

# ALBANY COUNTY SHERIFF'S OFFICE



**CRAIG D. APPLE, SR.**  
SHERIFF

**MICHAEL S. MONTELEONE**  
EXECUTIVE UNDERSHERIFF

994 Madison Avenue  
Albany, New York 12208 (518) 487-5400  
[WWW.ALBANYCOUNTYSHERIFF.COM](http://WWW.ALBANYCOUNTYSHERIFF.COM)

June 1, 2026

Honorable Joanne Cunningham  
Legislative Chairwoman  
112 State Street, Room 710  
Albany, New York 12207

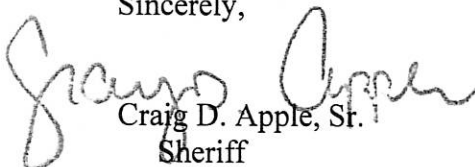
Dear Chairwoman Cunningham:

The attached correspondence is forwarded for presentation to the Albany County Legislature.

Legislative approval is requested to purchase and allow the Albany County Sheriff's Office to move funds in the amount of \$253,600.00 from the ambulance reserve account to the active budget for the purchase of a new ambulance. We have attached a budget amendment reflecting this change.

Should there be any questions, please do not hesitate to call.

Sincerely,

  
Craig D. Apple, Sr.  
Sheriff

Cc: Hon. Daniel P. McCoy, County Executive  
Hon. Wanda F. Willingham, Chairwoman Audit & Finance

**REQUEST FOR LEGISLATIVE ACTION**

**Description (e.g., Contract Authorization for Information Services):**

..title

Request for Legislative approval to purchase and transfer funds from EMS reserve to 2026 Active Budget

..body

Date:	June 1, 2026	Submitted By:	Craig D. Apple, Sr.
Department:	Sheriff's Office	Title:	Sheriff
Attending Meeting:	Sheriff Craig D. Apple, Sr.	Phone:	518-487-5440

Purpose of Request: Budget Amendment      Enter text.

**CONTRACT TERMS/CONDITIONS:**

Party Names and Addresses:  
 North Eastern Rescue Vehicles  
 10 Dwight Park Drive, Syracuse, N.Y. 13209  
 Term: (Start/end date or duration)      Enter text.  
 Amount/Raise Schedule/Fee:              253,600.00

**BUDGET INFORMATION:**

Is there a Fiscal Impact:                      Yes  No   
     Anticipated in Budget:                    Yes  No   
     Spreadsheet attached:                    Yes  No

**Source of Funding – (Percentages)**

Federal:	0%	County:	100%
State:	0%	Local:	0%

**County Budget Accounts:**

Revenue Account and Line:                    Enter text.  
 Revenue Amount:                                Enter text.  
 Appropriation Account and Line:              Enter text.  
 Appropriation Amount:                         Enter text.

**ADDITIONAL INFORMATION:**

Mandated Program/Service:                    Yes  No   
 If Mandated, Cite Authority:                    Enter text.  
 Request for Bids / Proposals:  
     Competitive Bidding Exempt:              Yes  No   
     # of Response(s):                            Enter text.  
     # of MWBE:                                    Enter text.  
     # of Veteran Business:                    Enter text.  
 Bond Resolution No.:                            Enter text.  
 Apprenticeship Program                        Yes  No

**Previous requests for Identical or Similar Action:**

Resolution/Law Number and Date:              472-11/10/25

**DESCRIPTION OF REQUEST:** (state briefly why legislative action is requested)

Permission to purchase and transfer funds from EMS reserve to purchase a new ambulance.

2026 BUDGET AMENDMENT

APPROPRIATIONS

RESOLUTION NO. BTCH	ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE
A9 3110	2 2800	Specialty Equipment	253,600.00	
TOTAL APPROPRIATIONS			253,600.00	0.00

REVENUES

RESOLUTION NO. BTCH	ACCOUNT NO.	RESOLUTION DESCRIPTION	DECREASE	INCREASE
A A	00890	Reserve EMS Ambulance Fund		253,600.00
TOTAL REVENUES			0.00	253,600.00
GRAND TOTALS			253,600.00	253,600.00

RESOLUTION NO. 472

AMENDING THE 2025 SHERIFF'S OFFICE BUDGET: AMBULANCE RESERVE FUND

Introduced: 11/10/25  
By Public Safety Committee:

WHEREAS, The Sheriff has requested authorization to amend the 2025 Sheriff's Office Budget to purchase a new portable ventilator for the Sheriff's ambulance, now, therefore, be it

RESOLVED, That the 2025 Sheriff's Office Budget is hereby amended as follows:

APPROPRIATIONS				
ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	DEPARTMENT NAME
A9 3110 2 2800	SPECIALTY EQUIPMENT	\$ 153,000		SHERIFF'S OFFICE
TOTAL APPROPRIATIONS		\$ 153,000		
REVENUES				
ACCOUNT NO.	RESOLUTION DESCRIPTION	INCREASE	DECREASE	DEPARTMENT NAME
A A 00890	RESERVE EMS AMBULANCE FUND		\$ 153,000	SHERIFF'S OFFICE
GRAND TOTALS		\$ 153,000	\$ 153,000	

and, be it further

RESOLVED, That the Clerk of the County Legislature is directed to forward certified copies of this resolution to the appropriate County Officials.

*Adopted by unanimous vote - 11/10/25*



DANIEL P. McCOY  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT OF GENERAL SERVICES  
PURCHASING DIVISION  
112 STATE STREET, ROOM 820  
ALBANY, NEW YORK 12207-2021  
(518) 447-7140 - FAX (518) 447-5588

DAVID M. LATINA  
COMMISSIONER OF GENERAL SERVICES

PAMELA O NEILL  
PURCHASING AGENT

## MEMORANDUM

**TO:** Dennis Wood  
Commander - EMS

**FROM:** Pamela O Neill *Pamela*  
Purchasing Agent

**DATE:** May 26, 2026

**RE:** RFB # 2026-074 Ambulance Purchase

---

I am in receipt of your recommendation to award the aforementioned to North Eastern Rescue Vehicles in the amount of \$253,600.00.

As North Eastern Rescue Vehicles is the lowest responsible and responsive bidder, I concur with your recommendation.

Please obtain the necessary contract approval of the County Legislature, so that we may issue a Notice of Award.

# ALBANY COUNTY SHERIFF'S OFFICE

**CRAIG D. APPLE, SR.**  
SHERIFF



**MICHAEL S. MONTELEONE**  
EXECUTIVE UNDERSHERIFF

County Court House  
Albany, New York 12207 (518) 487-5400  
[WWW.ALBANYCOUNTYSHERIFF.COM](http://WWW.ALBANYCOUNTYSHERIFF.COM)

**TO:** Pamela O Neill  
Purchasing Agent

**FROM:** Dennis M. Wood  
Commander - EMS

**DATE:** May 26, 2026

**RE:** RFB #2026-074  
Ambulance

---

I have reviewed the response to RFB #2026-074. At this time my recommendation is to award the aforementioned Request for Bids to North Eastern Rescue Vehicles for option 2 in the amount of \$253,600.00. Our recommendation is based on the fact that this is a 2026 Model/Year as opposed to option 1 that is a 2025 Model/Year.

RFB-2026-074 Tabulation

Option 1	North Eastern Rescue Vehicles	
Total Bid Amount Delivered	\$	247,800.00
Year, Make and Model of Chassis	2025 Crestline CCL-150, T3 Chevy G3500 Express	

Option 2	North Eastern Rescue Vehicles	
Total Bid Amount Delivered	\$	253,600.00
Year, Make and Model of Chassis	2026 Crestline CCL-150, T3 Ford E-350	

# COUNTY OF ALBANY

REQUEST FOR BIDS  
ALBANY COUNTY SHERIFFS OFFICE



RFB #2026-074

PURCHASE OF 2026 TYPE III AMBULANCE CHEVROLET  
G3500 EXPRESS

ALBANY COUNTY DEPARTMENT OF GENERAL SERVICES  
PURCHASING DIVISION  
PAMELA O NEILL, PURCHASING AGENT  
112 STATE STREET, ROOM 820  
ALBANY, NY 12207

COUNTY OF ALBANY  
DEPARTMENT OF GENERAL SERVICES PURCHASING DIVISION  
112 STATE STREET, ROOM 820, ALBANY, NY 12207  
TELEPHONE: 518-447-7140/ FAX: 518-447-5588  
Pamela.oneill@albanycountyny.gov

TITLE: Purchase of Type of 2026 Type III Ambulance Chevrolet G3500 Express  
RFB NUMBER: 2026-074

Receipt Confirmation Form

Please complete and return this confirmation form as soon as possible:

Pamela O Neill  
Purchasing Agent  
County of Albany  
112 State Street, Room 820  
Albany, NY 12207

**IF YOU PLAN TO SUBMIT A BID, YOU MUST RETURN THIS FORM TO ENSURE THAT YOU WILL RECEIVE ALL FURTHER COMMUNICATION REGARDING THIS RFB.**

Company Name: NORTH EASTERN RESCUE VEHICLES, INC.

Address: 10 DWIGHT PARK DRIVE

City: SYRACUSE State: N.Y. Zip Code: 13209

Contact Person: MIKE COLLIER

Title: SALES REP

Phone Number: (315) 727-2787 Fax Number: (315) 437-3807 E-Mail: COLLIER@NERUINC.COM

If a Bidders/Proposers meeting has been arranged for this Bid/RFP, please indicate if you plan to attend:

Yes /  No

I authorize the County of Albany to send further correspondence that the County deems to be of an urgent nature by the following method (check):

Fax Number: \_\_\_\_\_ E-Mail:

# COUNTY OF ALBANY

## BID FORM

### BID IDENTIFICATION:

Title: Purchase of a 2026 Type III Ambulance Chevrolet G3500 Express  
Bid Number: 2026-074

### THIS BID IS SUBMITTED TO:

Pamela O Neill, Purchasing Agent  
Albany County Department of General Services  
Purchasing Division  
112 State Street, Room 820  
Albany, NY 12207-2021

1. The undersigned BIDDER proposes and agrees, if this bid is accepted, to accept a Purchase Order for the goods described in the bid form and deliver said goods within the time indicated in this bid.
2. BIDDER accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the Disposition of Bid Security. This Bid may remain open for ninety (90) days after the day of Bid opening. BIDDER will submit the Contract Security and other documents required by the General Instructions to Bidder within fifteen days after the date of OWNER'S Notice of Award.
3. In submitting this Bid, BIDDER represents, as more fully set forth in this Bid, that:
  - (a) BIDDER has examined copies of all the Bid Documents and of the following addenda: (If none, so state)

Date	Number
5/12/26	ADDENDUM #1

(receipt of all of which is hereby acknowledged) and also copies of the Notice to Bidders and the Instructions to Bidders;

- (b) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; BIDDER has not directly or indirectly induced or solicited any other BIDDER to submit a false or sham Bid; BIDDER has not solicited or induced any person, firm or a corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for himself any advantage over any other Bidder or over the owner.

4. BIDDER will deliver the goods for the following prices(s): (Attach Bid Proposal)
5. BIDDER agrees to deliver the Goods within the number of calendar days or by the specific date indicated in the Bid.
6. The following documents are attached to and made a condition of this Bid:
  - (a) Non-Collusive Bidding Certificate (Attachment "A")
  - (b) Acknowledgment by Bidder (Attachment "B")
  - (c) Vendor Responsibility Questionnaire (Attachment "C")
  - (d) Iranian Energy Divestment Certification (Attachment "D")

7. Communication concerning this Bid shall be addressed to:

MIKE COLLIER

Phone: (315) 727-2787 Fax: (315) 437-3007

E-mail: COLLIER@NERVINC.COM

8. Terms used in this Bid have the meanings assigned to them in the Contract and General Provisions.

**BID FORM**

**BID IDENTIFICATION:**

Title: Purchase of a 2026 Type III Ambulance Chevrolet G3500 Express  
Bid Number: 2026-074

Item Description	Qty	Price
Purchase of a 2026 Type III Ambulance Chevrolet G3500 Express	1	\$ <u>253,600.<sup>00</sup></u>

Make and model of Ambulance being bid 2026 CRESTLINE CCL-150, T3 FORD E-350  
W/72" HEAD ROOM

\*\*Notes: Vendors shall submit product literature of product being supplied.

COMPANY: NORTH EASTERN RESCUE VEHICLES, INC.

ADDRESS: 10 DWIGHT PARK DRIVE

CITY, STATE, ZIP: SYRACUSE, N.Y. 13209

TEL. NO.: (315) 414-9999

FAX NO.: (315) 437-3007

FEDERAL TAX ID NO.: 161581210

REPRESENTATIVE: MIKE COLLIER

E-MAIL: COLLIER@NERVINC.COM

SIGNATURE AND TITLE *Mike Collier*, Sales Rep.

DATE 5/13/26

**North Eastern Rescue Vehicles  
10 Dwight Park Drive  
Syracuse, NY 13209**

Cell # (315) 727-2787 Fax # (315) 437-3007  
NYS DMV # 7087391

**BID PROPOSAL RFB #2026-074**

**5-13-26**

**PROPOSAL TO:** Albany County Sheriff's Office  
C/O: Albany County Department of General Services  
Purchasing Division  
Purchasing Agent: Pamela O'Neill  
Albany, N.Y. 12207

**PROPOSAL FOR:** 2026 Crestline CCL-150, Type 3 w/ 72" Head Room.  
Ford E-350 gas chassis.  
Stock # 21345  
\*Matching attached work orders & drawings.

**Included Additional Equipment:**

- Striping & lettering to match dept. layout.
- Stryker Power Load w/ inductive charging, floor plate & install.
- Stryker power cot, model 6507-mid configuration.

**TOTAL SELLING PRICE \$253,600.00**  
(Net of applicable rebates)

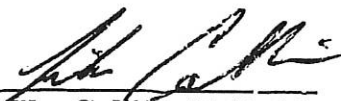
**DELIVERY:** 30 Days from date of purchase order.

**PAYMENT:** Payable: North Eastern Rescue Vehicles, Inc.

**REQUIRED SIGNATURES**

**NORTH EASTERN  
RESCUE VEHICLES, INC**

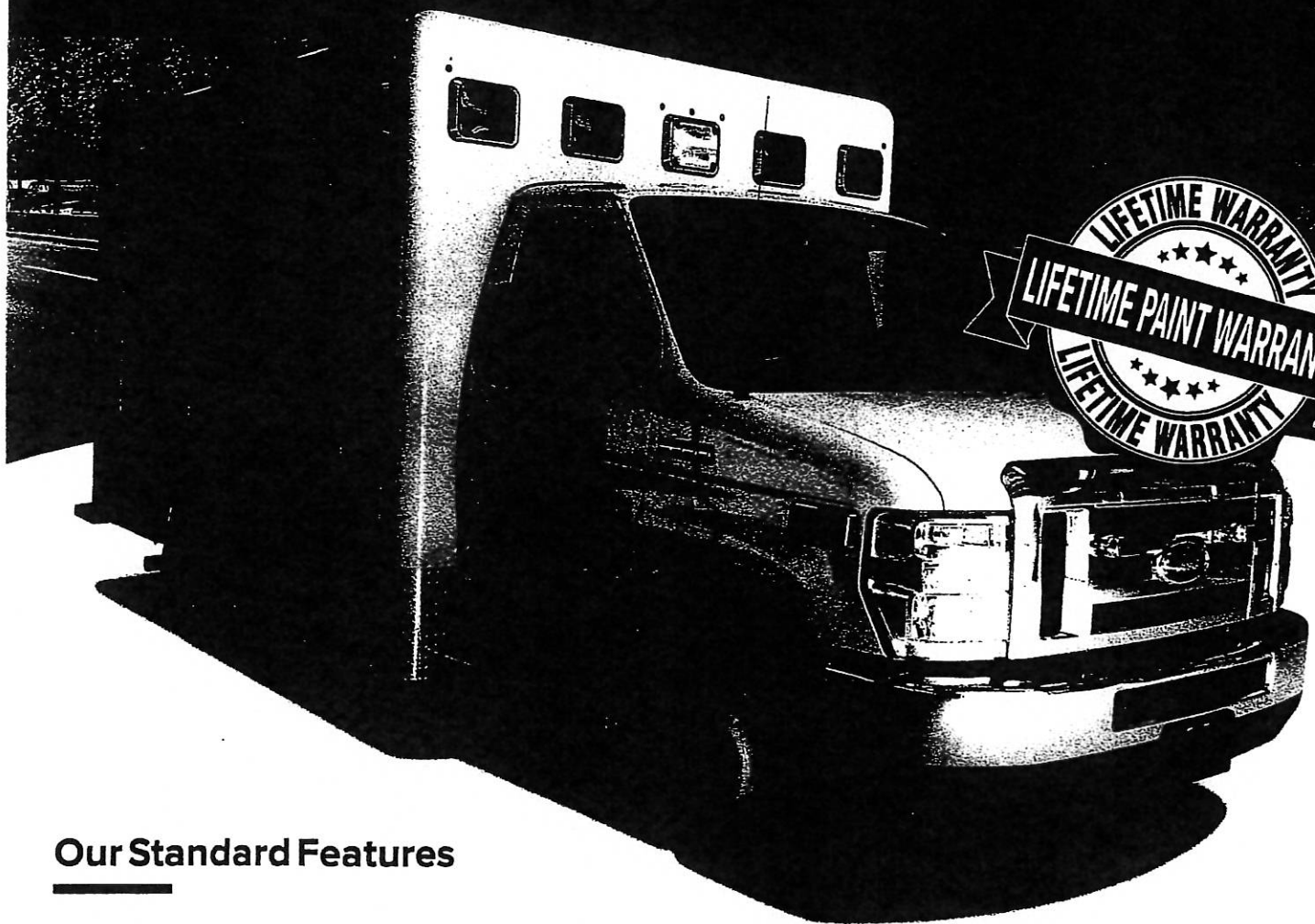
**REPRESENTATIVES FOR:  
Albany County Sheriff EMS**

  
Mike Collier (5-13-26)

\_\_\_\_\_  
Signature (5-13-26)

# CRESTLINE

## CCL 150 - Type III



### Our Standard Features



Aluminum Extruded  
Body Construction



CrestCoat Powder  
Coating Technology



Aluminum  
Cabinets



Multiplex  
Electrical System



Flush  
Mount Windows



CrestClean  
Antimicrobial Coating

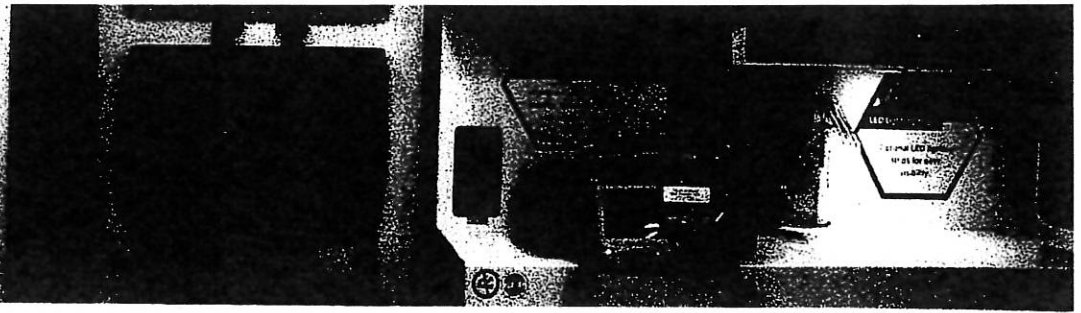
Brought to you exclusively by Demers Ambulances USA Inc. and their authorized Dealer partners.



*Safety and durability*  
at an affordable price.

[CCL150.com](http://CCL150.com)

Safety,  
Durability,  
Value.



### Optional Features



Optional 72"  
Interior Headroom



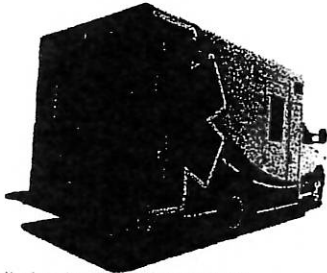
Optional CPR  
Seating



Optional cab  
walk-through with door



Optional seven LED  
Emergency Lights on Front



The all aluminum underbody bumper protects the module in low impact collisions.



CrestCoat is a durable and cost effective corrosion prevention solution backed by a Lifetime Paint Warranty.

### CCL 150 Specifications

Chassis	Ford E350	Chevrolet G3500
Overall Length	257"	262"
Overall Width	96"	96"
Overall Height	102" optional 106"	102" optional 106"
Interior Headroom	68" optional 72"	68" optional 72"
Wheelbase	138"	139"
Payload Capacity	2,335 lbs	3,190 lbs*
Certified GVS V2.0 Standards	Yes**	Yes**
Certified KKK-A-1822F Standards	Yes**	Yes**

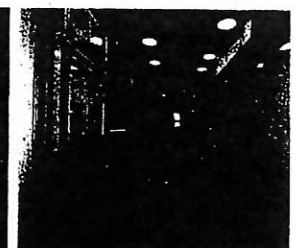
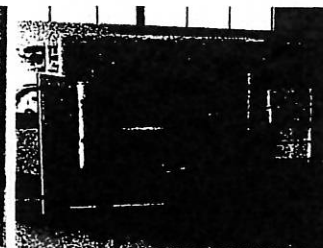
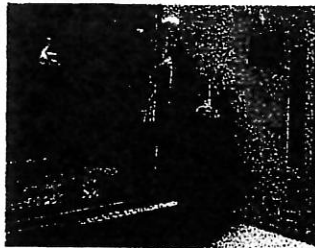
\*Estimated weight

\*\*Standard base price model Includes pre-installed floor plates to allow for future installation of Dealer and/or Customer selection of cot retention system.



### CCL 150 Standard Features

Lighting In Compartment	4" Round LED, LED Strip Option
Oxygen Compartment	Single Tank or Dual Tank Option, O <sub>2</sub> to Go
Cabinet Material	Aluminum
Electrical System	Multiplex
Side Skirt	Dropped Side Skirt- 2 Step Entry
Body Construction	Aluminum Extruded
Paint	Powder Coat Interior/Exterior
Aerodynamic Feature	4" Corner Radius Reduces Drag
Wall Sheeting	Seamless for corrosion resistance & durability
Maintenance	External Access to Electrical
Exterior Storage Size	50.8 cu. ft.
Interior Storage Size	Up to 60.3 cu. ft.
Bumper to Bumper Warranty	3 Years / 55,000 Miles
Electrical Warranty	5 Years / 95,000 Miles
Structural Warranty	Lifetime
Paint Warranty	Lifetime



# CRESTLINE

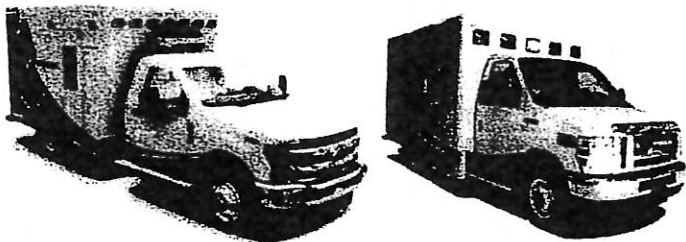


CCL150.com | 800.363.7591 | CCL150@crestlinecoach.com

CCL150-05-2015

## Specification Summary

Name	Specifications
CCL150	<ul style="list-style-type: none"> <li>Aluminum Extruded Body Construction</li> <li>CrestCoat Powder Coating Technology</li> <li>Aluminum Cabinets</li> <li>Multiplex Electrical System</li> <li>Flush Mount Windows</li> </ul>



### Sales Options by Category

**Base**

Item Number	Name/Description	Quantity
BAS_GPO_11	No GPO Contract Required No Group Purchasing Organization contract required.	1.00
BAS_REG_11	Admin fee Sales Administration Charge	1.00
BAS_VEH_11	TYPE III - CCL150 TYPE III - CCL150	1.00
BAS_CNV_12	72in Interior Headroom 72in Interior Headroom	1.00

**Chassis**

Item Number	Name/Description	Quantity
CHA_MOD_11	Ford E350 Cutaway Van Ford E350 DRW Gas V8 Cutaway 4X2 138", 7.3L V8 Premium Gasoline, Wheelbase 138" (3505 mm), GVWR (Gross vehicle weight rating) 11,500 Lbs / 5,216 Kg	1.00

# CRESTLINE

CHA_SYS_11	<b>Anti-theft</b> Anti-theft security system	1.00
CHA_SYS_12	<b>High Idle</b> High Idle system	1.00
CHA_MIR_11	<b>OEM chassis mirrors</b> OEM chassis mirrors	1.00
CHA_WHL_11	<b>Wheel alignment</b> Wheel alignment completed at the factory	1.00
CHA_PRT_11	<b>Running Boards</b> Diamond-plate aluminum running boards with grip strut	1.00
CHA_PRT_13	<b>E-series/G-series chrome wheel simulators</b> Chrome wheel simulators	1.00
CHA_PRT_14	<b>Chassis door check straps</b> Chassis door check straps	1.00
CHA_SEC_11	<b>Hidden front grille door unlock switch</b> Hidden front grille door unlock switch	1.00
CHA_SEC_12	<b>Conversion doors auto-unlock</b> Conversion doors auto-unlock	1.00
CHA_SUS_14	<b>OEM Suspension</b> OEM Suspension - Type 3	1.00

## Drivers Compartment

<i>Item Number</i>	<i>Name/Description</i>	<i>Quantity</i>
DRV_CON_15	<b>Control center with pictogram labelled switches</b> Control center with switches and LED backlit pictograms on console	1.00
DRV_SEA_11	<b>Recessed cab into module</b> Recessed cab into module, allowing cab seats to recline	1.00
DRV_SEA_12	<b>Manual adjustment seat</b> OEM manually adjustable chassis seats.	1.00
DRV_PAS_11	<b>Walk-through with door</b> Cab to module walk-through with sliding door	1.00
DRV_ACC_11	<b>Two coat hooks</b> Two coat hooks on chassis side of bulkhead	1.00
DRV_CON_11	<b>Narrow center console</b> Narrow center console	1.00
DRV_CON_12	<b>Chassis voltmeter and conversion voltmeter</b> OEM chassis voltmeter. Digital conversion voltmeter on driver's console.	1.00
DRV_CON_13	<b>Patient status indicator lights</b> Patient status indicator lights (Red/Yellow/Green) on driver's console	1.00
DRV_CON_14	<b>Door indicator light</b> "Door ajar" and "Compartment" indicator light on driver's console	1.00
DRV_CON_16	<b>Two USB charging outlets</b> Two USB charging outlets on driver's console	1.00
DRV_MAP_12	<b>No floor mount console</b> No floor mount console	1.00
DRV_LIT_11	<b>Passenger reading light</b> Ceiling mount red/white LED reading light centered over passenger seat	1.00

## Conversion

<i>Item Number</i>	<i>Name/Description</i>	<i>Quantity</i>
CON_CS1_11	<b>C1 Compartment, ALS Access and Battery Compartment</b> C1 Compartment - ALS inside/outside access with a sealed battery storage area	1.00

# CRESTLINE

CON_CS2_11	<b>C2 Side Entrance Door</b> C2 - Side entrance door with tinted flush mount window	1.00
CON_CS2_12	<b>Dual step entry with step well light</b> Two-step interior access with LED step well light	1.00
CON_CS3_11	<b>C3 Compartment, Equipment Storage</b> Open storage in C3 Compartment	1.00
CON_CS3_12	<b>C3 - Backboard storage</b> Dual backboard storage with straps, two adjustable shelves for equipment bags, and stair chair storage in C3 Compartment.	1.00
CON_SS1_11	<b>S1 Compartment - Main Oxygen Storage</b> Main oxygen storage in S1 Compartment	1.00
CON_SS2_11	<b>S2 Compartment - ECC</b> Electrical Control Center (ECC) with lower equipment storage in S2 Compartment	1.00
CON_SS2_12	<b>ECC cover</b> Aluminum panel in ECC compartment to cover and protect electrical from water and debris	1.00
CON_SS3_11	<b>S3 Compartment, Inside/Outside Equipment Storage</b> Equipment storage with upper inside/outside access in S3 Compartment	1.00
CON_SS3_12	<b>Two adjustable shelves</b> Two adjustable shelves in S3 Compartment	1.00
CON_RDR_11	<b>50/50 Rear doors</b> 50/50 Split rear entry doors with flush mounted tinted windows	1.00
CON_PRT_18	<b>Black rubber fenderettes</b> Flexible black rubber fenderettes over rear wheels	1.00
CON_PRT_12	<b>Rear kick plate with no text</b> Rear kick plate with no text	1.00
CON_PRT_13	<b>Aluminum rub-rails on each side</b> Aluminum rub-rails on each side of conversion	1.00
CON_PRT_14	<b>Undercoating protection</b> Undercoating protection	1.00
CON_PRT_15	<b>Rear mudguard</b> Rear mudguard	1.00
CON_PRT_16	<b>Rear bumper underbody</b> Rear bumper underbody	1.00
CON_PRT_17	<b>Module front corner stone guard</b> Module front corner stone guard aluminum checker-plate protection	1.00
CON_LIC_11	<b>Flush license plate with LED light</b> Flush license plate with LED light	1.00

## Exterior Lighting

Item Number	Name/Description	Quantity
LIT_IDL_11	<b>Clearance lights</b> Clearance lights - Seven amber and seven red LED marker lights	1.00
LIT_IDL_12	<b>Two 3/4 inch red LED mid-body side lights at rear</b> Two 3/4 inch red LED mid-body side lights at rear to be marker top with turn signal below	1.00
LIT_DOT_11	<b>Two red LED brake/tail lights</b> Two red LED brake/tail lights	1.00
LIT_DOT_12	<b>Two amber LED turn lights</b> Two amber LED turn lights	1.00
LIT_DOT_15	<b>Two white LED reverse lights</b> Two white LED reverse lights	1.00

**Emergency Systems**

<b>Item Number</b>	<b>Name/Description</b>	<b>Quantity</b>
EMG_ACC_13	<b>Standard Series Emergency Lights</b> Standard Series Emergency Lights	1.00
EMG_LNS_12	<b>Colored lens</b> Emergency lights to have colored lenses	1.00
EMG_ACC_11	<b>Chrome bezels</b> Standard Series chrome bezels	26.00
EMG_FRL_27	<b>Seven 9x7 Front Lights</b> Seven 9x7 lights (R/R/R/W\R\R\R) on front of the conversion	1.00
EMG_INL_11	<b>Two (2) 7x3 red lights, one (1) each side</b> Two (2) 7x3 red lights, one (1) each side of chassis	1.00
EMG_GRL_11	<b>Two Whelen 500-Series red lights</b> Two Whelen 500-Series red lights in grille	1.00
EMG_USL_11	<b>Four (4) 9x7 red lights (two each side)</b> Four (4) 9x7 red lights (two each side)	1.00
EMG_USL_17	<b>Four 9x7 LED scene lights</b> Four (4) 9x7 LED scene lights (two each side)	1.00
EMG_LSL_13	<b>Two 7x3 mid body lights, one each side</b> Two (2) 7x3 red mid body lights above rear wheel (one each side)	1.00
EMG_REL_13	<b>Two (2) 4x6 LED load lights</b> Two (2) 4x6 LED load lights	1.00
EMG_REL_23	<b>Two 9x7 and one 7x3 Rear Ligh (B/A\R)</b> Two 9x7 and one 7x3 light (B/A\R) on rear of conversion	1.00
EMG_REL_24	<b>Two 9x7 red lights at window height on rear</b> Two 9x7 red lights at window height on rear of conversion	1.00
EMG_SIR_11	<b>Siren amplifiers (100 watt)</b> 100 Watt Siren amplifier with 4 tones and public address (P/A) microphone	1.00
EMG_SPK_11	<b>Two siren speakers in front grille</b> Two siren speakers in front grille	1.00

**Interior Curbside Configuration**

<b>Item Number</b>	<b>Name/Description</b>	<b>Quantity</b>
CSC_SEA_23	<b>Two (2) position squad bench, 4-point harness</b> Two position squad bench with 4-point harness system.	1.00
CSC_NET_11	<b>Squad safety net</b> Safety restraint net installed forward of curbside seating	1.00
CSC_STG_11	<b>Curbside overhead aluminum cabinet</b> Overhead aluminum cabinet above curbside seating	1.00
CSC_STG_14	<b>Squad bench with integrated waste and sharps</b> Squad bench with integrated waste and sharps	1.00
CSC_ALS_11	<b>ALS Compartment</b> Front ALS compartment with two adjustable shelves	1.00
CSC_DRG_11	<b>Drug cabinet</b> Drug cabinet above ALS compartment	1.00

**Interior Streetside Configuration**

<b>Item Number</b>	<b>Name/Description</b>	<b>Quantity</b>
SSC_STG_20	<b>CPR seat with 4-point harness system</b> CPR seat with 4-point harness system	1.00
SSC_STG_13	<b>Fixed frames</b> Fixed frames with sliding polycarbonate doors	1.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/10/2026

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> Arthur J. Gallagher Risk Management Services, LLC 200 Delaware Avenue Suite 1100 Buffalo NY 14202	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> 315-410-1679	<b>FAX (A/C, No):</b> 315-422-0015
<b>E-MAIL ADDRESS:</b> CertRequests@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Arch Insurance Company		11150
<b>INSURER B:</b> AmTrust Insurance Company		15954
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 279627612 **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	MFPK08553711	3/4/2026	3/4/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PD Ded \$ 1,000
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 <input checked="" type="checkbox"/> Hired Car <input checked="" type="checkbox"/> Physical D	Y	N	MFCA08347611	3/4/2026	3/4/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	N	MFUM07987711	3/4/2026	3/4/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WWC3828177	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The Following Forms Apply. Subject to Policy Terms and Conditions:  
 General Liability - Blanket Additional Insured - Owners, Lessees or Contractors - Ongoing Operations Form #CG 20 33 12 19  
 General Liability - Blanket Additional Insured - Owners, Lessees or Contractors - Completed Operations Form #CG 20 39 12 19  
 General Liability - Primary and Noncontributory - Other Insurance Condition Form #CG2001 1219  
 General Liability - Waiver of Transfer Of Rights Of Recovery Against Others To Us, Form #CG 24 04 05 09  
 Automobile Liability - Blanket - Designated Insured for Covered Auto Form #CA 20 48 10 13  
 Automobile Liability - Primary Insurance - Customer's Auto - Form #AU 4303 09 14  
 Umbrella Liability - Following Form Endorsement, Form #CX 00 01 04 13  
 See Attached...

<b>CERTIFICATE HOLDER</b>  County of Albany Dept. of General Services Purchasing Division 112 State Street, Room 820 Albany NY 12207	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, LLC		NAMED INSURED North Eastern Rescue Vehicles, Inc. 10 Dwight Park Drive Syracuse NY 13209	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

RE: RFB Number 2026-074

**ARCH INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY INSURANCE – CUSTOMER'S AUTO**

---

This endorsement modifies the insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

- A. Paragraph a. of 5. Other Insurance in B. General Conditions under Section IV – Business Auto Conditions is deleted and replaced by the following:**
- a.** For any covered "auto" you own, this Coverage Form provides primary insurance. For any "customer's auto", this Coverage Form provides primary insurance. For any covered "auto" you don't own, other than a "customer's auto", the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Liability Coverage this coverage form provides for the "trailer" is:
    - (1)** Excess while it is connected to a motor vehicle you do not own.
    - (2)** Primary while it is connected to a covered "auto" you own.
- B. Paragraph d. of 5. Other Insurance in B. General Conditions under Section IV – Business Auto Conditions is deleted as respects a "customer's auto".**
- C.** As used in this endorsement, "customer's auto" means a land motor vehicle, "trailer" or semitrailer lawfully within your possession for service, repair, storage or safekeeping, with or without the vehicle owner's knowledge or consent. A "customer's auto" also includes any such vehicle left in your care by your "employees" and members of their households who pay for services performed.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> North Eastern Rescue Vehicles Inc.</p> <p><b>Endorsement Effective Date:</b> 03/04/2025</p>
--

### **SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b>  <i>Any person or organization you are specifically required by a written contract or agreement to include as an additional insured on your policy.</i></p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – AUTOMATIC STATUS WHEN  
REQUIRED IN A WRITTEN CONSTRUCTION  
AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

- a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
  - 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – AUTOMATIC STATUS WHEN  
REQUIRED IN WRITTEN CONSTRUCTION AGREEMENT  
WITH YOU (COMPLETED OPERATIONS)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured any person or organization for whom you have performed operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" performed for that additional insured and included in the "products-completed operations hazard".

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:

This insurance does not apply to:

"Bodily injury" or "property damage" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

1. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

2. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – AUTOMATIC STATUS FOR OTHER  
PARTIES WHEN REQUIRED IN WRITTEN  
CONSTRUCTION AGREEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A. Section II – Who Is An Insured** is amended to include as an additional insured:

1. Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy; and
2. Any other person or organization you are required to add as an additional insured under the contract or agreement described in Paragraph 1. above.

Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured described in Paragraph 1. or 2. above.

However, the insurance afforded to such additional insured described above:

- a. Only applies to the extent permitted by law; and
- b. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for the person or organization described in Paragraph 1. above are completed.

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement described in Paragraph A.1.; or

2. Available under the applicable limits of insurance;  
whichever is less.

This endorsement shall not increase the applicable limits of insurance.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Any Person or Organization when you are specifically required by a written contract or agreement to include as an additional insured onto your policy and waive any right of recovery arising out of your ongoing operations or "your work" and included in the "products-completed operations hazard".

Any person or organization does not include engineers, architects or surveyors.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

- d. Any additional insured under any policy of "controlling underlying insurance" will automatically be an additional insured under this insurance. If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance required by the contract, less any amounts payable by any "controlling underlying insurance".

Additional insured coverage provided by this insurance will not be broader than coverage provided by the "controlling underlying insurance".

## 2. Exclusions

The following exclusions, and any other exclusions added by endorsement, apply to this Coverage Part. In addition, the exclusions applicable to any "controlling underlying insurance" apply to this insurance unless superseded by the following exclusions, or superseded by any other exclusions added by endorsement to this Coverage Part.

Insurance provided under this Coverage Part does not apply to:

### a. Medical Payments

Medical payments coverage or expenses that are provided without regard to fault, whether or not provided by the applicable "controlling underlying insurance".

### b. Auto

Any loss, cost or expense payable under or resulting from any of the following auto coverages:

- (1) First-party physical damage coverage;
- (2) No-fault coverage;
- (3) Personal injury protection or auto medical payments coverage; or
- (4) Uninsured or underinsured motorists coverage.

### c. Pollution

- (1) "Injury or damage" which would not have occurred, in whole or in part, but for the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of pollutants at any time.
- (2) Any loss, cost or expense arising out of any:
  - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants; or

- (b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, pollutants.

This exclusion does not apply to the extent that valid "controlling underlying insurance" for the pollution liability risks described above exists or would have existed but for the exhaustion of underlying limits for "injury or damage".

### d. Workers' Compensation And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

## SECTION II – LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations, and the rules below fix the most we will pay regardless of the number of:
  - a. Insureds;
  - b. Claims made or suits brought, or number of vehicles involved;
  - c. Persons or organizations making claims or bringing suits; or
  - d. Limits available under any "controlling underlying insurance".
2. The Limits of Insurance of this Coverage Part will apply as follows:
  - a. This insurance only applies in excess of the "retained limit".
  - b. The Aggregate Limit is the most we will pay for the sum of all "ultimate net loss", for all "injury or damage" covered under this Coverage Part. However, this Aggregate Limit only applies to "injury or damage" that is subject to an aggregate limit of insurance under the "controlling underlying insurance".
  - c. Subject to Paragraph 2.b. above, the Each Occurrence Limit is the most we will pay for the sum of all "ultimate net loss" under this insurance because of all "injury or damage" arising out of any one "event".
  - d. If the Limits of Insurance of the "controlling underlying insurance" are reduced by defense expenses by the terms of that policy, any payments for defense expenses we make will reduce our applicable Limits of Insurance in the same manner.

3. If any "controlling underlying insurance" has a policy period that is different from the policy period of this Coverage Part then, for the purposes of this insurance, the "retained limit" will only be reduced or exhausted by payments made for "injury or damage" covered under this insurance.

The Aggregate Limit of this Coverage Part applies separately to each consecutive annual period of this Coverage Part and to any remaining period of this Coverage Part of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

### SECTION III – CONDITIONS

The following conditions apply. In addition, the conditions applicable to any "controlling underlying insurance" are also applicable to the coverage provided under this insurance unless superseded by the following conditions.

#### 1. Appeals

If the "controlling underlying insurer" or insured elects not to appeal a judgment in excess of the amount of the "retained limit", we may do so at our own expense. We will also pay for taxable court costs, pre- and postjudgment interest and disbursements associated with such appeal. In no event will this provision increase our liability beyond the applicable Limits of Insurance described in Section II – Limits Of Insurance.

#### 2. Bankruptcy

##### a. Bankruptcy Of Insured

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

##### b. Bankruptcy Of Controlling Underlying Insurer

Bankruptcy or insolvency of the "controlling underlying insurer" will not relieve us of our obligations under this Coverage Part.

However, insurance provided under this Coverage Part will not replace any "controlling underlying insurance" in the event of bankruptcy or insolvency of the "controlling underlying insurer". The insurance provided under this Coverage Part will apply as if the "controlling underlying insurance" were in full effect and recoverable.

#### 3. Duties In The Event Of An Event, Claim Or Suit

- a. You must see to it that we are notified as soon as practicable of an "event", regardless of the amount, which may result in a claim under this insurance. To the extent possible, notice should include:

- (1) How, when and where the "event" took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any "injury or damage" arising out of the "event".

- b. If a claim is made or suit is brought against any insured, you must:

- (1) Immediately record the specifics of the claim or suit and the date received; and
- (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or suit as soon as practicable.

- c. You and any other insured involved must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or suit;
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the suit; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of "injury or damage" to which this insurance may also apply.

- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

#### 4. First Named Insured Duties

The first Named Insured is the person or organization first named in the Declarations and is responsible for the payment of all premiums. The first Named Insured will act on behalf of all other Named Insureds for giving and receiving of notice of cancellation or the receipt of any return premium that may become payable.

**ARCH INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NON-CONTRIBUTORY – OTHER INSURANCE CONDITION**

---

This endorsement modifies the insurance provided under the following, only when the "underlying insurance" or "controlling underlying insurance" is issued by us:

**COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM**

**COMMERCIAL EXCESS LIABILITY COVERAGE FORM**

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary and Non-Contributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under any other insurance policy provided that:

1. The additional insured is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

**ATTACHMENT "A"**  
**NON-COLLUSIVE BIDDING CERTIFICATE PURSUANT TO**  
**SECTION 103-D OF THE NEW YORK STATE GENERAL MUNICIPAL LAW**

A. By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organizations, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not knowingly been disclosed by the bidder and will not knowingly be disclosed by the bidder, directly or indirectly, prior to opening, to any bidder or to any competitor.

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

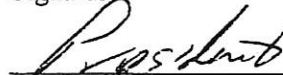
A bid shall not be considered for award nor shall any award be made where (1), (2), and (3) above have not been complied with; provided, however, that in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons thereof. Where (1), (2), and (3) above have not been complied with, the bid shall not be considered for any award nor shall any award be made unless the head of the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customer of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph "A" above.

B. Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, local law, and where such bid contains the certification referred to in paragraph "A" of this section, shall be deemed to have been authorized by the Board of Directors of the bidder, and such authorization shall be deemed to include the submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation



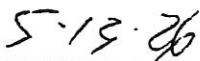
Signature



Title



Company Name



Date

**ATTACHMENT "B"**  
**ACKNOWLEDGMENT BY BIDDER**

If Individual or Individuals:

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

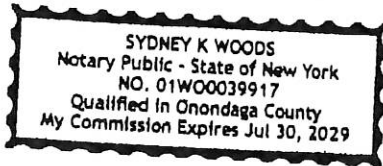
On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally appeared \_\_\_\_\_ to me known and known to me to be the same person(s) described in and who executed the within instrument, and he (or they severally) acknowledged to me that he (or they) executed the same.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

If Corporation:

STATE OF New York )  
COUNTY OF Onondaga ) SS.:

On this 13 day of May, 20006, before me personally appeared Mike Collier to me known, who, being by me sworn, did say that he resides at (give address) 6809 East Sarrell Hill Road, Warrens, NY that he is the (give title) Salesman of the (name of corporation) North Eastern Rescue Vehicles Inc., the corporation described in and which executed the above instrument; that he knows the seal of the corporation, and that the seal affixed to the instrument is such corporate seal; that it was so affixed by order of the board of directors of the corporation, and that he signed his name thereto by like order.



Sydney Woods  
Notary Public, State of New York  
Qualified in Onondaga County  
Commission Expires 6-30-29

If Partnership:

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, before me personally came \_\_\_\_\_ to me known to be the individual who executed the foregoing, and who, being duly sworn, did depose and say that he / she is a partner of the firm of \_\_\_\_\_ and that he / she has the authority to sign the same, and acknowledged that he / she executed the same as the act and deed of said partnership.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Qualified in \_\_\_\_\_  
Commission Expires \_\_\_\_\_

**ATTACHMENT "C"**  
**ALBANY COUNTY**  
**VENDOR RESPONSIBILITY QUESTIONNAIRE**

1. VENDOR IS: <input checked="" type="checkbox"/> PRIME CONTRACTOR			
2. VENDOR'S LEGAL BUSINESS NAME <b>NORTH EASTERN RESCUE VEHICLES, INC.</b>		3. IDENTIFICATION NUMBERS a) FEIN # b) DUNS # <b>832091446</b>	
4. D/B/A – Doing Business As (if applicable) & COUNTY FIELD:		5. WEBSITE ADDRESS (if applicable) <b>WWW.NERVINC.COM</b>	
6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE		7. TELEPHONE NUMBER <b>(315) 414-9999</b>	8. FAX NUMBER <b>(315) 437-3007</b>
9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE <i>IN NEW YORK STATE, if different from above</i>		10. TELEPHONE NUMBER	11. FAX NUMBER
12. AUTHORIZED CONTACT FOR THE QUESTIONNAIRE Name <b>ROBERT REILLY</b> Title <b>PRESIDENT</b> Telephone Number <b>(315) 414-9999</b> Fax Number <b>(315) 437-3007</b> e-mail <b>ROBERT.REILLY@NERVINC.COM</b>			
13. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS.			
a) NAME <b>ROBERT REILLY</b>	TITLE <b>PRESIDENT</b>	b) NAME	TITLE
c) NAME	TITLE	d) NAME	TITLE
A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE COUNTY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.			
14. DOES THE VENDOR USE, OR HAS IT USED IN THE PAST FIVE (5) YEARS, ANY OTHER BUSINESS NAME, FEIN, or D/B/A OTHER THAN THOSE LISTED IN ITEMS 2-4 ABOVE? List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
15. ARE THERE ANY INDIVIDUALS NOW SERVING IN A MANAGERIAL OR CONSULTING CAPACITY TO THE VENDOR, INCLUDING PRINCIPAL OWNERS AND OFFICERS, WHO NOW SERVE OR IN THE PAST ONE (1) YEARS HAVE SERVED AS:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) An elected or appointed public official or officer? <i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) An officer of any political party organization in Albany County, whether paid or unpaid? <i>List each individual's name, business title or consulting capacity and the official political position held with applicable service dates.</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

16. WITHIN THE PAST (5) YEARS, HAS THE VENDOR, ANY INDIVIDUALS SERVING IN MANAGERIAL OR CONSULTING CAPACITY, PRINCIPAL OWNERS, OFFICERS, MAJOR STOCKHOLDER(S) (10% OR MORE OF THE VOTING SHARES FOR PUBLICLY TRADED COMPANIES, 25% OR MORE OF THE SHARES FOR ALL OTHER COMPANIES), AFFILIATE OR ANY PERSON INVOLVED IN THE BIDDING OR CONTRACTING PROCESS:

a) 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;  Yes  No  
2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;  
3. entered into an agreement to a voluntary exclusion from bidding/contracting;  
4. had a bid rejected on an Albany County contract for failure to comply with the MacBride Fair Employment Principles;  
5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;  
6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise, de-certified, revoked or forfeited;  
7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;  
8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or  
9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract.

b) been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?  Yes  No

c) been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination of violations of:  Yes  No

1. federal, state or local health laws, rules or regulations.

---

17. IN THE PAST THREE (3) YEARS, HAS THE VENDOR OR ITS AFFILIATES HAD ANY CLAIMS, JUDGMENTS, INJUNCTIONS, LIENS, FINES OR PENALTIES SECURED BY ANY GOVERNMENTAL AGENCY?  Yes  No

Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."

---

18. DURING THE PAST THREE (3) YEARS, HAS THE VENDOR FAILED TO:

a) file returns or pay any applicable federal, state or city taxes?  
*Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.*  Yes  No

b) file returns or pay New York State unemployment insurance?  
*Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.*  Yes  No

c) Property Tax  
*Indicate the years the vendor failed to file.*  Yes  No

---

19. HAVE ANY BANKRUPTCY PROCEEDINGS BEEN INITIATED BY OR AGAINST THE VENDOR OR ITS AFFILIATES WITHIN THE PAST SEVEN (7) YEARS (WHETHER OR NOT CLOSED) OR IS ANY BANKRUPTCY PROCEEDING PENDING BY OR AGAINST THE VENDOR OR ITS AFFILIATES REGARDLESS OF THE DATE OF FILING?  Yes  No

Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.

---

20. IS THE VENDOR CURRENTLY INSOLVENT, OR DOES VENDOR CURRENTLY HAVE REASON TO BELIEVE THAT AN INVOLUNTARY BANKRUPTCY PROCEEDING MAY BE BROUGHT AGAINST IT? Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.  Yes  No

21. IN THE PAST FIVE (5) YEARS, HAS THE VENDOR OR ANY AFFILIATES: :  Yes  No  
a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;

Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.

1 "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.



**Attachment "D"**  
**Certification Pursuant to Section 103-g**  
**Of the New York State**  
**General Municipal Law**

- A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.
- B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:
1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
  2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.



Signature

*President*

Title

*North Eastern Rescue Vehicles Inc*

Company Name

*S-13-26*

Date