

OGDENSBURG CITY SCHOOL DISTRICT
OGDENSBURG, NEW YORK

SUBJECT: Contract Between the Ogdensburg City School District and the
Heuvelton Central School District

DATE: November 15, 2021

REASON FOR BOARD CONSIDERATION:

The Commissioners must review and approve all contracts for the
Ogdensburg City School District.

FACTS AND ANALYSIS:

Mr. Kevin K. Kendall, Superintendent and Mr. Christopher Kirwan,
Facilities Manager III/Director of Transportation, will review the
contract for the Ogdensburg City School District to use the
Heuvelton Central School District's bus garage work bay with lift
to service and inspect Ogdensburg City School District buses as
per the attached contract proposal.

RECOMMENDED ACTION:

Moved by _____ and supported by _____ that,
having the approval of the Superintendent of Schools, the Board
of Education of the Ogdensburg City School District hereby
approve the attached contract with the Heuvelton Central
School District this 15th day of November 2021.

APPROVED FOR PRESENTATION TO THE BOARD:



Superintendent

KK/alf
Attachment



HEUVELTON

CENTRAL SCHOOL DISTRICT

**Proposal Between the Heuvelton Central School District
and
Ogdensburg City School District**

Proposed: Heuvelton Central School and Ogdensburg City School District agree to the following conditions for the school year starting July 1, 2021 through June 30, 2022.

Heuvelton Central School will provide a work bay with lift at their bus garage, located at 58 Rensselaer Street, for intermittent inspection and maintenance of Ogdensburg buses. Availability is contingent upon the needs of Heuvelton Central School, which takes priority. Requests should be made at least one week in advance, to the attention of David Basford (cell: 315 323 4378; dbasford@heuvelton.k12.ny.us), to optimize availability, though Heuvelton Central School will try to accommodate all requests. This will be billed at the rate of \$200 per month.

A condition of this contract is that Ogdensburg City School District list Heuvelton Central School District as an additional insured on their general liability policy.

Heuvelton Central School District


Jesse Coburn, Superintendent

10/8/21
Date

Ogdensburg City School District


Kevin Kendall, Superintendent

10/8/21
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Haylor Freyer & Coon, Inc. 1402 Washington Street Watertown NY 13601-6720	CONTACT NAME: Melissa Stuckey
	PHONE (A/C, No, Ext): 315-800-1789 FAX (A/C, No):
	E-MAIL ADDRESS: mstuckey@haylor.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Republic Franklin Insurance Co. NAIC # 12475
	INSURER B: Utica National Ins Co. of OH 13998
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1531301427

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		CPP1796664	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAC3318695	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		CULP1796666	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse or Molestation			CPP1796664	7/1/2021	7/1/2022	\$1,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured per form 8E3042 Educational Institution Coverage Endorsement
RE: USE OF BUS GARAGE

CERTIFICATE HOLDER

CANCELLATION

Heuvelton CSD
87 Washington St.
P. O. Box 375
Heuvelton NY 13654

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John D. Freyer

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