

**STATE OF NEW YORK**  
**PUBLIC SERVICE COMMISSION**

|   |                    |
|---|--------------------|
| Application of Cassadaga Wind LLC for a Certificate of Environmental Compatibility and Public Need Pursuant to Article 10 to Construct a Wind Energy Project, located in the Towns of Charlotte, Cherry Creek, Stockton and Arkwright, Chautauqua County. | Case No. 14-F-0490 |
|---|--------------------|

**INFORMATIONAL FILING OF CASSADAGA WIND LLC**

**CERTIFICATE CONDITION NO. 134**

**NYS DOT HIGHWAY WORK PERMIT**



## Department of Transportation

ANDREW M. CUOMO  
Governor

MARIE THERESE DOMINGUEZ  
Commissioner

FRANK P. CIRILLO, SR/WA  
Regional Director

Dear Permittee:

Attached is the approved Highway Work Permit you requested along with supporting documents. It is important to pay particular attention to the circled items on the *Construction Restriction List* included in the packet. The circled (checked) items on this list are conditions that must be followed as part of the permit. Failure to follow the directions under the circled conditions voids the permit.

Upon completion of work or expiration of the permit, please sign and date the original permit in the space provided on page number three. Return the signed page to the Resident Engineer whose name and address is noted in the rectangular area labeled 'IMPORTANT' on the face of the permit.

Note: Adopt a Highway permits are valid for two years. Upon completion, you may be eligible to extend this permit type by calling the phone number in the rectangular area labeled 'IMPORTANT' on the face of the permit.

Thank you for your assistance. If you have any questions please call (716) 847-3286.

Very truly yours,

**John M. Billittier**

Regional Permits Engineer  
Transportation System Operations  
Region 5 - Buffalo Office

PERM 42 (09/09)

**State of New York  
Department of Transportation**

**Highway Work Permit**



Permit No.: 20200583823

Date Issued: 08/10/2020

Project ID No.:

Expiration Date: 09/01/2021

**\*Permittee 1:**

CASSADAGA WIND LLC

1251 WATERFRONT PLACE - 3RD FLOOR

PITTSBURGH, PA 15222

Emergency Contact:

TIMOTHY EHMANN

Emergency Number:

585-755-5596

**\*Permittee 2:**

O'CONNELL ELECTRIC CO INC

830 PHILLIPS ROAD

VICTOR, NY 14564

Under the provisions of the Highway Law or Vehicle & Traffic Law, permission is hereby granted to the permittee to:

INSTALL 115 KV OVERHEAD ELECTRIC WIRES AND 48-COUNT FIBER OPTIC CABLE TRANSVERSELY CROSSING NYSDOT ROUTE 60 (82' WITHIN R.O.W.) FROM CASSADAGA WIND FARM TO PROPOSED INTERCONNECT SUBSTATION IN THE TOWN OF STOCKTON PER THE ATTACHED PLANS, SPECIFICATIONS AND RESTRICTIONS. A USE & OCCUPANCY AGREEMENT SHALL BE A REQUIREMENT OF THIS PERMIT (#J51358 CURRENTLY ISSUED BY NYSDOT OFFICE OF RIGHT-OF-WAY). THE APPLICANT AGREES TO ENTER INTO A USE & OCCUPANCY AGREEMENT WITH THE DEPARTMENT, AND TO PAY ALL FEES ASSOCIATED WITH ONGOING OCCUPANCY OF STATE RIGHT-OF-WAY, AND ALL OTHER CONDITIONS REQUIRED UNDER THE USE & OCCUPANCY AGREEMENT. MPT AS PER MUTCD. SEE ATTACHED MPT SHEETS. SEE ATTACHED CIRCLED/CHECKED CONSTRUCTION RESTRICTION #S: DURING THE COVID-19 PANDEMIC, DEVELOPERS/PERMITTEES MUST COMPLY WITH ALL EO 202.6 REQUIREMENTS - SPECIFICALLY PARAGRAPH 9: CONSTRUCTION. [HTTPS://ESD.NY.GOV/GUIDANCE-EXECUTIVE-ORDER-2026](https://esd.ny.gov/guidance-executive-order-2026)

THE PERMITTEE IS RESPONSIBLE FOR TEMPORARY TRAFFIC CONTROL IN ACCORDANCE WITH THE CURRENT NATIONAL MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES AND THE NYS SUPPLEMENT. ANYONE WORKING WITHIN THE HIGHWAY RIGHT-OF-WAY SHALL WEAR HIGH-VISIBILITY APPAREL MEETING THE CURRENT ANSI 107 CLASS II OR CLASS III (AT NIGHT) STANDARDS AND A HARD HAT MEETING THE CURRENT ANSI/SEA Z89.1 TYPE I, CLASS C OR IF WORKING WITHIN CLOSE PROXIMITY TO ELECTRICAL POWER LINE, CLASS E OR G.

| County     | Municipality | State Hwy | State Route | Beg Ref     | End Ref     |
|------------|--------------|-----------|-------------|-------------|-------------|
| CHAUTAUQUA | STOCKTON     | -         | 60          | 60 52013128 | 60 52013129 |
| CHAUTAUQUA | STOCKTON     | -         | 60          | 60 52013128 | 60 52013129 |

as set forth and represented in the attached application at the particular location or areas, or over the routes as stated therein, if required; and pursuant to the conditions and regulations general or special, and methods of performing work, if any; all of which are set forth in the application and form of this permit. See additional conditions on PAGE 2.

THIS PERMIT IS ISSUED BASED ON ALL LOCAL, STATE, AND FEDERAL REQUIREMENTS BEING SATISFIED.

Dated at: Buffalo Date Signed: 08/10/2020 Commissioner of Transportation By: Michael J. Roche

**IMPORTANT:**

THIS PERMIT, WITH APPLICATION AND DRAWING (OR COPIES THEREOF) ATTACHED, SHALL BE PLACED IN THE HANDS OF THE CONTRACTOR BEFORE ANY WORK BEGINS. THE HIGHWAY WORK PERMIT SHALL BE AVAILABLE AT THE SITE DURING CONSTRUCTION.

**BEFORE WORK IS STARTED AND UPON ITS COMPLETION, THE PERMITTEE ABSOLUTELY MUST NOTIFY:**

Andrew J Riforgiat, Assistant Resident Engineer 716-753-2821

**"UPON COMPLETION OF WORK", SECOND TO LAST PAGE, MUST BE COMPLETED, SIGNED BY THE PERMITTEE, AND DELIVERED TO THE RESIDENT ENGINEER.**

The issuing authority reserves the right to suspend or revoke this permit at its discretion without a hearing or the necessity of showing cause, either before or during the operations authorized.

The Permittee will cause an approved copy of the application to be and remain attached hereto until all work under the permit is satisfactorily completed, in accordance with the terms of the attached application. All damaged or disturbed areas resulting from work performed pursuant to this permit will be repaired to the satisfaction of the Department of Transportation.

**\* Upon completion of the work within the state highway right-of-way authorized by the work permit, the person, firm, corporation, municipality, or state department or agency, and his/her or its successors in interest, shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the terms and conditions of the work permit.**

Permit Fee : \$63.00

Insurance Fee:

Total Fees: \$63.00

Amt Rec'd 1: \$63.00 Check Num: 50150 Check Date: 04-AUG-20

UOF: App 1: No App 2: No

**Attachments and additional requirements to this Highway Work Permit include:**

PERM 32 - Highway Work Permit Application for Utility Work

Plans signed and stamped by a Licensed PE

**END OF ATTACHMENTS**

PERM 42 (09/09)

**State of New York  
Department of Transportation**

**Highway Work Permit**



Permit No.: 20200583823

Date Issued: 08/10/2020

Project ID No.:

Expiration Date: 09/01/2021

**Return this page to:**

**Andrew J Riforgiat, Assistant  
Resident Engineer**

**109 E. Chautauqua St.  
Mayville, NY 14757**

**Permittee 1: CASSADAGA WIND LLC  
1251 WATERFRONT PLACE - 3RD FLOOR**

**PITTSBURGH, PA 15222 -**

**UPON COMPLETION OF WORK AUTHORIZED, THIS PAGE OF THE PERMIT MUST BE COMPLETED, SIGNED BY THE PERMITTEE, AND DELIVERED TO THE RESIDENT ENGINEER.**

**Work authorized by this permit has been completed. Refund of deposit or return/release of bond is requested.**

**DATE** **PERMITTEE** **AUTHORIZED AGENT (if any)**

**TO BE COMPLETED BY NYSDOT:**

Work authorized by this permit has been satisfactorily completed and is accepted. **Inspection Report must be completed.**

- ☐ Refund of Deposit is authorized
- ☐ Return of Bond is authorized
- ☐ Unable to meet schedule as specified in bid proposal
- ☐ Amount charged against Bond may be released.
- ☐ Retain bond for future permits
- ☐ Forfeit of Guarantee Deposit is authorized
- ☐ Other

**DATE** **RESIDENT ENGINEER**

☐ Mailing address of refund has been verified.

If different, list new address:

The Regional Office will forward this form to the Main Office with the appropriate box checked.

- ☐ Permit closed
- ☐ Bond returned/released
- ☐ Refund of Guarantee Deposit on this permit is authorized
- ☐ Forfeit Guarantee Deposit to NYSDOT
- ☐ Other

**DATE** **REGIONAL TRAFFIC ENGINEER**

**INSPECTION REPORT**

For each Highway Work Permit issued, inspections will be performed. The following report must be completed for each site visit, indicating the date, inspector, and hours spent on inspection. **If the total inspection time exceeds 1 hour, then a FIN 12 (PERMIT INSPECTION FOR DEPARTMENT SERVICES) is REQUIRED.**

**INSPECTION REPORT LOG**

| HOURS WORKED BY DATE |                |  |  |  |  |  |  |  | HOURS   |          |
|----------------------|----------------|--|--|--|--|--|--|--|---------|----------|
| Inspector Name       | Date Inspected |  |  |  |  |  |  |  | Regular | Overtime |
|                      | Regular        |  |  |  |  |  |  |  |         |          |
|                      | Overtime       |  |  |  |  |  |  |  |         |          |
| Inspector Name       | Date Inspected |  |  |  |  |  |  |  | Regular | Overtime |
|                      | Regular        |  |  |  |  |  |  |  |         |          |
|                      | Overtime       |  |  |  |  |  |  |  |         |          |
| Inspector Name       | Date Inspected |  |  |  |  |  |  |  | Regular | Overtime |
|                      | Regular        |  |  |  |  |  |  |  |         |          |
|                      | Overtime       |  |  |  |  |  |  |  |         |          |

Complete hours for each date inspected.

Add regular hour numbers across rows, and then overtime hours across rows.

Add hour columns down for total hours of permit inspection time.

**COMMENTS/OBSERVATIONS:**


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**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**NAME**

**TITLE**

Revision Date: 5/5/2016

**TO: REGIONAL PERMIT ENGINEER**DATE SENT: 3/27/20FROM: Andrew Riforgiat, 5-2PERMITTEE: Cassadaga Wind LLC (O'Connell Electric Co.)ROUTE NO: 60Municipality: Stockton (T)County: Chautauqua

|  |  |                                     |
|--|--|-------------------------------------|
| Original Bond is: <input type="checkbox"/> Attached<br><input type="checkbox"/> On File in Region<br><input type="checkbox"/> On File in Main Office                           | Bonding Company _____<br>Bond ID number _____<br>Amount of bond assigned to this project _____ | Face Value <u>STATE OF NEW YORK</u> |
| Capital Projects – Regional Utility Engineer Review Completed: <input type="checkbox"/> CPIN # _____   |  | D# <u>APR 03 2020</u>               |
| NYSDOT unit reviews remaining at time of application:<br>Hydraulics: _____ Traffic Operations: _____ Landscape: _____ Soils: _____ ROW/Real Estate: <u>X</u> Other: <u>U+0</u> |  |                                     |
| DEPARTMENT OF TRANSPORTATION   |  |                                     |
| <b>Payments, Insurance and Deposits</b>  |  |                                     |
| Account Name (as it appears on check): <u>Fisher Associates, P.E., L.S., L.A., D.P.C.</u>  |  |                                     |
| Check No: <u>49634</u>   | Check date: <u>3/19/20</u>   | Date of Receipt: <u>3/23/20</u>     |
| Charge fee to utility company Account # _____  | Check Amount: \$ <u>63</u>   | Permit Fee: \$ <u>63</u>            |
| Insurance Fee: (only applies if a homeowner is doing residential driveway work <u>without</u> a contractor)  |  | \$ <u>—</u>                         |
| Name on Guarantee deposit check: _____   | Deposit amount: \$ <u>—</u>  |                                     |
| Guarantee deposit check No. _____  | Check date: ____/____/____   | Date of Receipt: ____/____/____     |

**THE FOLLOWING CHECKED PERMIT AND CONSTRUCTION RESTRICTIONS APPLY****Contact Information**☒ 1. BEFORE ANY WORK IS STARTED, the Assistant Resident Engineer checked below MUST BE CONTACTED.

- |   |                              |                  |
|---|------------------------------|------------------|
| <input type="checkbox"/> PETE HOFFMAN, ARE            | CATTARAUGUS COUNTY RESIDENCY | - (716) 945-4562 |
| <input checked="" type="checkbox"/> AJ RIFORGIAT, ARE | CHAUTAUQUA COUNTY RESIDENCY  | - (716) 753-2821 |
| <input type="checkbox"/> AL OYOYO, ARE                | NORTH ERIE RESIDENCY         | - (716) 683-3476 |
| <input type="checkbox"/> LEON PIECZYNSKI, ARE         | SOUTH ERIE RESIDENCY         | - (716) 649-2157 |
| <input type="checkbox"/> HANK BRUMMER, ARE            | NIAGARA COUNTY RESIDENCY     | - (716) 438-2396 |

- ☐ 2. NITTEC Operations MUST BE NOTIFIED at (716) 847-2070 five (5) business days BEFORE any work is STARTED. See the TAR form and instructions attached.
- ☐ 3. All work must be coordinated with and final location may be adjusted by the NYSDOT Engineer-in-Charge of the construction project. Contact: \_\_\_\_\_ @ (716) \_\_\_\_\_ or \_\_\_\_\_ @dot.ny.gov.
- ☐ 4. There is underground traffic signal equipment, vehicle detectors, interconnects, and/or an Intelligent Transportation Monitoring system within the permit work area. NYSDOT underground facilities **ARE NOT** mapped or marked as part of the "one call" 811 locating service. Five (5) business days before any work is started, you must contact the DOT Traffic Signal Shop (716) 649-1426 to locate these facilities. The permittee is responsible for all costs to restore this equipment in accordance with NYSDOT Standards & Specifications, will reimburse the state for inspection services and be assessed Liquidated damages of \$2000.00 per hour while any such system is out of service.
- ☐ 5. Right of Way (ROW) Stakeout requests must be made a minimum of three (3) business days before required by the utility owner. Please contact person cited in restriction 4.
- ☒ 6. Any work within the New York State right-of-way involving tree removal or tree trimming must be coordinated with the New York State Department of Transportation Regional Landscape Architect, at (716) 847-3865.
- ☐ 7. The permittee shall notify the Geo-Technical Unit (Soils Bureau) (716) 667-1711 of any excavation in excess of 5 ft. BEFORE start of work.
- ☐ 8. When the work starts, notification MUST be given to the Geotechnical Unit (716) 667-1711.
- ☐ 9. Before any work is started, the NYSDOT Regional Utilities Engineer must be notified at (716) 847-3954.
- ☐ 10. The attached Utility Notification form must be completed and faxed to the appropriate residency.

### About this permit

- ☒ 11. Unsatisfactory performance under one permit will halt the issuance of subsequent permits until the requirements of the earlier permit have been satisfied.
- ☐ 12. Any changes made by the New York State Department of Transportation on the submitted application are marked in RED.
- ☒ 13. This permit is only for work being performed within New York State ROW. The applicant is reminded to obtain permits from the appropriate authorities for work outside the NYS ROW.
- ☒ 14. Permits must be obtained from **all** entities that may also have jurisdiction over this project. Example: building, sewer, environmental permits, etc...
- ☒ 15. Sub-contractors working in the NYSDOT right-of-way must obtain separate Highway Work Permits.
- ☐ 16. See attached Annual Maintenance Permit Requirements sheet for restrictions & conditions to be followed.
- ☐ 17. See attached Annual Service Permit Requirements sheet for restrictions & conditions to be followed.

### Safety First

- ☒ 18. The regulations of all the following agencies shall also apply: OSHA; NYS Policy for Accommodation of Utilities Within the State ROW; Federal DOL Safety & Health Standards; New York Code of Rules and Regulations; NYS DOL Industrial Code Rules 23 and 753, NYSDEC, Federal EPA, etc...
- ☒ 19. No stockpiling or storage of any materials, and no parking of equipment during non-working hours will be allowed on pavement or shoulders.
- ☒ 20. Any accumulation of material on the state highway pavement, shoulders, etc., resulting from utilization of drive is a violation of NY Vehicle & Traffic Law and **MUST** be removed as soon as possible.
- ☐ 21. Open cutting of the State highway will **NOT** be allowed.

### Work Zone Traffic Control (WZTC)

- ☒ 22. Any and all accidents occurring in a traffic control work zone as part of this permit shall be reported to the Assistant Resident Engineer checked above.
- ☒ 23. Maintenance and protection of traffic shall be in conformance with the Federal Manual of Uniform Traffic Control Devices and New York Supplement.
- ☒ 24. Consult Work Zone Traffic Control for Design/Construction on State Highways in Region 5. Region 5's standards can be found at <https://www.dot.ny.gov/regional-offices/region5/other-topics> under Other Topics/2012 Temporary Traffic Control. The State's standard sheets can be found at the following link: <https://www.dot.ny.gov/main/business-center/engineering/cadd-info/drawings/standard-sheets-us/619>
- ☒ 25. Flag persons will be required as necessary to maintain the safe flow of traffic.
- ☐ 26. No sidewalk shall be closed or blocked within the project limits by any work activities.
- ☒ 27. Time restriction may be found in the contract plans and/ or in the manual "Work Zone Traffic Control for Design/Construction on State Highways in Region 5". See Condition 24 for the link to the manual.
- ☐ 28. Closure of lanes can begin at \_\_\_\_\_ ☐ AM ☐ PM.
- ☐ 29. All traffic control devices must be removed from the State highway and all lanes reopened to traffic by \_\_\_\_\_ ☐ AM ☐ PM.



## Restoration of work site

- ☒ 30. All damaged or disturbed areas, that are the result of any work done by this permit, will be returned to original condition or better.
- ☐ 31. The permittee is responsible for restoration to any roadway and signal hardware disturbed as a result of their activities. This includes but not exclusive to repairs to the pavement and inductance loops. Coordinate with the person given in Condition 3 of this form.
- ☒ 32. The permittee is responsible for restoration to any landscape disturbed as a result of their activities. This includes but not exclusive to repairs to sidewalks and grass. Coordinate with the person given in Condition 4 of this form.
- ☒ 33. All restoration work requirements shall comply with New York State Department of Transportation Specifications for material and/or workmanship. Restoration work shall progress without undue delay after the prime utility work is installed.
- ☐ 34. Ditch lines must be restored to their original slope (side slopes) and flow line under the permit.
- ☐ 35. Open cuts must be backfilled in accordance with NYSDOT STANDARD SPECIFICATION. Item 204.02, Controlled Low Strength Material to the top of subgrade. The subbase and pavement must be replaced to match the existing (See attached sketch). FLY ASH IS PROHIBITED.
- ☐ 36. Pavement replacement as per the attached sketch.
- ☐ 37. When hot plant asphalt is unavailable, QPR2000, modified asphalt cold patching material or equivalent shall be used.

## Adopt-A-Highway Program

- ☐ 38. All Adopt-A-Highway work within the New York State right-of-way must be coordinated with a Department of Transportation Representative. A Department Safety Representative must be present at your first scheduled session. Please refer to the attached sheet and contact the person indicated to arrange that meeting.
- ☐ 39. All participants must wear safety gear (hardhats & ANSI class II high visibility vests) and conform to all requirements of the Adopt-A Highway Program.

## Banners

- ☐ 40. NO SIGNS WITH ANY COMMERCIAL ADVERTISEMENT in the text are allowed on the State right-of-way.
- ☐ 41. Written permission must be obtained from the owner of the bridge or utility poles that the banner or decorations will be attached. The low point of the banner shall be a minimum of 18 ft. above the high point of the pavement.
- ☐ 42. All attachments on utility poles will be a minimum of 7 ft. above-ground level (sidewalks), Banners: 18 feet minimum (over roadways).
- ☐ 43. See attached Restrictions for the Erection of Temporary Signs, Banners, and Similar Overhead Devices over State Highways sheet.

## Driveways and Pipe Installation

- ☐ 44. The existing drainage patterns shall not be altered. A(an) \_\_\_\_\_ inch diameter Corrugated Metal Pipe (CMP) or smooth interior corrugated polyethylene pipe (HDPE) that meets NYSDOT standards shall be installed under each drive as shown on the attached sketch. Flared end-sections are required on culvert ends, and pipes 18" diameter or greater require safety grates.
- ☐ 45. It shall be the property owner's responsibility for ALL maintenance of the culvert, including periodic cleaning. The property owner shall also be responsible for the cost of a replacement culvert if the original culvert must be removed for any reason.
- ☐ 46. The point of intersection of a driveway radius (flare) with the edge of pavement SHALL NOT BE ANY CLOSER THAN 5 FT. from the adjacent property line.
- ☐ 47. The surface of the drive shall slope down from the edge of pavement to the center of ditch line at 0.75 in. per foot or shall conform to the existing shoulder slope.
- ☐ 48. The drive shall consist of gravel and/or rock and asphalt to provide necessary stabilization & a cleaning effect on the tires of the vehicles using the drive. Minimum 12" (1') coverage over the top of the pipe.
- ☐ 49. Asphalt driveway aprons shall be a minimum of 4 in. depth of compacted material consisting of 2 ½ in. of base & 1 ½ in. top over 8" subbase stone.
- ☐ 50. A concrete drive will be a minimum of 6 in. depth of concrete with mesh reinforcing at its midpoint within the right-of-way.

- ☐ 51. Refer to NYSDOT Standard Sheets 608-03 sheets 1 thru 9 for Residential and Minor Commercial driveway construction and design specifications.

### Utility Work

- ☐ 52. A minimum of 15 ft. should be provided between the ROW line & the near edge of a building, structure, or appurtenance serving vehicular traffic.
- ☐ 53. All underground utilities within the New York State right-of-way shall have a minimum cover of 60 in. in a pavement area and 36 in. minimum below finished grade (or the ditch invert) in other portions of the right-of-way. In all cases, utilities should be installed as close to the outer limits of the right-of-way as possible.
- ☐ 54. The boring and receiving pits shall be located behind the normal ditch line or toe of slope and in no instance, shall the edge of the excavation, nearest the pavement, be less than 10 ft., measured laterally, from the edge of the shoulder. Hydraulic jet boring will not be allowed.
- ☐ 55. The line shall be sleeved (cased) within the New York State right-of-way.
- ☐ 56. Small diameter services (2 in. inside diameter or smaller) may be placed without sleeving with the understanding that in the future, if remedial or repair work is necessary, the work must be accomplished by some other means than open cutting the highway pavement.
- ☐ 57. All abandoned structures and pipe 8" and larger must be removed or filled. See Section 204 – Flowable Fill of the NYSDOT Standard Specifications at link: <https://www.dot.ny.gov/main/business-center/engineering/specifications/busi-e-standards-usc>. The owner will retain ownership of all facilities abandoned in place.
- ☐ 58. All utility poles that are placed or replaced within the New York State right-of-way will be offset 30 ft. from the edge of pavement where sufficient right-of-way exists or as close to the outer limits of the right-of-way as possible where it does not.
- ☐ 59. The existing pole(s) must be removed under this permit. No double poles are allowed within the New York State right-of-way.
- ☐ 60. All double poles within the permit work area, even if not included in the scope of the permit work, within the New York State right-of-way must be removed under this permit.
- ☒ 61. All guy wire is to be anchored away from the roadway whenever possible. Guy wire anchored towards the road is not allowed within the New York State right-of-way.
- ☒ 62. Service cabinets and environmental vaults are not allowed within the New York State right-of-way.
- ☐ 63. No Utility work, including occupying a lane or shoulder, is allowed within the New York State right-of-way when NYSDOT snow plows are out on the highway during winter storms and/or snow and ice operations.
- ☒ 64. All Fiber Optic installations within the New York State right-of-way must have an approved Use and Occupancy (U&O) Permit issued prior to receiving a Highway Work Permit. U&O Permit No: \_\_\_\_\_

### Additional Restrictions and Comments:

- ☒ 65. Refer to NYSDOT Standard Specifications and Standard Sheets for approved construction practices for work within the New York State right-of-way.
- ☐ 66. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION  
HIGHWAY WORK PERMIT APPLICATION FOR UTILITY WORK

Application is hereby made for a highway work permit:

Name Cassadaga Wind LLC  
Address 1251 Waterfront Place, 3rd Floor  
City Pittsburgh State PA Zip 15222  
Applicant Phone (312 ) 330-2145  
Applicant Email Address jade.walton@innogy.com  
Emergency Contact Timothy Ehmann  
Emergency Phone (585) 755-5596

For Joint application, name and address of Applicant 2 below:

Name O'Connell Electric Co, Inc  
Address 830 Phillips Road  
City Victor State NY Zip 14564  
Applicant 2 Phone (585) 924-2176  
Applicant 2 Email Address tim.ehmann@oconnellelectric.com

RETURN PERMIT TO: (if different from Permittee)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RETURN DEPOSIT/BOND TO: (if different from Permittee)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DESCRIPTION OF PROPOSED WORK: Fiber Optic crossing 82' in ROW  
115kV overhead electric wires crossing NYS Route 60 from Cassadaga wind farm to proposed interconnect substation

Estimated cost of work being performed in highway right-of-way: \$ \$50,000.00

Anticipated duration of work: From August 2020 to September 2020 (applies to the operations indicated on the reverse side)

WILL OVERHEAD OR UNDERGROUND (5'+) OPERATIONS BE INVOLVED IN THE PROPOSED WORK? YES ☒ NO ☐

ATTACHED: Plans ☒ Specifications ☐

LOCATION: State Route: 60 Located Between Reference Markers 60N 5201 3128 and 60N 5201 3129  
City/Town/Village of Stockton County of Chautauqua

SEQR REVIEW (select one)

☐ Type II ☐ Type I ☐ Unlisted LEAD AGENCY: NYS DPS - Article 10 DATE OF DETERMINATION: 1/17/18

Insurance (check one): ☒ General Liability Insurance ☐ Undertaking

NOTE: PERMIT IS ISSUED CONTINGENT UPON ALL LOCAL REQUIREMENTS BEING SATISFIED

ACKNOWLEDGMENT: ON BEHALF OF THE APPLICANT, I HEREBY REQUEST A HIGHWAY WORK PERMIT, AND DO ACKNOWLEDGE AND AGREE TO THE RESPONSIBILITIES OF PERMITTEE AND THE OTHER OBLIGATIONS SET FORTH IN THIS PERMIT AND WARRANT COMPLIANCE THEREWITH.

Applicant Signature [Signature]

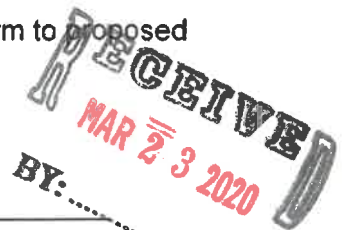
Date 03/17/2020

Applicant 2 Signature [Signature]

Date 3/18/2020

Approval recommended by Resident Engineer [Signature]  
Approved by Regional Traffic Engineer [Signature]

Res No 5-2 Date 3/27/20  
Reg No 5 Date 8/10/20



| Operational Type and Description    |     |  | PERMIT FEES                       |     |           |           |            |
|-------------------------------------|-----|--|-----------------------------------|-----|-----------|-----------|------------|
|                                     |     |  | Base Fee                          | QTY | Unit Rate | Sub Total | Total Fees |
| <b>ORIGINAL INSTALLATION</b>        |     |  | <b>Number of feet/poles</b>       |     |           |           |            |
| <input type="checkbox"/>            | 1a1 | Underground - excavation, tunneling, boring, installing, etc.  | 32                                |     | .32/foot  | 0         |            |
| <input type="checkbox"/>            | 1a2 | Underground - Commercial subsurface connection                 | 32                                |     | .32/foot  | 0         |            |
| <input type="checkbox"/>            | 1a3 | Underground - Residential subsurface connection                | 32                                |     | .32/foot  | 0         |            |
| <input type="checkbox"/>            | 1b1 | Overhead - Erecting poles, towers                              | 63                                |     | 2.50/unit | 0         |            |
| <input checked="" type="checkbox"/> | 1b2 | Overhead - Running new lines                                   | 63                                |     |           |           | 63         |
| <input type="checkbox"/>            | 1b3 | Overhead - Commercial service connection                       | 19                                |     |           |           |            |
| <input type="checkbox"/>            | 1b4 | Overhead - Residential service connection                      | 19                                |     |           |           |            |
| <input type="checkbox"/>            | 1c1 | Installation on bridge or culvert                              | 63                                |     |           |           |            |
| <input type="checkbox"/>            | 1c2 | Installation on bridge or culvert requiring structural changes | 625                               |     |           |           |            |
| <b>MAINTENANCE</b>                  |     |  | <b>Number of regions/counties</b> |     |           |           |            |
| <input type="checkbox"/>            | 2a  | Maintenance, single job  | 32                                |     |           |           |            |
| <input type="checkbox"/>            | 2b1 | Annual maintenance per region                                  |                                   |     | 2500      |           | 0          |
| <input type="checkbox"/>            | 2b2 | Annual maintenance per county                                  |                                   |     | 625       |           | 0          |
| <input type="checkbox"/>            | 2c  | Repair of water or sewer lines                                 | 32                                |     |           |           |            |
| <input type="checkbox"/>            | 2d  | DOT requested maintenance                                      | N/C                               |     |           |           |            |
| <b>AFTER ORIGINAL CONSTRUCTION</b>  |     |  | <b>Number of regions/counties</b> |     |           |           |            |
| <input type="checkbox"/>            | 3a1 | Annual - includes overhead connections - per region            |                                   |     | 2500      |           | 0          |
| <input type="checkbox"/>            | 3a2 | Annual - includes overhead connections - per county            |                                   |     | 625       |           | 0          |
| <input type="checkbox"/>            | 3b  | DOT requested relocation                                       | N/C                               |     |           |           |            |
| <input type="checkbox"/>            | 3c  | Commercial subsurface service connection                       | 32                                |     |           |           |            |
| <input type="checkbox"/>            | 3d  | Commercial overhead service connection                         | 19                                |     |           |           |            |
| <input type="checkbox"/>            | 3e  | Residential subsurface service connection                      | 32                                |     |           |           |            |
| <input type="checkbox"/>            | 3f  | Residential overhead service connection                        | 19                                |     |           |           |            |
| <b>MISCELLANEOUS UTILITY WORK</b>   |     |  |                                   |     |           |           |            |
| <input type="checkbox"/>            | 4   | Miscellaneous (describe below)                                 | 32                                |     |           |           |            |

UTILITY CHARGE ACCOUNT NUMBER: \_\_\_\_\_

WORK ORDER/REF NO: \_\_\_\_\_

PERFORMANCE SECURITY (Select One): Guarantee Deposit - Cash ☐ Performance Bond ☐ Letter of Credit ☐

Guarantee Deposit Amount: \$63

Guarantee Deposit Check Number or Bond Number: 49634

(To be completed by NYSDOT issuing office)

Project Identification Number \_\_\_\_\_

Highway Work Permit No. \_\_\_\_\_

State Highway (SH) Number \_\_\_\_\_

Record ID Number \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2020

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).

|  |   |  |
|--|---|--|
| <b>PRODUCER</b><br>Brown & Brown of New York, Inc.<br>45 East Avenue<br><br>Rochester NY 14604 | <b>CONTACT NAME:</b> Janine Miceli<br><b>PHONE (A/C No. Ext):</b> (585) 232-4424<br><b>E-MAIL ADDRESS:</b> Janine.Miceli@bbrochester.com<br><b>FAX (A/C No.):</b><br><br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> The Charter Oak Fire Insurance Company<br><b>INSURER B:</b> The Phoenix Insurance Company<br><b>INSURER C:</b> Merchants Mutual Insurance Company<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>NAIC #</b><br>25615<br>25623<br>23329<br><br><br> |
| <b>INSURED</b><br>O'Connell Electric Co., Inc.<br>830 Phillips Rd<br><br>Victor NY 14564       |   |  |

**COVERAGES****CERTIFICATE NUMBER:** 20-21 Roch TM**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Blanket Contract<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | VTC20-8208A255-COF-20     | 01/01/2020              | 01/01/2021              | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | VTC2N-CAP-5G429216-PHX-20 | 01/01/2020              | 01/01/2021              | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | CUP0002679                | 01/01/2020              | 01/01/2021              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
| B        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A       |          | 6608H961549               | 01/01/2020              | 01/01/2021              | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
|          |   |           |          |                           |                         |                         |   |
| B        | <input checked="" type="checkbox"/> <b>Builders Risk Equipment Floater</b>  |           |          | 6608H961549               | 01/01/2020              | 01/01/2021              | Limit \$5,000,000<br>Limit \$750,000  |
|          |   |           |          |                           |                         |                         |   |

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

NYSDOT is included as additional insured.

**CERTIFICATE HOLDER****CANCELLATION**NYSDOT-Region 5  
100 Seneca Street

Buffalo

NY 14203

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





# NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

 DATE (MM/DD/YYYY)  
12/18/2019

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

|   |                                     |   |                           |
|---|-------------------------------------|---|---------------------------|
| AGENCY<br><b>Brown &amp; Brown of New York, Inc</b> |                                     | NAMED INSURED(S)<br><b>O'Connell Electric Co., Inc.</b> |                           |
| POLICY NUMBER<br><b>VTC20-CO-8208A255-COF-20</b>    | EFFECTIVE DATE<br><b>01/01/2020</b> | CARRIER<br><b>Charter Oak Fire Insurance Co.</b>        | NAIC CODE<br><b>25615</b> |

## ADDENDUM INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

## A. Insurer

- ☒ Admitted / authorized
- ☐ Excess line or free trade zone

## B. General Liability (GL) policy form

- ☒ ISO / ISO modified
- ☐ Other

## C. Specific operations excluded or restricted (GL policy)

- ☐ Location: \_\_\_\_\_
- ☐ Type of construction: \_\_\_\_\_
- ☐ Building height: \_\_\_\_\_
- ☐ Classifications [see attached declarations / endorsement]
- ☐ Designated work [see attached endorsement]

## D. Additional insured endorsement (GL policy)

- ☐ CG 20 10 ☐ CG 20 26 ☐ CG 20 32 ☐ CG 20 33 ☐ CG 20 37 ☐ CG 20 38
- ☒ Other: # CGF2760603 Title: Blanket Additional Insured (Contractors)- New York

## E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- ☒ Yes ☐ No and ☐ no other option is available with this insurer

## F. Additional insured will receive advance notice if insurer cancels (GL policy)

- ☒ Yes ☐ No and ☐ no other option is available with this insurer

## G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted

- ☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

## H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)

- ☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

## I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)

- ☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

## ADDENDUM INFORMATION (continued)

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)

☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

☒ Yes, by specific policy provision ☐ Yes, by endorsement ☐ No and ☐ no other option is available with this insurer



AUTHORIZED REPRESENTATIVE SIGNATURE

12/18/2019

DATE (MM/DD/YYYY)



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

|   |   |
|---|---|
| <b>1a. Legal Name &amp; Address of Insured (Use street address only)</b><br><br>O'Connell Electric Co., Inc.<br>830 Phillips Rd<br>Victor, NY 14564<br><br><b>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</b> | <b>1b. Business Telephone Number of Insured</b><br>(585)924-2176<br><br><b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b><br><br><b>1d. Federal Employer Identification Number of Insured or Social Security Number</b><br>160950645  |
| <b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b><br><br>NYSDOT-Region 5<br>100 Seneca St.<br>Buffalo, NY 14203   | <b>3a. Name of Insurance Carrier</b><br>The Charter Oak Fire Insurance Company<br><br><b>3b. Policy Number of entity listed in box "1a":</b><br>UB-1L419575-20-25-K<br><br><b>3c. Policy effective period:</b><br>1/1/2020-1/1/2021<br><br><b>3d. The Proprietor, Partners or Executive Officers are:</b><br><input checked="" type="checkbox"/> <b>included.</b> (Only check box if all partners/officers included)<br><input type="checkbox"/> <b>all excluded or certain partners/officers excluded.</b> |

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

**Please Note:** Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: Laura Drager  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:



March 27, 2020

Title: Commercial Lines Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: (585) 232-4424

**Please Note:** Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are **NOT** authorized to issue it.

C-105.2(9-07)

www.wcb.state.ny.us



**Workers'  
Compensation  
Board**

**CERTIFICATE OF INSURANCE COVERAGE  
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

1a. Legal Name & Address of Insured (use street address only)

O'Connell Electric Company, Inc.  
830 Phillips Rd  
Victor, NY 14564

1b. Business Telephone Number of Insured

(585) 924-2176

1c. Federal Employer Identification Number of Insured or Social Security Number 16-0950645

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

NYSDOT-Region 5  
100 Seneca St.  
Buffalo, NY 14203

3a. Name of Insurance Carrier

Lincoln Life & Annuity Company of New York

3b. Policy Number of Entity Listed in box "1a"

000010232592

3c. Policy effective period:

09/06/2017 to 01/01/2022

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits.  
☐ B. Disability benefits only.  
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave 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 and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 03/27/2020 By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-423-2765 Name and Title Paul Martin VP, Group Claims

IMPORTANT: If Boxes 4A and 5A are 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, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box 4C or 5B of Part 1 has been checked)**

**State of New York  
Workers' Compensation Board**

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

Date Signed By

(Signature of NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave 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.