



Contact The Comptroller [#87]

Thomas Newton to: bobantonacci, nancycampolito

07/30/2015 02:00 PM

Your Name (required) Thomas Newton

Your e-mail Address (required) tc_newton@yahoo.com

Please enter your message below: I would like to FOIL What is the Onondaga County taxpayer dollar amount paid to Jubilee Homes of Syracuse over the past ten years?

CL

STRAIGHT CLAIM

CL

299734

CLAIMED BY

MUST BE EXECUTED BY VENDOR AND RETURNED

Jubilee Homes of Syracuse, Inc.
901 Tallman Street
Syracuse, NY 13204

PREPARED BY

CLM

PREP DATE

7/27/15

PRE AUDIT

ENTRY

PHONE #

3346 x4113

ORDERING DEPARTMENT NAME/AGENCY

Finance - Budget

ORDER DATE

PERSON APPROVING

DATE

SPECIFIC DESCRIPTION OF GOODS OR SERVICES

QUANTITY

UNIT PRICE

TOTAL LINE

Payment per attached contract

7,500.00

THIS CERTIFICATION MUST BE MADE BY CLAIMANT PERSONALLY IF AN INDIVIDUAL
OR A MEMBER OF THE FIRM OR OFFICER OF A COMPANY

I hereby certify the above articles were sold and delivered and the above services rendered to the COUNTY OF ONONDAGA on the dates and for the prices billed; that the bill is just, true and correct; that no part thereof has been paid except as stated therein and that the balance therein stated is actually due and owing, that all laws have been complied with, and that taxes from which the County is exempt are excluded therefrom. I hereby warrant that there is no person forbidden by law to be interested in this claim who will benefit from, or is a party hereto.

TOTAL 7,500.00

AUDITED &
ALLOWED

7500.00

SIGNATURE

DATE

NAME OF COMPANY

DOCUMENT NUMBER CL 299734

VENDOR NUMBER/SUFFIX

0000016804 ✓

DOCUMENT AMOUNT

7500.00

DUE DATE (MM/DD/YY)

7/31/15

NO. OF LINES

1

SINGLE CHECK Y OR N (CIRCLE ONE)

PD BY CHECK #

SFX	DOC REF/SFX	DESCRIPTION - 26 Character Maximum				
	AMOUNT	SPEED TYPE	ACCOUNT	USER CODE	PROJECT	SUBSIDIARY
01	7500.00	CT 21315 280347	658560			
02						
03						
04						
05						

DEPARTMENT: Management & Budget

CONTRACT NO. 21315

The County of Onondaga (County) and Jubilee Homes of Syracuse, Inc. (Contractor) at 901 Tallman Street, Syracuse, New York 13204, agree that:

TERM

The term of this agreement shall be from July 1, 2015 through June 30, 2016.

This agreement may be terminated without cause, by County or Contractor, by either's giving written notice of termination to the other at least 30 days in advance of termination. This agreement may be terminated for cause, by County, by County's giving written or oral notice of termination to Contractor at any time.

Except as is otherwise stated in this agreement, neither County nor Contractor shall have or make any claim for damages against the other for the other's terminating this agreement.

SCOPE OF SERVICES

Contractor shall provide the goods, equipment, work, or services being the Southwest Economic Business Resource Center Economic Development as outlined in the 2015 Scope of Services incorporated and made a part of this agreement.

No goods, equipment, work, or services may be provided under this agreement until County and Contractor have signed the writing of this agreement and notice to proceed has been given to Contractor by County.

COMPENSATION

County shall pay Contractor, in consideration of all goods, equipment, work, or services furnished by Contractor under this agreement, an amount not to exceed \$7,500.00 as outlined in the budget incorporated and made a part of this agreement.

All payment shall be made in accordance with procedures established by County's comptroller. County's Department of Management & Budget is hereby designated to act on behalf of County in directing and reviewing Contractor's services. Contractor shall report directly to Steve Morgan, Chief Fiscal Officer or other designee.

DEFENSE, INDEMNIFICATION AND HOLD HARMLESS

A. The Contractor covenants and agrees to indemnify, defend and hold harmless, to the fullest extent permitted by law, the County of Onondaga, its officers, agents and employees and representatives in connection with this Agreement, from and against any and all loss or expense that may arise by reason of liability for damage, injury or death, or for invasion of personal or property rights, of every name and nature including but not limited to: (i) claims of property damage; (ii) claims of personal injury to Contractor if self employed, Contractor's employees, agents, or subcontractors; (iii) claims of personal injury to third parties; and (iv) reasonable attorneys' fees, whether incurred as the result of a third party claim or to enforce this contract: arising out of or resulting directly or indirectly from the performance of the work or the enforcement of this Contract, irrespective of whether there is a breach of a statutory obligation or rule of apportioned liability; and whether casual or continuing trespass or nuisance, and any

other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of misfeasance, omission of duty, negligence or wrongful act on the part of the Contractor.

B. Without otherwise limiting the scope of the indemnity provisions set forth in paragraph (A) herein, if Contractor serves upon the County, within ten (10) calendar days of being notified by County of a claim a duly executed copy of a letter from Contractor to Contractor's various insurers, providing notice of the Claim requesting that the Insurer provide defense therefore, and if within sixty (60) days thereafter, Contractor provides to the County a duly certified letter from Contractor's insurer(s): (i) Giving notice to Contractor that the claim is not within the scope of coverage of insurance contracts that Contractor is obligated to obtain and maintain in force pursuant to the terms of this AGREEMENT or; (ii) A Reservation of rights Letter; Together with (Contractor's duly signed consent to joinder in any pending action and to participation in settlement of the claim, the County shall assume the cost of defending the claim. Provided, however, that the County reserves All rights pursuant to applicable law and Paragraph A of this Section to seek recovery of all costs incurred by the county in defending the claim to the fullest extent allowed by applicable law. The County's reservation of rights as set forth herein is without prejudice to Contractor's right to seek to limit the obligation to indemnify the County for defense costs incurred by the County to the percentage of the claim or damages caused by the negligence or other fault of the Contractor.

The Contractor further covenants and agrees to obtain the necessary insurance as required by the General Obligations Law of the State of New York and this contract to effectuate this Hold Harmless clause, and shall name the County of Onondaga as an additional insured on all applicable insurance and indemnification. (See also insurance provision).

INSURANCE

Contractor shall purchase and maintain insurance of the types and coverages set forth below, written on an occurrence basis, reasonably acceptable to the County of Onondaga and which will provide primary liability coverage to Contractor AND WITH THE COUNTY NAMED AS AN ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTING BASIS for claims which may arise out of or result from Contractor's operations under the Contract, including without limitation (i) claims because of bodily injury, occupational sickness or disease, or death, whether to Contractor if self-employed, Contractor's employees or others and whether or not under a workers' compensation or other similar act or law for the benefit of employees; and (ii) claims because of injury to or destruction of tangible property, including loss of use resulting therefrom. As the sole exception to the foregoing, the Contractor shall not be required to name the County as an additional insured on policies issued to it for the professional liability of the Contractor.

All policies shall be written so that the County of Onondaga will be notified of cancellation or restrictive amendment at least thirty (30) days prior to the effective date of such cancellation or amendment. Certificates or insurance from the carrier, or their authorized agent, with the appropriate additional insured endorsement attached showing the County of Onondaga as an additional insured and stating the limits of liability, expiration date which are acceptable to the County of Onondaga shall be filed with and accepted by the County of Onondaga before operations are begun. The intent is that this insurance, with the County of Onondaga being named as an additional insured, is to be primary over and above the County of Onondaga's own general liability coverage.

The Contractor agrees to obtain and maintain General Liability Insurance including Comprehensive Form, Premises-Operations, Products/Completed Operations, Blanket Broad Form Contractual, Independent Contractors, and Broad Form Property Damage Coverage with minimum limits of not less than one million dollars (\$1,000,000.00) Combined Single Limit for Bodily Injury and Property Damage.

The Contractor also agrees to obtain and maintain Automobile Liability Insurance for owned, hired and non-owned vehicles with minimum limits of not less than one million dollars (\$1,000,000.00) Combined Single Limit for Bodily Injury and Property Damage.

In addition, the Contractor shall obtain and maintain Professional Liability Insurance with minimum limits of not less than one million dollars (\$1,000,000.00).

Also, the Contractor shall obtain and maintain Umbrella Insurance with minimum limits of not less than one million dollars (\$1,000,000.00).

Contractor further agrees to comply with the requirements of the New York State Workers' Compensation Board regarding proof of compliance with the New York State Workers' Compensation Law. The New York State Workers' Compensation Board requires the County to obtain from Contractors proof of Workers' Compensation insurance coverage, Self Insurance or exemption from the requirement of obtaining Workers' Compensation insurance coverage. Proof must be submitted to the County on forms specified by the Workers' Compensation Board and that are stamped as received by the Workers' Compensation Board.

WORKERS' COMPENSATION AND DISABILITY BENEFITS

This agreement shall be void and of no effect unless Contractor and other person or entity making or performing this agreement shall secure compensation for the benefit of, and keep insured during the life of this agreement, the employees engaged thereon, in compliance with the provisions of the New York State workers' compensation law.

Contractor shall show, before this agreement may be made or performed, and at all times during the life of this agreement, that Contractor, and other person or entity performing this agreement, is in compliance with the provisions of the New York State workers' compensation law, by Contractor's delivering to County's Department of Law that New York State Workers' Compensation Board (Board) form or State Insurance Fund (Fund) form described in one of the following subparagraphs numbered 1, 2, 3, or 4, and that Board form described in one of the following subparagraphs numbered 5, 6, or 7:

1. Board form C-105.2 (Fund form U-26.3, if the insurer is the State Insurance Fund), subscribed by the insurer, showing that Contractor, and other person or entity making or performing this agreement, has secured compensation, as workers' compensation insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

2. Board form SI-12, completed by Board's self-insurance office and approved by Board's secretary, showing that Contractor, and other person or entity making or performing this agreement, has secured compensation, as Board approved workers' compensation

self-insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

3. Board form GSI-105.2, completed by the group self-insurance administrator, showing that Contractor, and other person or entity making or performing this agreement, has secured compensation, by being a participant in a workers' compensation group self-insurance plan, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

4. Board form CE-200 bearing an exemption certificate number issued by Board, showing that Contractor, and other person or entity making or performing this agreement or the Work is not required to secure compensation for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

5. Board form DB-120.1, subscribed by the insurer, showing that Contractor, and other person or entity making or performing this agreement has secured the payment of disability benefits, as disability benefits insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

6. Board form DB-155, completed by Board's self-insurance office and approved by Board, showing that Contractor, and other person or entity making or performing this agreement, has secured disability benefits, as Board approved disability benefits self-insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

7. Board form CE-200 bearing an exemption certificate number issued by Board, showing that Contractor, and other person or entity making or performing this agreement is not required to secure disability benefits for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

ASSIGNMENT

Contractor is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement, or Contractor's right, title, or interest in this agreement, or Contractor's power to execute this agreement, to any other person or entity without the previous consent in writing of County.

INDEPENDENT CONTRACTOR

Contractor is an independent contractor. Neither Contractor, nor Contractor's officers, employees, agents, or servants shall hold themselves out as, or claim to be, officers, employees, agents, or servants of County.

CONFLICT OF INTEREST

At the time Contractor submits a bid, or if no bid is submitted, prior to performing any services under this agreement, Contractor shall deliver to County's Department of Law, the attached affidavit certifying that Contractor has no interest and will not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of services to County. The affidavit shall further state that in rendering services to County no persons having any such interest shall be employed by Contractor. Contractor assumes full responsibility for knowing whether Contractor's officers, employees, agents, or servants have any such interest and for certifying the absence of such conflict to County.

During the course of performing services for County, Contractor shall disclose immediately to County, by affidavit, every known or apparent conflict of interest and every ostensible or potential conflict of interest of Contractor, Contractor's officers, Contractor's employees, Contractor's agents, and Contractor's servants. The duty to disclose is a continuing duty. Such disclosure is a material obligation of this agreement and Contractor's failure to comply with these provisions affords County the right to pursue any and all remedies for breach of agreement. In the event of an apparent or actual conflict of interest during the course of performance, Contractor shall suspend all work and services, and County's payments to Contractor shall be suspended pending final approval by County or County's Board of Ethics. If the conflict cannot be resolved to the satisfaction of County, County may terminate the agreement by written notice. Nothing herein shall be construed as limiting or waiving County's right to pursue damages or other remedies.

A conflict of interest includes any circumstance which might influence or appear to influence the judgment of Contractor, and Contractor shall disclose the same. Contractor shall disclose further the acceptance of compensation, monetary or otherwise, from more than one (1) payor or party for services on the same project or related project. Contractor shall disclose further the direct or indirect solicitation or acceptance of financial or other consideration from parties other than County for work on the project to which this agreement pertains. If applicable, Contractor shall disclose further the direct or indirect acquisition of any interest in the real estate which is the subject of the project, or in the immediate vicinity thereof. A conflict of interest of Contractor's officers, Contractor's employees, Contractor's agents, or Contractor's servants shall be deemed a conflict of interest of Contractor, giving rise to the duty to disclose.

Contractor shall not disclose any data, facts or information concerning services performed for County or obtained while performing such services, except as authorized by County in writing or as may be required by law.

LICENSES AND PERMITS

Contractor shall obtain at Contractor's own expense all licenses or permits required for Contractor's services or work under this agreement, prior to the commencement of Contractor's services or work.

APPROPRIATIONS

This agreement is executory only to the extent of the monies appropriated and available for the purpose of this agreement and no liability on account thereof shall be incurred by County beyond monies appropriated and available for the purpose thereof.

AGREEMENT MODIFICATIONS

This agreement represents the entire and integrated agreement between County and Contractor and supersedes all prior negotiations, representations or agreements either written or oral. This agreement may be amended only by a writing signed by County and Contractor.

SEVERABILITY

If any term or provision of this agreement shall be held invalid or unenforceable, the remainder of this agreement shall not be affected thereby and every other term and provision of this agreement shall be valid and enforced to the fullest extent permitted by law.

CLAUSES REQUIRED BY LAW

Each and every provision of law and clause required by law to be part of this agreement shall be deemed to be part of this agreement and to have been inserted in this agreement, and shall have the full force and effect of law.

SUSPENSION AND DEBARMENT

Contractor certifies that, except as noted, Contractor and any person associated with Contractor in the capacity of owner, partner, director, officer, or major stockholder is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency, and has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past three years.

IN WITNESS WHEREOF, County and Contractor have executed the writing of this agreement on the dates hereafter written.

Dated: _____, 20__

County of Onondaga

By: Joanne M. Mahoney
Joanne M. Mahoney, County Executive MJM

Jubilee Homes of Syracuse Inc.

Dated: July 14 2015, 20__

By: [Signature]

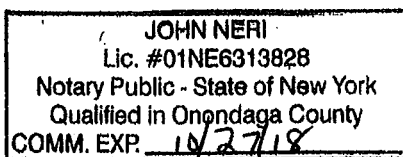
State of)
County of) ss.:

Jubilee Homes of Syracuse Inc. (Contractor) agrees that Contractor has no interest and will not acquire any interest, direct or indirect that would conflict in any manner or degree with the performance of the services to be rendered to the County of Onondaga (County).

M

14th day of July 2015.

14th day of July
J. J. J.



Form 1

State of NY
 County of Onondaga ss.:

On the 14th day of July in the year 2015 before me the undersigned, personally appeared Walter Dixie, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he (he or she or they) executed the same in his (his or her or their) capacit(y)(ies), and that by his (his or her or their) signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

JOHN NERI
 Lic. #01NE6313828
 Notary Public - State of New York
 Qualified in Onondaga County
 COMM. EXP. 10/27/18

Form 2

State of NY
 County of Onondaga ss.:

On the 15th day of July in the year 2015 before me personally came Walter Dixie, who, being by me duly sworn, did depose and say that he (he or she or they) reside(s) in 119 South Ave, Syracuse, NY 13204 (if the place of residence is in a city, must include the street and street number, if any); that he (he or she or they) is (are) the President (must be corporation's president or other officer or attorney-in-fact duly appointed) of Jubilee Homes of Syracuse Inc., the corporation described in and which executed the above instrument; and that he (he or she or they) signed (his or her or their) name(s) thereto by authority of the board of directors of said corporation.

JOHN NERI
 Lic. #01NE6313828
 Notary Public - State of New York
 Qualified in Onondaga County
 COMM. EXP. 10/27/18

Instructions to Contractor About Signing and Acknowledging

If the contractor is an individual, a partnership, a limited liability company, an unincorporated association, or any entity, other than a corporation, the authorized signer of the agreement is to date and sign the agreement, and acknowledge signing, in only the Form 1, above, manner, before a notary public, and the notary public is to complete, sign, and affix the notary public's statement of authority to, only Form 1, above.

If the contractor is a corporation, the authorized signer of the agreement is to date and sign the agreement, and acknowledge signing, in both the Form 1, above, manner and in the Form 2, above, manner, before a notary public, and the notary public is to complete, sign, and affix the notary public's statement of authority to, both Form 1, above, and Form 2, above.

**Jubilee Homes of Syracuse Inc.
Southwest Economic Business Resource Center
Economic Development
Scope of Services 2015**

I. Project Mission Statement

The mission of the Jubilee Homes of Syracuse, Inc. is to serve as the catalyst for achieving the long-term revitalization of the Southwest side by: Supporting and/or increasing small business and commercial development on the Southwest-side.

II. Target Population

Although located on the city's southwest side, SWEBRC provides services to small and starting businesses throughout the City of Syracuse. In addition, one goal of the Empowerment Zone and Neighborhood Revitalization Strategy Area is to: "Increase small business start-ups; decrease failure rate of small businesses and promote small business incubation centers. Assess to training and business counseling specific to individual business needs fill a historical need of local MBE and WBEs.

III. Program Objectives

a. Objectives for each program component

- Develop and mentor community business organizations/groups in order to enhance the knowledge and increase skills of small minority and women-owned businesses and their ability to network and access economic development/business opportunities.
- Engage potential developers to invest in the enhancement of the South Avenue commercial corridor.

b. Monitoring

In order to ensure that funds are being used appropriately Jubilee Homes/Southwest Economic Business Resource Center staff, will complete intake forms for each client as well as keep a log of the services and referrals provided to clients. Any purchases requested under the SWEBRC line will be reviewed and approved by the Executive Director and a member of the Executive Board of Jubilee Homes Board of Directors. The Executive Director will also meet with staff at least once a week to follow-up on progress and make sure that indicated objectives are being met.

c. Evaluation Methods

In order to document the progress of SWEBRC initiatives the Executive Director will conduct quarterly analysis to access what (if any) adjustments need to made in order for project goals to be met. In addition, intake forms and client feed back will be used to measure client satisfaction.

III. Service Methods

Services at the Southwest Economic Business Resource Center are provided by: Executive Director, Jubilee Homes staff and consultants.

IV. Program Cost

The operational cost for the above service in this scope for the months of May- July are \$7,500.00. (See attached budget for more detail.)

Jubilee Homes of Syracuse, Inc.	
Budget - Southwest Economic Business Resource Center (County)	
May 2015-July 2015	SWEBRC
PERSONNEL	
Executive Director	\$ 3,347.75
Fiscal Manager	\$ 477.14
Executive Assistant	
NON-EMPLOYEES/OTHER PERSONNEL	\$ 6,824.89
FRINGE BENEFITS	
Employer Responsibility	\$ 975.50
Hx Benefits	\$ 2,243.00
Pension	\$ 114.75
Employer Responsibility Consultants	\$ -
Total Pension & Fringe	\$ 3,333.25
TOTAL SALARY & FRINGE PERSONNEL	\$ 7,168.14
OTHER PERSONNEL	
ED Consultant	\$ -
Workforce Development Consultant (12 months- not to exceed \$1275 per a month)	\$ -
OTHER PERSONNEL	
INTERFUND	
Equipment/Maintenance of Equipment	\$ 81.86
Telephone & Director Cell	\$ 160.00
Internet	\$ 100.00
Marketing/Advertisement	\$ -
Audit Fee	\$ -
TOTAL NON-EMPLOYEES/OTHER PERSONNEL	\$ 241.86
TOTAL PERSONNEL	\$ 7,409.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2015

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

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

PRODUCER Eastern Shore Associates 101 Cayuga Street P.O. Box 480 Fulton NY 13069		CONTACT NAME: Elizabeth Aliff PHONE (A/C No. Ext): (315) 598-6000 FAX (A/C No): (315) 598-1183 E-MAIL: ealiff@esainsurance.com ADDRESS:	
INSURED Jubilee Homes Of Syracuse Inc 119 South Ave Syracuse NY 13204		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity 18058 INSURER B: ShelterPoint Life Insurance INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 15-16 Master

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PHPK1308478	5/1/2015	5/1/2016	MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> PIGLDHSNY 1011					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	PHPK1308478	5/1/2015	5/1/2016	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						PIP-Additional \$ 50,000
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
B	Disability		OBL397197	12/31/2014	12/31/2015	E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						Statutory Limits

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

CERTIFICATE HOLDER**CANCELLATION**Onondaga County Law Department
421 Montgomery Street -10th FL
Syracuse, NY 13202

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

K Juliana, AAI CISR/G

ACORD 25 (2010/05)

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INS025 (201005).01

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New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

1045 SEVENTH NORTH STREET, LIVERPOOL, NEW YORK 13088-6186

Phone: (315) 453-6513

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 161330593
JUBILEE HOMES OF SYRACUSE INC
119 SOUTH AVE
SYRACUSE NY 132044119

POLICYHOLDER JUBILEE HOMES OF SYRACUSE INC 119 SOUTH AVE SYRACUSE NY 132044119
--

CERTIFICATE HOLDER ONONDAGA COUNTY LAW DEPARTMENT 421 MONTGOMERY STREET 10TH FL SYRACUSE NY 13202

POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE
S1151 746-3	896046	06/08/2015 TO 06/08/2016	7/14/2015

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1151 746-3 UNTIL 06/08/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 06/08/2016 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

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

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 389332680

**STATE OF NEW YORK
WORKER'S COMPENSATION BOARD**

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

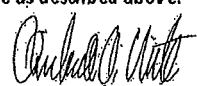
PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

<p>1a. Legal Name and Address of Insured (Use street address only) JUBILEE HOMES OF SYRACUSE, INC</p> <p>901 TALLMAN STREET SYRACUSE, NY 13204</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 161330593</p>
<p>2. Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder)</p> <p>Onondaga County Law Department 421 Montgomery Street - 10th Floor Syracuse, NY 13202</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity listed in box "1a": DBL397197</p> <p>3c. Policy effective period: 01/01/2015 to 12/31/2016</p>

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
- b. ☐ Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 7/14/2015 By 
 (Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100 Title Chief Executive Officer

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
 If box "4b" is checked, this certificate is NOT COMPLETE for the purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

PART 2 To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

**State of New York
Worker's Compensation Board**

According to information maintained by the NYS Worker's Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
 (Signature of NYS Worker's Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS Disability Benefits insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.