEWAL SUPPLEMENTAL EXPOSURE APPLICATION

Exposure	Yes	No	Contracted	Exposure Base
Skating Facilities				
Ice Skating Rinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
Roller Skating Rinks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Rinks
Skateboard Parks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Parks
Ski Facility				
Ski Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
				# of Lifts
Stadiums				
Stadiums	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
				Seating Capacity
Street and Roads				
Street and Roads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58 # of Miles
Swimming Pools				
Swimming Pools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) # of Pools
Transportation System				
Transportation System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Square Footage
< 50 Buses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Square Footage of Terminal
Watercraft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
Rail	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Receipts
Aircraft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coverage not provided by NYMIR
Water Department/Utility				
Water Department/Utility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payroll
Watercraft < 26 Feet **				
Watercraft < 26 Feet **	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Watercraft
Wharves/Waterfront Property *				
Wharves/Waterfront Property *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Square Footage
Zoos				
Zoos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	# of Zoos

* TOWN LANDING WITH FLOATS + DOCKS

** Coverage only available for watercraft less than 26 feet

** DOES NOT APPLY **

Industrial Development Association (I.D.A.) Questionnaire

After we have the opportunity to review the following information, we should be able to underwrite the exposures.

1. Is the I.D.A. separately insured, with what company? If yes no other questions need to be answered.

2. What is the composition of the I.D.A. board?

3. How long has the I.D.A. been in existence?

4. Has the operation of the I.D.A. changed since its inception?

5. Are there any current or prior losses?

6. Is there any NYS or federal involvement with the I.D.A.?

7. Provide a comprehensive description of the activities of the I.D.A. including any construction operations that may be associated with the I.D.A.

8. Provide a copy of the contract/charter/covering agreement under which the I.D.A. operates.

9. Does the I.D.A. own any property? Yes/No If yes, please list.

GOVERNMENTAL CRIME COVERAGE

**ACORD Applications are acceptable in place of this section.*

Limits Requested

Employee Theft \$ 50,000
 Includes Tax Collector and Treasurer

Forgery Alteration \$ _____

Inside the Premises
 Theft of Money and Securities \$ _____

Robbery/Safe Burglary \$ _____

Outside the Premises \$ _____

Computer Fraud \$ _____

Funds Transfer Fraud \$ _____

Money Orders \$ _____

Deductible Option

Are Separate Excess Limits required for Employee Theft? _____ Yes No

If yes, specify names and positions

Name	Position	Excess Limit

Indicate what Security Provisions apply and identify who performs the function and how often:

Function	Yes	No	Performed
Audit	X		Loni Dory CPA Rachelle monthly
Review of Bank Statements	X		Town Board ^{Provided} monthly
Countersignatures		X	
Reconciliation	X		Shelly or Kim monthly