

## Robert A. Sweeney Agency Inc.

REAL ESTATE AND INSURANCE

*"Service That Excels"*

282 CANISTEO STREET, P.O. BOX 585 HORNELLS, NEW YORK 14843

(607) 324-5700 FAX (607) 324-1490

January 27, 2016

RECEIVED  
JAN 29 2016  
JCN

John Negley, District Manager  
Tompkins County Soil & Water  
170 Bostwick Road  
Ithaca, NY 14850

Dear John,

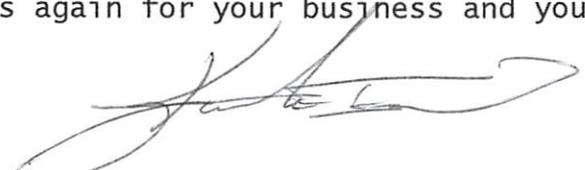
Please find enclosed your renewal insurance package with Trident Insurance. Included is a Binder (temporary policy), Vehicle ID cards, three forms that require your signature, billing invoice and a detailed proposal showing coverages.

The three forms that need your signature are one for rejections of Terrorism, one to raise Underinsured motorist \$50,000 to \$1,000,000 and a general information sheet.

The premium this year is \$6,328.00 which is higher than last year most of this is due to increasing your property by 4%.

Please make your check out to KI Consulting and mail back in the envelope provided. Additionally return the 3 forms in the envelope as well.

Thanks again for your business and your trust.



Ken Isaman  
ROBERT A. SWEENEY AGENCY INC.



**TRIDENT**  
PUBLIC RISK SOLUTIONS

*Member Aiga Group*

## TRIDENT INSURANCE BROKERAGE

INSURANCE PROPOSAL  
FOR:

**Tompkins County Soil and Water, New York**

PRESENTED BY:

**Robert A Sweeney Agency, Inc**

EFFECTIVE DATE:

**02/01/2016 - 02/01/2017**

PREPARED BY:

**Whitney Carpenter**

Underwriter for Trident Insurance Brokerage

P.O. Box 469009  
San Antonio, TX 78246  
(800) 444-3916 phone  
(413) 774-3916 fax

This quotation is valid for thirty (30) days from the date of quotation or the inception date, whichever is later.  
Extensions may be granted upon request to TRIDENT.

01/18/2016



Trident Insurance Brokerage is dedicated to servicing the insurance needs of preferred governmental agencies throughout the state of New York. Our organization has over a century of experience and success in providing services and solutions to our Public Entity clients. We are committed to providing a competitive program with a comprehensive insurance package.

Our CLAIMS department brings the experience of having settled over 75,000 Public Entity claims in the past 15 years. This brings an unsurpassed level of knowledge and expertise to the program.

Our MARKETING unit partners with local independent agents to seek out and gather information from select governmental entities in order to provide a tailored insurance package that focuses on the specific need of each individual entity.

Our UNDERWRITING staff specializes only on governmental entities. We help to identify the needs of our future insureds and provide solutions to those needs.

Trident offers coverage through the Argonaut Group of Companies.

**Argonaut Insurance Company (AM Best Rating of A)**

**Argonaut Great Central Insurance Company (AM Best Rating of A)**

## Policy Holders Notice

According to a report published by the Federal Trade Commission (FTC) on January 22, 2004 titled, *National and State Trends in Fraud and Identity Theft*, for the fourth year in a row, identity theft has topped the list of consumer complaints.

**What is Identity Theft?** Identity theft occurs when someone wrongfully obtains and uses your "personal" or "financial" information to commit fraud or other crimes. Personal information includes your name, date of birth, social security and driver's license number. Financial information is typically referred to as credit card, bank account and phone card numbers.

**What Does Identity Theft Cost You, The Victim?** With identity theft, time is money. The biggest cost is the time and emotional toll incurred by you, the victim. Restoring your name and good credit can be a confusing, time-consuming process often requiring significant out-of-pocket expenses. In the meantime you may be denied jobs, loans, housing or may even get arrested for crimes you did not commit. Unfortunately, based on the experience of thousands of victims it can often take months, and even years, to navigate the frustrating, identity recovery process.

**Identity Theft Insurance** Because we value your business and the trust you've placed in us, we've enhanced our commercial property products to include Identity Recovery Coverage. While many financial institutions provide protection for the actual fraud loss, most individuals have no help for the time and expense required to restore their personal identity. In response to this need we've created coverage that includes the services of identity theft recovery counselors, case managers and for expense reimbursement, an annual aggregate limit of \$5,000 per insured.

**1. Identity Theft Recovery Counselors** Identity theft recovery counselors are on-call toll free to provide advice and assistance if you think you may be a victim of identity theft - or if you have questions about the issue.

**2. Case Management Service** If you are the victim of identity theft, a case manager will be assigned to help you recover control over your personal identity. This help may include:

- Calling credit bureaus and creditors and facilitating communications between you and the person who can correct your records
- Assisting you with the review of your credit reports to identify errors and coordinating the action necessary to correct errors
- Keeping detailed records of the steps taken and remaining in the process

**3. Expense Reimbursement** Expense reimbursement coverage pays for the reasonable and necessary expenses incurred as a direct result of identity theft. Expenses include but are not limited to:

- The cost of obtaining credit reports
- Certain legal fees caused by identity theft

The first step, should you suspect that you are a victim of identity theft is to call our toll free Identity Recovery Help Line at (888) 772-1797. Identity recovery counselors are available Monday through Friday from 8: AM to 8: PM eastern standard time.

The Identity Recovery Coverage endorsement is included with the enclosed policy. We encourage you to read it carefully. You have the option to have this coverage deleted from your policy. If you wish to do so, please contact your agent.

## **GENERAL LIABILITY (PE-4613638-09) ARGONAUT**

Occurrence Form

### **Standard Coverage**

	<b><u>Limit</u></b>
Bodily Injury/Property Damage	1,000,000
Personal Injury/Advertising Injury	1,000,000
Damages to premises rented to you	100,000
Employee Benefits (\$1,000 deductible applies)	Included
General Aggregate	2,000,000
Products/Completed Operations Aggregate	2,000,000
Deductible (Expenses not included within retention)	None

### ***Each Occurrence***

**PREMIUM** **2,465**

### **General Liability Features and Benefits**

#### **Description**

"Pay On Behalf" Form  
Additional Insureds by Written Agreement, Contract or Permit  
Chartered Aircraft Liability  
Contractual Liability  
Defense Costs in Addition to Limit of Liability  
Extended Property Damage  
Host Liquor Liability  
Non Auditable Policy  
Premises / Operations  
Products / Completed Operations  
Special Events (subject to company approval)  
Supplementary Payments - Bail Bonds  
Supplementary Payments - Daily Loss of Earnings  
Watercraft Liability  
Broadened Definition of Who Is Insured

## **PUBLIC OFFICIALS' LIABILITY (PO-4613638-09) ARGONAUT**

Claims Made Form

### **Standard Coverage**

	<u>Limit</u>
Per Wrongful Act	1,000,000
Annual Aggregate	2,000,000
Per Employment Related Wrongful Act	1,000,000
Employment Related Wrongful Act Aggregate	1,000,000
Deductible	2,500

### ***Each Wrongful Act***

Prior Acts/Retroactive Date 07/05/2001

**PREMIUM 1,018**

### **Public Officials' Liability Features and Benefits**

#### **Description**

"Pay On Behalf" Form

Broad Form Named Insured

Civil Rights Violations

Licensing & Permitting Coverage

Non Auditable Policy

Zoning Coverage

## COMMERCIAL AUTOMOBILE LIABILITY (BA-4613638-09) ARGONAUT

<u>Standard Coverage</u>	<u>Limit</u>	<u>Symbol</u>
Liability Limit	1,000,000	1
Deductible	None	
Personal Injury Protection	50,000	5
Uninsured Motorist	1,000,000	6
Underinsured Motorist	1,000,000	6
<b>Total Units Quoted</b>	<b>4</b>	
<b>PREMIUM</b>		<b>1,140</b>

## COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE (BA-4613638-09) ARGONAUT

<u>Standard Coverage</u>	<u>OCN</u>	<u>Deductible</u>	<u>Units</u>	<u>Valuation</u>	<u>Symbol</u>
Comprehensive	102,402	500	3	ACV	10
<b>Total Comprehensive</b>	<b>102,402</b>		<b>3</b>		
Collision	102,402	500	3	ACV	10
<b>Total Collision</b>	<b>102,402</b>		<b>3</b>		
<b>PREMIUM</b>					<b>552</b>

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### FLEET AUTOMATIC

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The premium quoted is the final annual premium. Subject to the conditions described in item #2 below, this coverage will not be audited.

#### # 1 - Commercial Automobile Liability

Coverage is automatically provided for ANY AUTO the entity owns or acquires during the Policy Period.

#### # 2 - Commercial Automobile Physical Damage

Coverage is provided on a "Fleet Automatic" basis. This means that any auto(s) the entity acquires during the term of the policy will be covered automatically, provided it is an additional new auto or replaces an auto the entity previously owned which had Physical Damage coverage. The entity must inform Trident that they desire Physical Damage coverage for these autos within 30 days after the entity acquires the auto(s). The entity must submit a request for coverage for any auto(s) which do not meet the conditions outlined above. Coverage for these autos will be added by endorsement.

**IMPORTANT NOTE:** The Insured should continue to submit all change request to their agent and the agent should submit copies of all requests to Trident to insure accurate record keeping and claims verification.

## COMMERCIAL PROPERTY (PE-4613638-09) ARGONAUT

<u>Standard Coverage</u>	<u>Limit</u>
Building	0
Contents	39,478
TOTAL INSURED VALUES	39,478
Loss Limit	No
Scheduled Amount Applies	
Cause of Loss Form	Special
Co-insurance	90%
Deductible	1,000
Valuation	RC
Inflation Guard	4%
<b>TOTAL PREMIUM</b>	<b>351</b>

<u>Other Perils</u>	<u>Total Insured Values</u>	<u>Deductible</u>
Equipment Breakdown Coverage	39,478	1,000

<u>Additional Coverage</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
Identity Recovery Coverage	5,000	N/A	\$105

### Equipment Breakdown

<u>Description</u>	<u>Limit</u>
Limit	39,478
Business Income & Extra Expense	Per CP-360 unless otherwise specified
Expediting Expenses	100,000
Hazardous Substances	100,000
CFC Refrigerants	Included
Data Restoration	100,000
Boiler Inspection	Included
Computer Equipment	100,000
Deductible	1,000

### Commercial Property Features and Benefits

<u>Description</u>	<u>Limit</u>	<u>Revised Limit</u>	<u>Deductible</u>
Accounts Receivable	100,000		
Building Ordinance or Law			
Loss to Undamaged Portion of Building	Building Limit		
Demolition Cost Coverage	100,000		
Increased Cost of Construction	100,000		
Changes in Temperature or Humidity	50,000		
Commandeered Property	100,000		
Common Deductible Provision	Included		
Communications Equipment	50,000		
Computer Equipment	50,000		
Detached Signs	5,000		
Electrical Damage	50,000		
Extra Expense and Business Income	100,000	250,000	1,000
Fairs, Exhibitions, Expositions or Trade Shows	50,000		
Fine Arts	50,000		
Fire Department Service Charge	5,000		
Flagpoles	5,000		
Foundations	Included		
Glass	Included		
Glass Display or Trophy Cases	5,000		
Grounds Maintenance Equipment	50,000		
Lock Replacement	500		
Money and Securities			
Inside Premise	5,000	10,000	500
Outside Premise	5,000	10,000	500
Newly Acquired or Constructed Property			
Building	1,000,000		
Personal Property	500,000		
Off Premises Utility Failure	50,000		
Outdoor Property			
Any one Tree, Shrub or Plant	1,000		
Total Limit	50,000		
Personal Effects and Property of Others			
Any one Employee or Volunteer	1,500		
Any One Occurrence	50,000		
Replacement Cost Valuation	Included		
Pollutant Clean up and Removal	25,000		
Premises Boundary Increased Limit	1,000 Feet		
Property in Transit	50,000		
Property Off-Premises	50,000		
Sewer Back-Up	Included		
Spoilage	10,000		
Valuable Papers	100,000		

## **COMMERCIAL INLAND MARINE (PE-4613638-09) ARGONAUT**

<b><u>Standard Coverage</u></b>	<b><u>Limit</u></b>	<b><u>Deductible</u></b>	<b><u>Valuation</u></b>
Hired, Leased, Borrowed Equipment	100,000	500	
Miscellaneous Scheduled	90,000	500	
Miscellaneous Unscheduled	10,000	500	
Subject to maximum amount of: 1,000 per item			
<b>PREMIUM</b>			<b>387</b>

## **COMMERCIAL CRIME (PE-4613638-09) ARGONAUT**

<b><u>Standard Coverage</u></b>	<b><u>Limit</u></b>	<b><u>Deductible</u></b>
Public Employees Dishonesty	50,000	500
<b>PREMIUM</b>		<b>182</b>

## **OCP 1 (OCP1-4613638-09) ARGONAUT**

<b><u>Standard Coverage</u></b>	<b><u>Limit</u></b>
Each Occurrence Limit	1,000,000
Annual Aggregate	2,000,000
Work Permit	
New York State Canal Corporation	
<b>PREMIUM</b>	<b>200</b>

The following is a price breakdown for this quotation:

<b><u>Coverage</u></b>	<b><u>Premium</u></b>
General Liability	2,465
Public Officials' Liability	1,018
Commercial Automobile Liability	1,140
Commercial Automobile Physical Damage	552
Commercial Property	351
Commercial Inland Marine	387
Commercial Crime	182
OCP 1	200
<b>TOTAL</b>	<b>6,295</b>

The total premium shown **DOES NOT** include a charge for Certified Acts of Terrorism coverage. The amount of additional premium to **include** this coverage is: **\$97**

**Estimated Taxes And Fees**

New York Motor Vehicle Fee	30.00
New York Fire Insurance Fee	3.63
<b>Total Estimated Taxes and Fees</b>	<b>33.63</b>
<b>Total Premium including Taxes and Fees</b>	<b>6,328.63</b>

**ROBERT A. SWEENEY AGENCY INC.**  
282 CANISTEO STREET, HORNELL, NY 14843  
PHONE 607 324 5700  
FAX 607 324 1490

Tompkins County Soil & Water  
170 Bostwick Rd  
Ithaca, NY 14850

BILLING DATE:02/01/2016

DATE	N#	DESCRIPTION	CHARGES
02/01/16		GENERAL LIABILITY	\$2465.00
		PUBLIC OFFICIALS' LIABILITY	\$1018.00
		COMMERCIAL AUTO LIABILITY	\$1140.00
		COMMERCIAL AUTO PHYSICAL DAMAGE	\$552.00
		COMMERCIAL PROPERTY	\$351.00
		COMMERCIAL INLAND MARINE	\$387.00
		COMMERCIAL CRIME	\$182.00
		OCP-1	\$200.00
		NEW YORK MOTOR VEHICLE FEE	\$30.00
		NEW YORK FIRE INSURANCE FEE	\$3.63
		TOTAL	\$6328.63

PLEASE MAKE CHECKS PAYABLE TO K. I. CONSULTING

# PUBLIC ENTITY GENERAL INFORMATION

In order to best assess your needs and provide you with an integrated and tailored program, we need the following:

- ◆ Completion of this application and any supplemental applications.
- ◆ Up-to-date schedules.
- ◆ Five (5) years of currently valued loss runs.

Submit completed application to [underwriting@tridentinsurance.net](mailto:underwriting@tridentinsurance.net) or mail to us at:

Trident, P.O. Box 469011, San Antonio, TX 78246  
Toll Free: 1-877-474-8808 Fax: 1-210-342-8193

## ENTITY

Entity Name: Tompkins County Soil & Water

Entity Mailing Address: 170 Bostonick Road 1  
Ithaca N.Y.

Entity Physical Address: SAME

Email Address: www.teswcd.org

Entity Population: 34,000

Primary Contact/Title: John Nesler

Loss Control Contact: John Nesler

FEIN:

Phone: 607 257 7870 2340

County: Tompkins

Fax #: N/A

Number of Full Time Employees: 5

Phone: SAME

Phone:

## KEY DATES

Effective Date: 2/1/17

Agency Need-by Date: \_\_\_\_\_

Date Submitted: 1/25/17

Bid Meeting Date:

## SUBMITTING AGENCY

Agency: Robert A. Sweeney Agency

Producer: Ken Isaman

Mailing Address: 282 Canistota St. Hornell N.Y.

Phone: \_\_\_\_\_

Fax #:

Agent's License No.:

Email Address:

How did you hear about us?  Email/Web  Mailer  Referral  Trade Magazine

Trade Show/Seminar  Trident Sales Representative  Other

Please indicate your current resident license number, as all agents participating in this program must comply with their state licensing requirements.

Any person who knowingly and with intent to defraud any insurance company or another 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 facts material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, or OR; in ME and VA, insurance benefits may also be denied.)

The undersigned declares that, to the best of his/her knowledge, the information set forth in this application is true and complete.

(X)

SIGNATURE OF AUTHORIZED OFFICER

TITLE

DATE

SIGNATURE OF AGENT OR BROKER

TITLE

DATE

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase terrorism coverage for a prospective premium of <u>\$ 99</u> .
<b>X</b>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Trident Insurance Brokerage  
Company

4613638-09  
Policy Number

*TEMPK.HS County Soil+water*

Tompkins County

II. OFFERINGS

A. OFFER OF STATUTORY UNINSURED MOTORISTS (UM) COVERAGE (SPLIT LIMITS)

This box should be marked if this section is applicable to you.

Offer of UM Coverage Amount of Premium (if any)
\$25,000 / 50,000

PLEASE RESPOND HERE:

Do you wish to purchase UM coverage with \$25,000/\$50,000 split limits? Yes: No:

B. OFFER OF SUM COVERAGE (SPLIT LIMITS)

This box is marked if this section is applicable to you.

Offer of SUM Coverage Amount of Increased Premium (if any)
/ /

PLEASE RESPOND HERE:

Do you wish to purchase SUM coverage with split limits? Yes: No:

If you answer is yes, then specify the limits which you desire:

I select:

C. OFFER OF SUM COVERAGE (COMBINED SINGLE LIMIT)

This box is marked if this section is applicable to you.

I select:

Offer of SUM Coverage Amount of Increased Premium (if any)
1,000,000 /

PLEASE RESPOND HERE:

Do you wish to purchase SUM coverage with a combined single limit? Yes: No:

If your answer is yes, then specify the limit which you desire:

I select:

ACKNOWLEDGEMENT OF APPLICANT(S)

I/We hereby acknowledge that I/we have read, or have had read to me, the above explanations and offers of SUM coverage. I/We have indicated whether or not I/we wish to purchase each coverage in the spaces provided. I/We further understand that the above explanations of these coverages are intended only to be brief descriptions of SUM coverage.

SIGNATURE

PRINT OR TYPE NAME

SIGNATURE

PRINT OR TYPE NAME

Tompkins County

# NEW YORK STATE INSURANCE IDENTIFICATION CARD

**485 Argonaut Insurance Company**

Name & Address of Issuer **Robert A. Sweeney Agency, Inc.**  
**282 Canisteo St.**  
**PO Box 585**  
**Hornell, NY 14843**

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**TOMPKINS;COUNTY;SOIL  
AND;WATER;CONS;DISTR  
170 BOSTWICK ROAD  
ITHACA NY 14850**

Policy Number  
**BA-4613638-09**

Effective Date      Expiration Date  
**02/01/2016**      **02/01/2017**  
12:01 a.m.      12:01 a.m.  
(Not acceptable to obtain registration  
after 45 days from effective date.)

Applicable with respect to the following  
Motor Vehicle:

<u><b>2012</b></u>	<u><b>NISSA</b></u>
Year	Make
<u><b>JN8AS6MV6CW717100</b></u>	
Vehicle Identification Number	

**THIS ID CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

**WARNING: Any person who issues  
or produces an ID card knowing that  
an Owner's Policy of insurance is not in  
effect may be committing a misdemeanor.  
In addition, a person who presents  
an ID card if insurance is not in  
effect may be committing a  
misdemeanor.**

The name of the registrant and the  
name of the insured must coincide.

**REPLACEMENT VEHICLE NOTATION:  
DMV WILL ONLY PROCESS A VEHICLE  
CHANGE (RE-REGISTRATION) USING  
THE REPLACED VEHICLE'S CURRENT  
REGISTRATION.**

FS-20

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Motor Vehicle:

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Year	Make
<u><b>JN8AS6MV6CW717100</b></u>	
Vehicle Identification Number	

**THIS ID CARD MUST BE CARRIED  
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PRODUCTION UPON DEMAND**

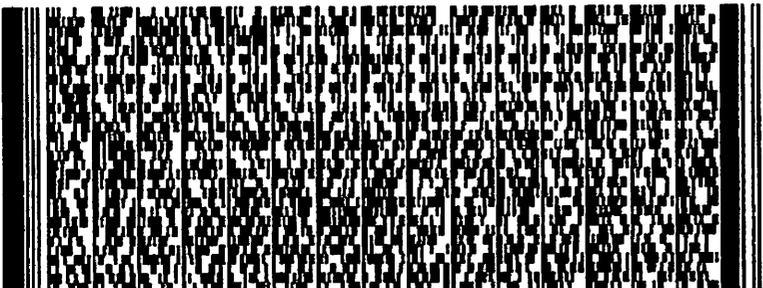
**WARNING: Any person who issues  
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In addition, a person who presents  
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DMV WILL ONLY PROCESS A VEHICLE  
CHANGE (RE-REGISTRATION) USING  
THE REPLACED VEHICLE'S CURRENT  
REGISTRATION.**

FS-20

## FAX: Scanable Bar Code



## FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode



# NEW YORK STATE INSURANCE IDENTIFICATION CARD

485 Argonaut Insurance Company

Name & Address of Issuer **Robert A. Sweeney Agency, Inc.**  
282 Canistota St.  
PO Box 585  
Hornell, NY 14843

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AND;WATER;CONS;DISTR  
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ITHACA NY 14850

Policy Number  
**BA-4613638-09**

Effective Date      Expiration Date  
**02/01/2016**      **02/01/2017**  
12:01 a.m.      12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)  
Applicable with respect to the following Motor Vehicle:

**2010**      **FORD**  
Year      Make

**1FTFX1EV9AKE77967**  
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

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PO Box 585  
Hornell, NY 14843

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

TOMPKINS;COUNTY;SOIL  
AND;WATER;CONS;DISTR  
170 BOSTWICK ROAD  
ITHACA NY 14850

Policy Number  
**BA-4613638-09**

Effective Date      Expiration Date  
**02/01/2016**      **02/01/2017**  
12:01 a.m.      12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)  
Applicable with respect to the following Motor Vehicle:

**2010**      **FORD**  
Year      Make

**1FTFX1EV9AKE77967**  
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FS-20

## FAX: Scannable Bar Code



## FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scannable bar code will be retained
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable barcode

UNITED STATES DEPARTMENT OF JUSTICE

Washington, D.C. 20535

MEMORANDUM FOR THE ATTORNEY GENERAL

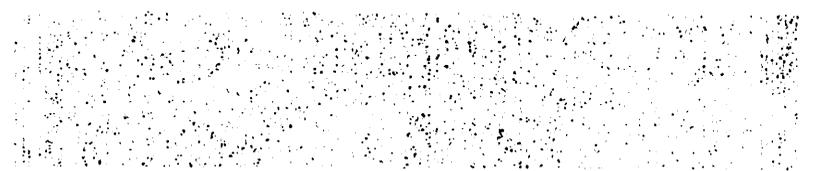
DATE: 10/15/68

TO: THE ATTORNEY GENERAL

FROM: [Name]

SUBJECT: [Subject]

[Text]



[Text]

# NEW YORK STATE INSURANCE IDENTIFICATION CARD

485 Argonaut Insurance Company

Name & Address of Issuer **Robert A. Sweeney Agency, Inc.**  
282 Canisteo St.  
PO Box 585  
Hornell, NY 14843

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(Not acceptable to obtain registration after 45 days from effective date.)  
Applicable with respect to the following Motor Vehicle:

**2008**      **FORD**  
Year      Make  
**1FDXX47R18EE17899**  
Vehicle Identification Number

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



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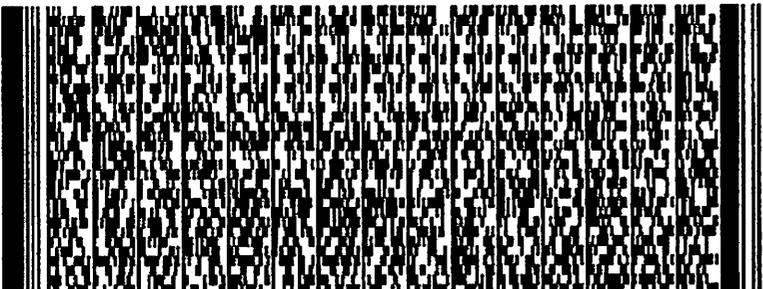
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/28/2016

<b>PRODUCER</b> Robert A Sweeney Agency Inc 282 Canisteo Street Hornell, NY 14843	<b>THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>												
<b>INSURED</b>  Tompkins County Soil & Water Conservation District 170 Bostwick Road Ithaca, NY 14850	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: Trident Ins/Argo Ins</td> <td>19801</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: Trident Ins/Argo Ins	19801	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>												
INSURER A: Trident Ins/Argo Ins	19801												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PE-4613638-08	02/01/2016	02/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$								
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comprehensive- 500 <input checked="" type="checkbox"/> collision - 500	BA-4613638-08	02/01/2016	02/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
A	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	UMB-4613638-08	02/01/2016	02/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">WC STATUTORY LIMITS</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
A	<b>OTHER</b> Public Officials Liability	PO-4613638-08	02/01/2016	02/01/2017	\$1,000,000 per wrongful act \$2,000,000 each aggregate \$2,500 ded								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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