

RECEIVED

By Jonathan Cole at 10:53 am, Jan 29, 2026

Natural Bridge Volunteer Ambulance Inc.

Application for Expansion of Primary Operating Territory

ENCLOSURES

Application for EMS Operating Certificate, Form DOH-206

Affirmation of Compliance, Form DOH-1881

Application to Expand Operating Authority, Form DOH-3777

- Proof of Insurance - VFIS

EMS Agency Personnel Roster, Form DOH-2828

- Licenses & EMT certificates
- Detailed Narrative
- Map of Proposed Expanded Territory
- Statement Regarding Copies or Orders or Deficiency Notices

Additional Materials:

- Current Operating Certificate
- Map of Current Operating Territory
- List of Officers & Directors
- Affirmations of Fitness & Competency
- 2025 Budget
- Certificate of Incorporation
- Bylaws

Public Notice:

- Letters to Public
- Mailing List for Letters to Public
- Letters in Support and Opposition

Application for EMS Operating Certificate

Current Expiration Date 06 / 30 / 2026 Ambulance Service ALS First Response Service (non-transporting)

Name of Service Natural Bridge Volunteer Ambulance Inc. Federal Employer ID No. 30-0204973 NYS EMS Agency Code 0722

Physical Address of Principal Business Location Street and Number
27570 High Street

City, Town, Village Natural Bridge State NY Zip Code 13665 County Jefferson

Mailing Address (PO Box)
PO Box 263

Business Phone Number (315) 644-9898 Fax Number [Redacted] 911 Center 10 Digit Phone Number () -

Agency E-mail Address nbvfc31@aol.com Agency Website n/a

Organizational Structure (check only one)

- Commercial Hospital Based Independent Industrial
 Fire Department Municipal/Government College (State or Private Campus/University)

Type of Ownership

- Individual Corporation (for profit not for profit) Municipal Fire Ambulance District
 Partnership Municipal (village town city county) Government (State Federal)

Name of Individual Owner, Partners or Government/Municipal entity

Natural Bridge Volunteer Ambulance Inc.

If a corporation, give official corporate name. Also indicate all DBAs on file with NYS Department of State. Attach separate list if more than one DBA on file. (initial applications must provide certified copies of all DOS filings both corporation and DBA)

Corporation Name
Natural Bridge Volunteer Ambulance Inc.

DBA/Assumed Name

For Profit and Not for Profit Corporations must provide names/addresses of current corporation officers

Name	Home Address	Home Phone
President Bryant O'Meara	[Redacted]	[Redacted]
Vice President Steve Clarke	[Redacted]	[Redacted]
Secretary Valarie Newton	[Redacted]	[Redacted]
Treasurer Zach Goldthrite	[Redacted]	[Redacted]

Chief Operating Officer (Captain, Operations Manager)

Name Molly Manual Title EMS Chief Day Phone (315) 775 - 6122 Night Phone () -

Tax District

Is this organization funded by a tax district? Yes No Name of District Town of Croghan & Town of Wilna

Name of Operator (if different from owner) Business Phone () -

Address City State Zip

Highest Level of Care Currently Authorized by REMAC (check only one) EMT AEMT Critical Care Paramedic

Agency Participates in CME Program Yes No

Billing for Service Yes No

If yes, Name of Service Bureau Emergency Management Resources Service Bureau Number (if not agency) 03118467 Medicaid Number 028684100

Service Physician Medical Director (please list all others on separate sheet)

Sarah A. Delaney-Rowland, MD

Address

830 Washington Street

Phone

(315) 782-2620

NYS Physician License Number

217101

List the address of each location where any certified EMS response vehicle is garaged if not the same as your principal location.

Provide list if more than 3

Location 1

Number of vehicles assigned

Location 2

Number of vehicles assigned

Location 3

Number of vehicles assigned

Total Number of Vehicles operated by certificate holder

Ambulances 2 EASV's (ambulance service only) 0 First Response (ALSFR) 0

Description of operating territory boundaries etc.:

Proposed Expanded Territory: Town of Diana (Lewis County) including the Village/Hamlet of Harrisville, and the Town of Pitcairn (St. Lawrence County)

Total Employees/Members: 35 Number Volunteer 35 Number Paid (on payroll) 0

Provide number of individuals currently certified at each level

CFR 0 EMT 6 AEMT 0 Critical Care 0 Paramedic 0

Communications/Dispatch Information

Principal Dispatch Method: Two-way Cellular Phone Pager Other

Frequency on which you are dispatched 151.415 MHz

Agency that dispatches your service Jefferson County & Lewis County Dispatch Local 911/PSAP Self

Identify radio systems for hospital calling/medical direction VHF UHF Cellular Other _____

UHF MED 1-8 capacity Yes No Do your vehicles have Cellular Phones Yes No

155.340 capability Yes No Call sign if service has FCC License _____

Attachments Required

- Affirmation of Compliance (DOH-1881, Affirmation Side 1 MUST BE NOTARIZED)
- List of all vehicle operated by the service (DOH-1881 Affirmation side 2)
- List of all agency personnel –Use DOH-2828
- List of all owners with 10% of more share of ownership
- Map of current operating territory

Agency Certification I have received and read and understand the contents of the following documents and will comply with all requirements:

- Article 30/30A, NYS Public Health Law
- Part 800, 10NYCRR, State EMS Code
- Applicable DOH EMS Policy Statements and SEMAC Advisories

In addition, I certify that all the information contained in this application is true and correct, and that neither the corporation nor any of the owners, principals, or stockholders have been convicted of Medicaid or Medicare fraud, and I understand that under Section 3012(a) or PHL Article 30 that the ambulance service or ALSFR service certificate for this agency may be revoked, suspended, limited or annulled if this application includes willful misrepresentation.

Name of Owner, CEO or COO

Molly J. Manuel

Title

EMS Chief

Signature

Molly J. Manuel
Notary Public affirmation and acknowledgement

Date

08-27-2023

TERI L. ELLIS

Notary Public, State Of New York

No. 01EL6057555

Qualified In Jefferson County

Commission Expires April 16, 2022

For DOH Use Only

Date Application Received _____

New Expiration Date _____

BEMS review and approval _____

Date _____

Affirmation of Compliance

Affirmation of Compliance for Agency Recertification

If you are **adding** new vehicle(s) to your fleet or **removing** vehicles, please use:
DOH-1881 Affirmation of Compliance Submission Portal | Survey Builder (ny.gov)

Check one Ambulance Service ALS First Response Service

Current Operating Certificate Expiration Date

06 / 30 / 2026

Name of Service

NATURAL BRIDGE VOLUNTEER AMBULANCE INC.

NYS EMS Agency Code

0722

Address

27570 HIGH STREET

City

NATURAL BRIDGE

State

NY

ZIP

13665

Contact Person

MOLLY MANUEL

Email

NBVFC31@AOL.COM

Work Phone Number

Additional Phone Number

By completing and signing this affirmation, I certify that the vehicles listed are compliant with all requirements of the State EMS Code, Part 800. Title: CERTIFIED AMBULANCE SERVICES | New York Codes, Rules and Regulations (ny.gov)

The records and documentation of the agency have also been reviewed for compliance with all applicable requirements.

The ambulance vehicles listed are registered with the NYS Department of Motor Vehicles (DMV) and the appropriate DMV inspection has been conducted. Those vehicles which are not ambulances have appropriate DMV registration, DMV inspection, and/or any safety inspection as required by the NYS Department of Transportation, The United States Coast Guard, or the Federal Aviation Administration.

I understand that under the authority of the Public Health Law, any deficiencies that result in violations being issued, are subject to the penalties of the Public Health Law, including fines, suspension, revocation or annulment of the operating certificate. I attest that I am an authorized officer of this NYS Certified EMS agency with authority to sign.

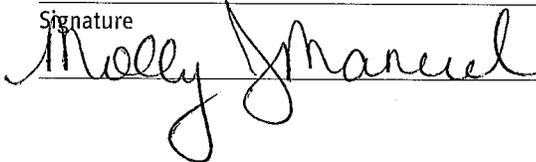
Name

MOLLY MANUEL

Title

EMS CHIEF

Signature



Date

08/27/2025

FOR OFFICE USE ONLY

_____ # of stickers

Sent to _____

Date _____ / _____ / _____

Rep _____

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- New service (Sections A,B,C,D,F)
- Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
- Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- Ambulance
- ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number		
NATURAL BRIDGE VOLUNTEER AMBULANCE INC.	0722	30-0204973		
Address	City	State	Zip	County
27570 HIGH STREET	NATURAL BRIDGE	NY	13665	JEFFERSON
Contact Person	Title			
MOLLY MANUAL	EMS CHIEF			
Business Phone	Home Phone	Cell Phone	E-mail	

Current Organizational Sponsor Type

- Proprietary
- Hospital Based
- Volunteer Independent
- Industrial
- Volunteer Fire Department
- Municipal/Government
- Other

Type of Ownership

- Individual
- Partnership
- Government
- Corporation
- LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

NATURAL BRIDGE VOLUNTEER AMBULANCE INC.

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

TOWN OF DIANA (LEWIS COUNTY) INCLUDING THE VILLAGE/HAMLET OF HARRISVILLE, AND THE TOWN OF PITCAIRN (ST. LAWRENCE COUNTY)

For expansion list existing primary operating territory

THE VILLAGE OF CARTHAGE AND THE NATURAL BRIDGE FIRE DISTRICT

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

FULLERS INSURANCE COMPANY - POLICY# VFNU-CM-0005281-05/001

\$1 million / \$2 million

Agent

ADAM FULLER

Business Phone

(315) 493 - 2110

Types and Limits of Coverage

- General Liability
- Other

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

- EMT AEMT Critical Care Paramedic

Agency Medical Director Address City State Phone Number
 SARAH A. DELANEY-ROWLAND 830 WASHINGTON STREET WATERTOWN NY [REDACTED]

Agency Providing Medical Control
 Samaritan Medical Center

System Medical Director Address City State
 Sarah A. Delaney-Rowland 830 Washington St. Watertown NY

Size of Population to be Served Days of operation Hours of operation
 2573 JANUARY 1 - DECEMBER 31 24 HOUR

Projected Call Volume Total 180 Emergency 180 Non-Emergency 0

Source of Statistics for Call volume PCR Dispatch Center Agency Call Record Other

Total no. of ambulances Total no. of emergency ambulance service vehicles (EASV'S) Total no. of ALS First Response vehicles
2 0 0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service Federal Employer Identification Number

Address City State Zip County

Contact Person Title

Business Phone Home Phone Cell Phone E-mail
 () - () - () -

Proposed Organizational Sponsor Type
 Proprietary Hospital Based Volunteer Independent Industrial
 Volunteer Fire Department Municipal/Government Other

Proposed Type of Ownership
 Individual Partnership Government Corporation LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

- Attachments Required
- Detailed narrative to support need or statement of purpose and intent for transfer
 - Affirmation of Fitness and Competence (DOH-3778)
 - DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
 - Financial information including funding budget and insurance
 - Primary operating territory map

Name of Owner or CEO Title
 MOLLY MANUAL EMS CHIEF

Signature Date
Molly Manual 08-27-2005

Notary Public affirmation and acknowledgement

Teri L. Ellis

TERI L. ELLIS
 Notary Public, State Of New York
 No. 01EL6057555
 Qualified In Jefferson County
 Commission Expires April 16, 20 21

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received _____

Date of Council Decision _____

Approved Denied Rejected - Incomplete

Council Chair Signature _____

Commercial Auto Policy

Epecially Designed For:

NATURAL BRIDGE FIRE DISTRICT
PO BOX 263
NATURAL BRIDGE, NY 13665-0000



Underwritten by
National Union Fire Insurance Company of Pittsburgh, Pa.



National Union Fire Insurance Company of Pittsburgh, Pa.

RISK CONTROL POLICYHOLDER NOTICE

Dear VFIS Client,

Safety and health is a major concern in emergency service organizations today. These issues are important because of the major impact that accidents can have on an organization. Morale can often be affected as well as an organization's finances. Insurance rarely covers all the expenses associated with accidents. There are often hidden costs that the organization must bear such as time spent reporting, documenting and investigating the accident, time spent training the replacement staff and time to replace the vehicles and equipment.

Risk Control Guidelines Provided by VFIS

As a valuable service to you, VFIS provides risk control guidelines and programs to your organization in an effort to help you prevent and/or reduce the impact of accidents. Implementing VFIS risk control measures could benefit your organization by reducing or eliminating the hidden costs of accidents while helping your organization to continue to serve your community.

VFIS provides a number of programs and services to help you in your risk control effort. While most of these services are available to our clients at no additional cost, some may require a fee based on the scope of the service requested. Some of the services and programs that we provide to our clients include:

- On-site risk control consultations
- Recommendations to control identifiable hazards
- Loss experience analysis
- Consultation on specific risk control-related problems
- Sample standard operating guidelines for vehicle operations
- Accident investigation procedures and forms
- Health and Safety Audit of NFPA 1500

Risk Control Publications

VFIS has many resources that you can access at no charge on our Web site. These include Communiqués, which are a one-page fact sheet, that presents a specific hazard and provides procedures for controlling the hazard. VFIS also provides numerous training programs that you can access through the Client Education and Training Resource Catalog. Please visit www.vfis.com to view and order these resources.

Inquire About Our Risk Control Services

If you would like information about some of the above services and publications, please call VFIS Risk Control at (800) 233-1957.

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number:
VFNU-CM-0005281-05/000

Policy Period: From 03-01-2025
To 03-01-2026

COMMON FORMS

See Schedule of Forms and Endorsements.

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in the policy. The coverage part declarations, the schedule of forms and endorsements, and any forms and endorsements we may later attach to reflect changes, make up and complete the above numbered policy.



Authorized representative (countersignature, where required)

02-25-2025

Date

The Company has caused this policy to be signed by its President and Secretary:



President



Secretary

Policy Number
VFNU-CM-0005281-05/000

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 03-01-25

12:01 A.M., Standard Time

Agency Name VFIS

COMMON POLICY FORMS AND ENDORSEMENTS

89644	06-13	ECONOMIC SANCTIONS ENDORSEMENT
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 01 83	08-08	NEW YORK CHANGES - FRAUD

AUTOMOBILE FORMS AND ENDORSEMENTS

AUNY18	11-23	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME
AUNY25	01-21	NEW YORK AUTO LIABILITY EXTENSION ENDORS
AUNY34	11-23	AUTO PHYSICAL DAMAGE EXTENSION ENDORSEME
AU1002	11-23	AGREED VALUE ENDORSEMENT
AU1007	01-20	COMMANDEERED AUTO DEFINITION ENDORSEMENT
AU1034	11-23	CLAIM-FREE DEDUCTIBLE WAIVER - AUTO PHYS
AUNY01	01-21	CARE, CUSTODY OR CONTROL EXCLUSION AMEND
CA 00 01	10-13	BUSINESS AUTO COVERAGE FORM
AUNY29	01-21	INCIDENTAL GARAGE OPERATIONS - NEW YORK
AUNY31	01-20	WAIVER OF GOVERNMENTAL IMMUNITY ENDORSEM
CA 01 12	12-15	NY CHNGS BUSINESS AUTO AND MOTOR CARRIER
CA 02 25	06-20	NEW YORK CHANGES - CANCELLATION
CA 04 20	08-14	NY-SUPPTL SPOUSAL BODILY INJURY LIAB COV
CA 31 07	11-18	NY SUPPLEMENTARY UM/UIM ENDT
CA 22 32	11-18	NY MANDATORY PIP ENDORSEMENT
CA 20 02	10-13	SOUND RECEIVING EQUIP COVG -FIRE, POLICE
CA 20 25	08-14	NEW YORK MUTUAL AID ENDORSEMENT
CA 99 03	10-13	AUTO MEDICAL PAYMENTS COVERAGE

POLICYHOLDER NOTICES

118477	03-15	POLICYHOLDER NOTICE - TAXES, ASSESSMENTS
91222	09-16	POLICYHOLDER NOTICE
AGLC105774	01-22	AIG PRIVACY NOTICE

Policy Number
VFNU-CM-0005281-05/000

INSTALLMENT SCHEDULE

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 03-01-25
12:01 A.M., Standard Time

Agency Name VFIS

**IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS
PAYABLE ON INSTALLMENTS AS FOLLOWS:**

	DUE	PREMIUM	SURCHARGE	REVISED INSTALLMENT TOTAL
DEPOSIT	03/01/2025	\$8,179.00	\$20.00	\$8,199.00

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

Policy Number
VFNU-CM-0005281-05/000

SCHEDULE OF NAMED INSURED(S)

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 03-01-25
12:01 A.M., Standard Time

Agency Name VFIS

- NATURAL BRIDGE FIRE CO INC
- NATURAL BRIDGE LADIES AUXILIARY
- NATURAL BRIDGE VOLUNTEER AMBULANCE INC

ENDORSEMENT

This endorsement, effective 12:01 A.M. forms a part of

policy No. VFNU-CM-0005281-05/000

issued to NATURAL BRIDGE FIRE DISTRICT

By AMERICAN INTERNATIONAL GROUP, INC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ECONOMIC SANCTIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS

The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer, its parent company or its ultimate controlling entity to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or the United States of America.

AUTHORIZED REPRESENTATIVE

Policy Number
VFNU-CM-0005281-05/000

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 03-01-2025
12:01 A.M., Standard Time

Agency Name VFIS

TAXES / SURCHARGES DETAILED BREAKDOWN :		
NY-MOTOR VEHICLE LAW ENFORCEMENT FEE	\$	20.00

TOTAL TAXES / SURCHARGES	\$	20.00

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK CHANGES – FRAUD

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART – FARM PROPERTY – OTHER FARM PROVISIONS FORM – ADDITIONAL
COVERAGES, CONDITIONS, DEFINITIONS
FARM COVERAGE PART – LIVESTOCK COVERAGE FORM
FARM COVERAGE PART – MOBILE AGRICULTURAL MACHINERY AND EQUIPMENT COVERAGE
FORM

The **CONCEALMENT, MISREPRESENTATION OR FRAUD** Condition is replaced by the following:

FRAUD

We do not provide coverage for any insured ("insured") who has made fraudulent statements or engaged in fraudulent conduct in connection with any loss ("loss") or damage for which coverage is sought under this policy.

However, with respect to insurance provided under the **COMMERCIAL AUTOMOBILE COVERAGE PART**, we will provide coverage to such "insured" for damages sustained by any person who has not made fraudulent statements or engaged in fraudulent conduct if such damages are otherwise covered under the policy.

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

AUTO COVERAGE PART DECLARATIONS

ITEM ONE: Named Insured – Refer to the Common or Auto Policy Declarations

ITEM TWO: Coverage and Covered Autos

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Covered Autos Liability (combined single limit)	1	\$1,000,000 each accident	\$ 3,361
Supplemental Spousal Liability		Included in your Liability limit above	INCL
Personal Injury Protection (No-Fault): Aggregate No-Fault Benefits	5	\$ 50,000	\$ 117
Mandatory Basic Economic Loss	5	\$ 50,000	
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss Other Necessary Expenses (per day) Death Benefit	5		
Auto Medical Payments	7	\$ 5,000 each person	\$ 7
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured Motorists (SUM) <small>The maximum amount payable under SUM coverage shall be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.</small>	6	500,000	\$ 171
Physical Damage – Comprehensive	7, 8	Refer to ITEM THREE and ITEM FOUR (if applicable)	\$ 717
Physical Damage – Specified Causes of Loss	N/A		
Physical Damage – Collision	7, 8		\$ 3,526
Physical Damage – Towing and Labor	N/A	Refer to ITEM THREE	
Other Auto Coverages			\$ 280
Estimated Coverage Part Premium:			\$ 8,179
Taxes, Fees and Surcharges:			\$ Not Applicable
NY Motor Vehicle Law Enforcement Fee:			\$ 20
Total Premium:			\$ 8,199.00

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From 03-01-2025
To 03-01-2026

ITEM THREE: Schedule of Your Auto Coverage

Auto Schedule Summary

Vehicle Number	Year	Make	Model	PE Code	V.I.N.	Value
1	1995	FORD	PUMPER	PR	1FDYF80E3SVA25374	\$ 150,000
2	1996	FORD	BRUSH VEH	BV	1FTHX26H6TEA82699	\$ 27,000
3	2003	FORD	AMB BLS	BLS	1FDWE35F63HB28500	\$ 103,000
4	1998	FORD	TANKER	T	1FDYF80E0WVA33244	\$ 150,000
5	1989	FORD	MINI PUMPER	MP	1FDKF38M4KNA80825	\$ 100,000
6	1993	PIERCE	PUMPER	PR	4P1CT02G8PA000290	\$ 300,000
7	2007	GMC	AMB BLS	BLS	1GDE4V1987F421925	\$ 103,000

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

Vehicle #: 1

Insured's #:
Insured Entity:

Year: 1995
Make: FORD
Model: PUMPER
V.I.N.: 1FDYF80E3SVA25374
Valuation: Agreed Value

Use:
Class Code: 790900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 276
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		\$ 11
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000		\$ 1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		\$ 21
Motorists (SUM)			
Physical Damage - Comprehensive	\$ 150,000	1,000	\$ 81
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$ 150,000	1,000	\$ 296
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$ 686

Vehicle #: 2

Insured's #:
Insured Entity:

Year: 1996
Make: FORD
Model: BRUSH VEH
V.I.N.: 1FTHX26H6TEA82699
Valuation: Agreed Value

Use:
Class Code: 790900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 276
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		\$ 11
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000		\$ 1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		\$ 21
Motorists (SUM)			
Physical Damage - Comprehensive	\$ 27,000	1,000	\$ 44
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$ 27,000	1,000	\$ 91
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$ 444

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

Vehicle #: 3 Insured's #:
Insured Entity:

Year: 2003
Make: FORD
Model: AMB BLS
V.I.N.: 1FDWE35F63HB28500
Valuation: Agreed Value

Use:
Class Code: 791900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 847
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		\$ 31
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000		\$ 1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		\$ 33
Motorists (SUM)			
Physical Damage - Comprehensive	\$ 103,000	1,000	\$ 179
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$ 103,000	1,000	\$ 1,218
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$ 2,309

Vehicle #: 4 Insured's #:
Insured Entity:

Year: 1998
Make: FORD
Model: TANKER
V.I.N.: 1FDYF80E0WVA33244
Valuation: Agreed Value

Use:
Class Code: 790900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 276
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		\$ 11
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000		\$ 1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		\$ 21
Motorists (SUM)			
Physical Damage - Comprehensive	\$ 150,000	1,000	\$ 81
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$ 150,000	1,000	\$ 296
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$ 686

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

Vehicle #: 5

Insured's #:
Insured Entity:

Year: 1989
Make: FORD
Model: MINI PUMPER
V.I.N.: 1FDKF38M4KNA80825
Valuation: Agreed Value

Use:
Class Code: 790900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 276
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		\$ 11
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000		\$ 1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		\$ 21
Motorists (SUM)			
Physical Damage - Comprehensive	\$ 100,000	1,000	\$ 43
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$ 100,000	1,000	\$ 125
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$ 477

Vehicle #: 6

Insured's #:
Insured Entity:

Year: 1993
Make: PIERCE
Model: PUMPER
V.I.N.: 4P1CT02G8PA000290
Valuation: Agreed Value

Use:
Class Code: 790900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 276
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		\$ 11
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000		\$ 1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		\$ 21
Motorists (SUM)			
Physical Damage - Comprehensive	\$ 300,000	1,000	\$ 85
Physical Damage - Specified Causes of Loss			
Physical Damage - Collision	\$ 300,000	1,000	\$ 257
Physical Damage - Towing and Labor			
Other Auto Coverages			
Total:			\$ 651

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

Vehicle #: 7 Insured's #:
Insured Entity:

Year: 2007 Use:
Make: GMC Class Code: 791900
Model: AMB BLS State: NY
V.I.N.: 1GDE4V1987F421925 Territory: 074
Valuation: Agreed Value

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)	\$ 1,000,000		\$ 847
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000	\$	31
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments	\$ 5,000	\$	1
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000	\$	33
Motorists (SUM)			
Physical Damage – Comprehensive	\$ 103,000	1,000 \$	179
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	\$ 103,000	1,000 \$	1,218
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:		\$	2,309

Vehicle #: Insured's #:
Insured Entity:

Year: Use:
Make: Class Code:
Model: State:
V.I.N.: Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Covered Autos Liability (combined single limit)			
Supplemental Spousal Liability			
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits			
Mandatory Basic Economic Loss			
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments			
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured			
Motorists (SUM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

ITEM FOUR: Hired, Borrowed, and Commandeered Coverage (if applicable)

Covered Autos Liability
Rating Basis, Cost of Hire

State	Estimated Cost of Hire For Each State	Rate Per Each \$100 Cost of Hire	Factor (If Liability Coverage is Primary)	Premium
NY	IF ANY	\$ 1.146		\$ 111

TOTAL PREMIUM:

Covered Autos Liability
Rating Basis, Number of Days –
(For Mobile or Farm Equipment – Rental Period Basis)

State	Estimated Number of Days Equipment Will Be Rented	Base Premium	Factor	Premium

TOTAL PREMIUM:

State: NY

Physical Damage

Coverage	Valuation and Deductible	Estimated Cost of Hire	Premium
Comprehensive	Actual cash value or the cost of repair, whichever is less, minus a \$ 50 deductible for each covered auto	IF ANY	\$ 25
Collision	Actual cash value or the cost of repair, whichever is less, minus a \$ 100 deductible for each covered auto	IF ANY	\$ 25

Such insurance as is afforded by hired auto physical damage coverage also applies to autos you Commandeer.

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number:VFNU-CM-0005281-05/000
Policy Period: From: 03-01-2025
To: 03-01-2026

ITEM FIVE: Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
EMERGENCY SERVICE ORGANIZATION	Number of volunteers/employees	37	\$ 176
Extended coverage			INCL

Auto Forms

See Schedule of Forms and Endorsements

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT - NEW YORK

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following revisions are made to **SECTION III - PHYSICAL DAMAGE COVERAGE**:

TOWING

Coverage A.2., Towing, is replaced by the following:

For any "auto" listed in Item Three of the Auto Coverage Part Declarations for which a premium charge has been made for Comprehensive Coverage:

- a. We will pay reasonable labor costs incurred to make necessary repairs to the "auto" so it can be driven from the scene of disablement. This labor must be performed at a scene of disablement other than your normal garaging location for such "auto"; or
- b. We will pay for all reasonable towing costs incurred for towing the disabled "auto" from the scene of disablement to an appropriate repair facility. This includes the costs to tow the disabled "auto" to multiple facilities as necessary, prior to delivery to the final repair facility.

The most we will pay for each "auto" under this extension is \$5,000.

GLASS BREAKAGE

Coverage A.3., Glass Breakage – Hitting a Bird or Animal – Falling Objects or Missiles, is deleted and replaced by the following:

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Full window glass breakage, without deductible;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

DEDUCTIBLE WAIVER

The following is added to paragraph **D. Deductible**:

If a "loss" covered under this policy also involves a "loss" under an Emergency Service Organization Portable Equipment, Inland Marine or Property coverage part issued by us, only one deductible, the largest, will be applied. No less than \$100 of the aforementioned deductible will be applied to each private passenger vehicle involved in such "loss". The deductible under the other coverage parts will be waived.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

NEW YORK AUTO LIABILITY EXTENSION ENDORSEMENT EMERGENCY SERVICE ORGANIZATIONS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. The following revisions are made to **Section II – Covered Autos Liability Coverage** and **Section IV - Business Auto Conditions**:

VOLUNTEERS, EMPLOYEES, AND ELECTED OR APPOINTED OFFICIALS AS INSURED - NON-OWNED AUTO LIABILITY COVERAGE - PRIMARY BASIS

- a. **Coverage A.1., Who Is An Insured**, under **Section II – Covered Autos Liability Coverage** is modified by the addition of paragraphs **d.**, **e.** and **f.**, as follows:
 - d. Any volunteer or “employee” of yours while using a covered “auto” you don't own, hire or borrow, while performing duties related to the conduct of your business. Anyone else who furnished that “auto” is also an “insured”.
 - e. Your elected or appointed officials while using a covered “auto” you don't own, hire or borrow, while performing duties related to the conduct of your business. Anyone else who furnished that “auto” is also an “insured”.
 - f. Your commissioners of the commission, officers of the authorities, members of the board or agencies while using a covered “auto” you do not own, hire or borrow, but only while acting within the authority granted by you and only while performing duties related to the conduct of your business. Anyone else who furnished that “auto” is also an “insured”.
- b. The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:
 - e. Notwithstanding condition **5.a.** and **5.d.** above, for any covered “auto” you don't own, hire or borrow, which is being used by a person, commission, authority, board or agency as described under paragraph **d.**, **e.** or **f.** of **Section II – Covered Autos Liability Coverage, Coverage A.1., Who Is An Insured**, this coverage form provides primary insurance with no consideration of or contribution from any other insurance for such “auto”. However, for any covered “auto” which is being used by a person, commission, authority, board or agency as described under paragraph **d.**, **e.** or **f.** of **Section II – Covered Autos Liability Coverage, Coverage A.1., Who Is An Insured**, and such “auto” is the owned, hired, or borrowed “auto” of another emergency service organization or public entity, this coverage form is excess over any other valid and collectible insurance.

OWNER OF TEMPORARY SUBSTITUTE AUTO AS AN INSURED - PRIMARY BASIS

- c. **Coverage A.1., Who Is An Insured**, under **Section II – Covered Autos Liability Coverage** is modified by the addition of paragraph **g.**, as follows:
 - g. The owner or anyone else from whom you rent, lease or borrow a substitute “auto” is an “insured” but only for that covered “auto”. The substitute must be for a similar scheduled “auto” which is out of normal use because of its breakdown, repair, servicing, loss or destruction.

d. The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:

f. Notwithstanding condition **5.a.** and **5.d.** above, a substitute "auto" as described under paragraph **g.** of **Section II – Covered Autos Liability Coverage, Coverage A.1., Who Is An Insured**, is deemed a covered "auto" you own. This coverage form provides primary insurance with no consideration of or contribution from other insurance for such "auto".

OWNER OF COMMANDEERED AUTO AS AN INSURED - PRIMARY BASIS

e. **Coverage A.1., Who Is An Insured**, under **Section II – Covered Autos Liability Coverage** is modified by the addition of paragraph **h.**, as follows:

h. The owner of a "commandeered auto" is an "insured" while the "auto" is in your temporary care, custody or control and is being used as part of an "emergency situation".

f. The following paragraph is added to **B.5., Other Insurance of Section IV - Business Auto Conditions**:

g. Notwithstanding condition **5.a.** and **5.d.** above, a "commandeered auto" is deemed a covered "auto" you own. This coverage form provides primary insurance with no consideration of or contribution from other insurance for such "auto".

2. The following revisions are made to **Section II – Covered Autos Liability Coverage**:

ADDITIONAL INSURED - AUTOMATIC STATUS

a. **Coverage A.1., Who Is An Insured**, is modified by the addition of paragraph **i.**, as follows:

i. Any person or organization for whom 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, but only to the extent that person or organization qualifies as an "insured" under **Coverage A.1., Who Is An Insured**.

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the additional "insured" whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be primary in which case any other insurance available to the additional "insured" shall be considered excess and non-contributing.

ADDITIONAL EXPENSES YOU INCUR AT OUR REQUEST

b. **Coverage A.2.a.(4), Coverage Extensions, Supplementary Payments**, is replaced by the following:

(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$300 a day because of time off from work.

EXPECTED OR INTENDED INJURY

c. **Exclusion B.1., Expected Or Intended Injury**, is replaced by the following:

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to expected or intended "bodily injury" or "property damage" resulting from actions taken to protect persons or property and arising out of the use of a covered "auto".

BODILY INJURY TO VOLUNTEER EMERGENCY SERVICE PROVIDERS

d. **Exclusion B.4., Employee Indemnification And Employer's Liability**, is amended by the addition of paragraphs **c.** as follows:

c. Any volunteer, if you provide or are required to provide any benefits for such volunteer under any Workers' Compensation or disability benefits law or under any similar law.

BODILY INJURY TO FELLOW VOLUNTEERS OR EMPLOYEES

e. **Exclusion B.5., Fellow Employee**, is deleted.

3. The following revision is made to **Section IV - Business Auto Conditions**:

KNOWLEDGE OF ACCIDENT

The following paragraph is added to Paragraph **A.2. Duties In The Event Of Accident, Claim, Suit Or Loss**:

- d. The failure of any agent, volunteer or "employee" of the "insured", other than an "employee" authorized by you to give or receive notice of an "accident", claim, "suit" or "loss", to notify us of any "accident" of which he or she has knowledge, shall not invalidate insurance afforded by this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO PHYSICAL DAMAGE EXTENSION ENDORSEMENT - PUBLIC ENTITY AND EMERGENCY SERVICE ORGANIZATIONS NEW YORK

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. The following coverages are added to **Section III - Physical Damage Coverage**, Paragraph A. Coverage:

PHYSICAL DAMAGE TO VOLUNTEERS' OR EMPLOYEES' PERSONAL AUTOS

5. Physical Damage to Personal Autos

- a. We will pay up to the actual cash value for an "auto" not covered for physical damage, or the amount of the deductible under any policy covering an "auto" owned or used by a volunteer or "employee" of your insured law enforcement, firefighting, ambulance and/or rescue organization for "loss" that occurs:
 - (1) While enroute to, during and returning directly from an emergency; or
 - (2) While enroute to, during and returning from activities that are performed at the direction and knowledge of an officer of the insured law enforcement, firefighting, ambulance and/or rescue organization.
- b. We will pay the lesser of \$2,500, or the amount of the deductible under any policy covering an "auto" owned or used by your elected or appointed official, officer, volunteer or "employee" of your organization, other than your insured law enforcement, firefighting, ambulance and/or rescue organization, for "loss" that occurs while enroute to, during and returning from activities that are performed at the direction and knowledge of your elected or appointed official or officer.
- c. We will pay the rental reimbursement expenses incurred by your volunteer or "employee" for the rental of an "auto" because of "loss" sustained under Paragraph a.(1) to their owned "auto". The most we will pay is \$30 per day for a maximum of 30 days.
- d. Proof of statutory limits of financial responsibility as of the date of "loss" for an "auto" that is covered under this extension must be provided before payment is made for "loss" under this extension.
- e. In no event will we pay for any "loss" under this coverage to any "auto" owned, hired or borrowed by your organization.

RENTAL REIMBURSEMENT COVERAGE FOR FIREFIGHTING/RESCUE VEHICLES

6. Rental Reimbursement Coverage for Firefighting/Rescue Vehicles

- (1) This extension only applies to covered "autos" listed in Item Three of the Auto Coverage Part Declarations that are used for firefighting/rescue purposes, which are designated with a 7909 or 7919 class code in the Declarations. The coverage provided under this extension does not apply to any other covered "autos" on the schedule.
- (2) We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductible applies to this coverage.
- (3) We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - (a) The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.
 - (b) 40 days.
- (4) Our payment is limited to the lesser of the following amounts:
 - (a) Necessary and actual expenses incurred.
 - (b) \$300 for any one day.
- (5) This coverage does not apply while there are spare or reserve "autos" available to you for your operations.

TEMPORARY SUBSTITUTE FIREFIGHTING OR RESCUE AUTO

7. Temporary Substitute Firefighting or Rescue Autos

- a. We will provide coverage for temporary substitute firefighting and rescue "autos" you do not own. The temporary substitute "auto" must replace a covered "auto" for which a premium charge has been made for Comprehensive and/or Collision coverage. The replaced "auto" must be out of service for a period of less than six months because of its:
 - (1) Breakdown;
 - (2) Repair;
 - (3) Servicing;
 - (4) "Loss"; or
 - (5) Destruction.
- b. For temporary substitute firefighting and rescue "autos" you do not own described in paragraph a. above, Paragraph **C. Limit Of Insurance** is replaced by the following:
 - C. Limit Of Insurance**
 1. If the owner has physical damage coverage on the temporary substitute "auto", the most we will pay for "loss" in any one "accident" is the lesser of:
 - a. The amount that would have been paid by the owner's insurance policy insuring the temporary substitute firefighting or rescue "autos"; or
 - b. \$1,000,000.
 2. If the owner does not have physical damage coverage on the temporary substitute "auto", the most we will pay for "loss" in any one "accident" is the least of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - c. \$1,000,000.
- c. The deductible assigned to the temporary substitute "auto" will be the same as the firefighting or rescue covered "auto" that is being replaced.

- d. For the purpose of this coverage, Paragraph d. of **B.5., Other Insurance**, is deleted. The temporary substitute "auto" is deemed to be a covered "auto" you own and with no consideration of or contribution from other valid and collectible insurance for the "auto".

FORESTRY VEHICLES AND FORESTRY EQUIPMENT

8. Any "auto" that is a "forestry vehicle" and is not scheduled for physical damage is a covered "auto". Any equipment that is "forestry equipment" and is installed on a covered "auto" is covered equipment. For the purpose of this extension, "forestry vehicle" means an "auto" you don't own, used for firefighting purposes, that is on loan to you from a state agency under the Federal Excess Personal Property program or any similar program. "Forestry equipment" means any firefighting equipment you don't own that is on loan to you from a state agency under the Federal Excess Personal Property program or any similar program and is installed on an "auto" you own or on a "forestry vehicle".

The following replaces paragraph **C. Limit of Insurance**:

The most we will pay for "loss" to a "forestry vehicle" or "forestry equipment" in any one "accident" is the lesser of:

- a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss". No payment will be made under this extension unless the damaged or stolen property is actually repaired or replaced. Repairs to or replacement of the damaged or stolen property with the same kind of property must be done within a year of the date of "loss". If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

For any Comprehensive "losses" covered by this extension, we will use the smallest Comprehensive deductible applying to any of your scheduled "autos". For any Collision "losses" covered by this extension, we will use the smallest Collision deductible applying to any of your scheduled "autos".

We shall have no salvage rights to any "forestry vehicle" or "forestry equipment".

2. The following revisions are made to **Section III - Physical Damage Coverage**:

AIRBAG COVERAGE

- a. The exclusion for "loss" caused by mechanical breakdown in sub-paragraph **3.a. of B. Exclusions** does not apply to the accidental discharge of an airbag.

FREEZING COVERAGE ON EMERGENCY VEHICLES

- b. The exclusion for "loss" caused by freezing in sub-paragraph **3.a. of B. Exclusions** does not apply to permanently attached special equipment common to a firefighting or rescue vehicle caused by freezing, unless the "loss" is caused by your failure to properly maintain such equipment. Such equipment shall include but is not limited to pumps, gauges and tanks. In no event will the "loss" to a vehicle's engine caused by freezing be covered by this policy.

CUSTOMIZED VEHICLE EXTENSION

- c. For scheduled customized covered "autos" not covered on an agreed value basis that are owned by your law enforcement, firefighting, ambulance and/or rescue organization, the following is added to paragraph C. **Limit Of Insurance:**
5. We will pay the additional repair or replacement costs necessary to customize the damaged "auto" with permanently installed equipment of like kind and quality, without deduction for depreciation. We will also include the cost of installation onto a replacement "auto" if the covered "auto" is not repairable. Permanently installed means equipment that is permanently installed in the covered "auto" at the time of the "loss" or equipment that is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto". This customization will include, but is not limited to, the following:
- a. custom painting and gold leaf lettering,
 - b. light bars and sirens,
 - c. permanently installed communications equipment, Global Positioning Systems (GPS), traffic signal control systems, electronic license plate readers, and radar equipment, and
 - d. computer or electronic equipment that receives or transmits audio, visual or data signals.
- In addition, we will pay for property owned by you that is permanently installed in an "auto" not owned by you.

DEDUCTIBLE WAIVER

- d. The following is added to paragraph D. **Deductible:**
- Regardless of the number of covered "autos" suffering a physical damage "loss" while engaged in a single law enforcement, firefighting, ambulance and/or rescue emergency, only one deductible, the largest, shall apply to the entire event.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AGREED VALUE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

For covered "autos" designated in the schedule as being insured on an agreed value basis, the following provisions of **SECTION III - PHYSICAL DAMAGE COVERAGE**, are changed:

A. COVERAGE

The first sentence is deleted and replaced with the following:

1. We will pay for "loss" to a covered "auto" or its "permanently attached equipment" under:

C. LIMIT OF INSURANCE

The most we will pay for "loss" to any one covered "auto" in any one accident is the least of:

1. the cost of repairing the damaged property; or
2. the cost to replace a part or parts of the damaged property as of the time of the "loss" with a part or parts of like kind and quality, without deduction for depreciation; or
3. the cost to replace the entire covered "auto" and its "permanently attached equipment" as of the time of the "loss" with a comparable new "auto" and "permanently attached equipment" manufactured to current specifications or standards set by nationally recognized organizations such as NFPA or the U.S. Department of Transportation; or
4. the limit stated in the Declarations as applicable to the damaged or stolen property.

In addition to the costs of repairs or replacements as referenced in paragraphs C.1., or C.2., above, we will pay up to an additional 25% of the "loss" for the actual costs you incur to render the lost or damaged parts of the covered "auto" in compliance with the latest safety or equipment standards mandated by governmental agencies or other nationally recognized standards setting organizations. If, as a result of a covered cause of "loss", an agency or organization requires recertification of the replaced, lost or damaged parts, we shall also pay those costs.

In the event the estimated costs to repair a damaged covered "auto" exceed 60% of the limit shown in the schedule of vehicles as the agreed value, and you choose not to accept payment under paragraphs C.1. or C.2. above, we will pay the lesser of the amounts due you under paragraphs C.3. or C.4. above. Should we make settlement under C.3. or C.4., we shall have the rights to all recovery and salvage.

D. DEDUCTIBLE

The following is added to **D. Deductible**:

When C.3. or C.4. of this endorsement applies to a "loss" to a covered "auto", no deductible will be applied to the "loss".

All other provisions of **SECTION III - PHYSICAL DAMAGE COVERAGE** - are unchanged.

Additional definitions applicable to this endorsement:

- "Auto" shall include its equipment other than portable firefighting and rescue related equipment.
- "Permanently attached equipment" means equipment that is welded, bolted or permanently screwed to the dashboard, firewall or body of the "auto." Equipment inserted on permanently installed slide

brackets with or without the use of setscrews or tension, or portable firefighting and rescue related equipment, shall not be construed as "permanently attached equipment."

The following is added to item **B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS** of **Section I – COVERED AUTOS**:

3. If symbols 2, 7 or 8 are entered next to a coverage in Item Two of the Declarations, for owned "autos" or "autos" you lease for a period of six months or more, acquired after the policy begins and not described in the Declarations, we will pay under the Comprehensive or Collision coverages the least of the following:
 - a. the cost of repairing the damaged property; or
 - b. the cost to replace a part or parts of the damaged property as of the time of the "loss" with a part or parts of like kind and quality, without deduction for depreciation; or
 - c. the actual cash value of the newly acquired "auto" or your actual cost of purchase of the newly acquired "auto," whichever is more;

provided that the newly acquired "auto" is an emergency vehicle and you agree to notify us as soon as possible. This coverage will cease at the end of the policy period during which the "auto" was acquired.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

COMMANDEERED AUTO DEFINITION ENDORSEMENT

Named Insured NATURAL BRIDGE FIRE DISTRICT	Endorsement Number
Policy Number VFNU-CM-0005281-05/000	Endorsement Effective 03/01/25
Countersigned by (Authorized Representative)	

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SECTION V - DEFINITIONS

The following definition is added:

“Commandeered auto” means an “auto” belonging to someone else that you seize, confiscate or take arbitrarily by force, into your temporary care, custody or control while using it as part of an “emergency situation.” “Commandeered auto” does not include an “auto” owned by or available to an employee or volunteer of your organization from whom you have tacit approval to use the “auto”.

“Emergency Situation” means an unexpected situation demanding immediate official action.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CLAIM-FREE DEDUCTIBLE WAIVER – AUTO PHYSICAL DAMAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following revisions are made to **Section III - Physical Damage Coverage**:

DEDUCTIBLE WAIVER

The following is added to paragraph **D. Deductible**:

If the policy's loss history reflects "three consecutive years of no losses" with respect to the Physical Damage Coverage of this Coverage Part, we will waive up to \$1,000 of the single largest deductible, if any, that is applicable to the first subsequent "loss" under the Physical Damage Coverage of this Coverage Part.

1. "Three consecutive years of no losses" means three successive full policy periods when you were insured with us continuously and we have recorded no claims with a date of loss during that period, apart from any claims that were closed without an indemnity payment for any reason.
2. This provision can be applied to "loss" under this Coverage Part no more than once in any policy period.
3. If the deductible qualifying under this provision is greater than \$1,000, that deductible amount will be reduced by \$1,000 for the first subsequent "loss" under the Physical Damage Coverage of this Coverage Part.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CARE, CUSTODY OR CONTROL EXCLUSION AMENDMENT – NEW YORK

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Exclusion **B.6.** of **SECTION II – COVERED AUTOS LIABILITY COVERAGE** is deleted and replaced by the following:

6. Care, Custody or Control

This insurance does not apply to "property damage" to or involving property owned by, transported by, or in the care, custody or control of the Named Insured.

This exclusion does not apply to "property damage" to a building and its contents or a garage and its contents rented to, used by, or in the care, custody or control of the Named Insured. This exclusion also does not apply to property owned by an "insured" other than the Named Insured or to property transported by or in the care, custody or control of an "insured".

The amount payable for "property damage" to a building and its contents or a garage and its contents rented to, used by, or in the care, custody or control of the Named Insured will be subject to a \$250 deductible.

This exclusion does not apply to liability assumed under a sidetrack agreement.

The provisions of this endorsement are subject to **General Condition B.5. Other Insurance** under **SECTION IV - BUSINESS AUTO CONDITIONS**.

BUSINESS AUTO COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols	
1	Any "Auto"	
2	Owned "Autos" Only	Only those "autos" you own (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
3	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
4	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
5	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
6	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
7	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
8	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

19	Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only	Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.
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B. Owned Autos You Acquire After The Policy Begins

1. If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
2. But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos

If Covered Autos Liability Coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Covered Autos Liability Coverage:

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. "Loss"; or
 - e. Destruction.

SECTION II – COVERED AUTOS LIABILITY COVERAGE

A. Coverage

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Covered Autos Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
- (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
- (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
- (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.

c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed, we will:

- (1) Increase the Limit of Insurance for Covered Autos Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. Exclusions

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
 - (1) Employment by the "insured"; or
 - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph a. above.

6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or

- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph a. or b. above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed;
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site; or
- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

a. Comprehensive Coverage

From any cause except:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

c. Collision Coverage

Caused by:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

2. Towing

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

4. Coverage Extensions

a. Transportation Expenses

We will pay up to \$20 per day, to a maximum of \$600, for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicates that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes Of Loss only if the Declarations indicates that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

- (3) Collision only if the Declarations indicates that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$20 per day, to a maximum of \$600.

B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

3. We will not pay for "loss" due and confined to:
 - a. Wear and tear, freezing, mechanical or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

4. We will not pay for "loss" to any of the following:
 - a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.

- b. Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.

- c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.

- d. Any accessories used with the electronic equipment described in Paragraph c. above.

5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- a. Permanently installed in or upon the covered "auto";

- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";

- c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or

- d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

C. Limits Of Insurance

1. The most we will pay for:

- a. "Loss" to any one covered "auto" is the lesser of:

- (1) The actual cash value of the damaged or stolen property as of the time of the "loss"; or

- (2) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

- b. All electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one "loss" is \$1,000, if, at the time of "loss", such electronic equipment is:

- (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

- (2) Removable from a permanently installed housing unit as described in Paragraph **b.(1)** above; or
 - (3) An integral part of such equipment as described in Paragraphs **b.(1)** and **b.(2)** above.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
 3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" caused by fire or lightning.

SECTION IV – BUSINESS AUTO CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. Loss Conditions

1. Appraisal For Physical Damage Loss

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

2. Duties In The Event Of Accident, Claim, Suit Or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:

- (1) How, when and where the "accident" or "loss" occurred;

- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

b. Additionally, you and any other involved "insured" must:

- (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
- (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
- (4) Authorize us to obtain medical records or other pertinent information.
- (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

c. If there is "loss" to a covered "auto" or its equipment, you must also do the following:

- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
- (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
- (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
- (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

3. Legal Action Against Us

No one may bring a legal action against us under this Coverage Form until:

- a. There has been full compliance with all the terms of this Coverage Form; and
- b. Under Covered Autos Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

4. Loss Payment – Physical Damage Coverages

At our option, we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. General Conditions

1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

2. Concealment, Misrepresentation Or Fraud

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form.

3. Liberalization

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this Coverage Form.

5. Other Insurance

- a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, 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 Covered Autos Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own; or
- (2) Primary while it is connected to a covered "auto" you own.

- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

- c. Regardless of the provisions of Paragraph a. above, this Coverage Form's Covered Autos Liability Coverage is primary for any liability assumed under an "insured contract".

- d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

6. Premium Audit

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

7. Policy Period, Coverage Territory

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and
- (5) Anywhere in the world if a covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less,

provided that the "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada, or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

8. Two Or More Coverage Forms Or Policies Issued By Us

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

SECTION V – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
 1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or

2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:

1. Any 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
2. Any 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".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
- F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
- H. "Insured contract" means:
1. A lease of premises;
 2. A sidetrack agreement;
 3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
 4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or
6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
 - b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
 - c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- J. "Loss" means direct and accidental loss or damage.
- K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
 2. Vehicles maintained for use solely on or next to premises you own or rent;
 3. Vehicles that travel on crawler treads;

4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;
5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers; or
6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
 - b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- M. "Property damage" means damage to or loss of use of tangible property.
- N. "Suit" means a civil proceeding in which:
 1. Damages because of "bodily injury" or "property damage"; or
 2. A "covered pollution cost or expense";
 to which this insurance applies, are alleged.
 "Suit" includes:
 - a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.
- O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- P. "Trailer" includes semitrailer.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCIDENTAL GARAGE OPERATIONS - NEW YORK

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE LIABILITY

The following paragraph is hereby inserted following the first paragraph of item A. **COVERAGE** of **SECTION II – COVERED AUTOS LIABILITY COVERAGE**:

Any “auto” you do not own, lease, hire, rent or borrow that is used in connection with your “garage operations” is considered a covered “auto”. This includes “autos” used by your volunteers or employees, or members of their households, while used in your “garage operations”.

With respect only to the coverage provided by the above paragraph, item **b.(3)** of **1. WHO IS AN INSURED** of **A. COVERAGE** is deleted.

GARAGEKEEPERS INSURANCE

The following Coverage Extension is hereby added under item **A. COVERAGE** of **SECTION III – PHYSICAL DAMAGE COVERAGE**:

We will pay for “loss” to any “autos” while left with your “garage operations”. Coverage under this extension is provided only to the extent indicated below.

COVERAGE	DEDUCTIBLE	LIMIT PER “LOSS”
Comprehensive (primary basis)	\$250	\$50,000
Collision (primary basis)	\$500	\$50,000

For the purpose of this endorsement, “garage operations” means your use of one or more locations for the service, repair, parking or storage of “autos” other than your own, including all operations necessary or incidental thereto. Parking or storage of “autos” is a “garage operation” only when the “autos” are parked by you and are in your care, custody or control.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WAIVER OF GOVERNMENTAL IMMUNITY
ENDORSEMENT – PROPERTY DAMAGE – NEW YORK**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

We will waive, both in the adjustment of claims and in the defense of any "property damage" suit against the "insured", any governmental immunity of the "insured", unless the "insured" requests in writing that we not do so.

Waiver of immunity as a defense will not subject us to liability for any portion of a claim or judgment in excess of the applicable limit of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK CHANGES IN BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS

For a covered "auto" licensed or principally garaged in New York, this endorsement modifies insurance provided under the following:

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 the endorsement.

A. Changes In Covered Autos Liability Coverage

1. The third paragraph of **A. Coverage** is replaced by the following:

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense", even if the allegations of the "suit" are groundless, false or fraudulent. However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Covered "Autos" Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

2. Who Is An Insured does not include anyone loading or unloading a covered "auto" except you, your "employees", a lessee or borrower or any of their "employees".

3. **Supplementary Payments** is amended as follows:

- a. Paragraph **(5)** is replaced by the following:
(5) All costs taxed against the "insured" in any "suit" against the "insured" we defend.
- b. The following paragraphs are added:
(7) All expenses incurred by an "insured" for first aid to others at the time of an "accident".

- (8)** The cost of appeal bonds.

4. Paragraph **b. Out-of-state Coverage Extensions** in the Business Auto and Motor Carrier Coverage Forms is replaced by the following:

- b. While a covered "auto" is used or operated in any other state or Canadian province, we will provide at least the minimum amount and kind of coverage which is required in such cases under the laws of such jurisdiction.

5. **Exclusions** is changed as follows:

- a. The **Employee Indemnification And Employer's Liability** Exclusion is replaced by the following:

Employee Indemnification And Employer's Liability

This insurance does not apply to:

"Bodily injury" to an "employee" of the "insured" arising out of and in the course of:

- (1)** Employment by the "insured"; or
- (2)** Performing the duties related to the conduct of the "insured's" business.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

- b. The **Fellow Employee** Exclusion is replaced by the following:

Fellow Employee

This insurance does not apply to:

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

However, this exclusion only applies if the fellow "employee" is entitled to benefits under any of the following: workers' compensation, unemployment compensation or disability benefits law, or any similar law.

- c. The **Handling Of Property** Exclusion does not apply.
- d. The **Movement Of Property By Mechanical Device** Exclusion does not apply.
- e. The **Operations** Exclusion does not apply.
- f. The **Completed Operations** Exclusion does not apply.
- g. The **Pollution** Exclusion does not apply.
- h. The **War** Exclusion is replaced by the following:

War

"Bodily injury" or "property damage" caused by war, whether or not declared, civil war, insurrection, rebellion or revolution, or any act or condition incident to any of the foregoing.

- i. The **Racing** Exclusion does not apply.
- j. The following exclusion is added:

Spousal Liability

"Bodily injury" to or "property damage" of the spouse of an "insured". However, we will pay all sums an "insured" legally must pay if named as a third-party defendant in a legal action commenced by his or her spouse against another party.

6. If the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations is equal to or greater than \$160,000, the **Limit Of Insurance** provision is changed by the following:

Limit Of Insurance applies except that we will apply the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations to first provide the separate limits required by the New York Motor Vehicle Safety Responsibility Act for:

- a. "Bodily injury" not resulting in death of any one person caused by any one "accident";
- b. "Bodily injury" not resulting in death of two or more persons caused by any one "accident";
- c. "Bodily injury" resulting in death of any one person caused by any one "accident";
- d. "Bodily injury" resulting in death of two or more persons caused by any one "accident"; or
- e. "Property damage" in any one "accident".

This provision will not change our total Limit of Insurance.

7. If the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations is less than \$160,000, the **Limit Of Insurance** provision is replaced by the following:

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined, resulting from any one "accident", is the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations, except for those damages for "bodily injury" resulting in death. We will apply the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations to first provide the separate limits required by the New York Motor Vehicle Safety Responsibility Act as follows:

- a. "Bodily injury" not resulting in death of any one person caused by any one "accident";
- b. "Bodily injury" not resulting in death of two or more persons caused by any one "accident"; or
- c. "Property damage" in any one "accident".

This provision will not change our total Limit of Insurance.

All "bodily injury" and "property damage" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

In addition, our Limit of Insurance for "bodily injury" resulting in death is as follows:

- a. Up to \$50,000 for "bodily injury" resulting in death of any one person caused by any one "accident"; and
- b. Up to \$100,000 for "bodily injury" resulting in death of two or more persons caused by any one "accident", subject to a \$50,000 maximum for any one person.

If the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations is not exhausted by payment of damages for:

- a. "Bodily injury" not resulting in death;
- b. "Property damage"; or
- c. "Covered pollution cost or expense";

any remaining amounts will be used to pay damages for "bodily injury" resulting in death, to the extent the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations is not increased.

8. If forming part of the Policy, the Nuclear Energy Liability Exclusion (Broad Form) Endorsement does not apply to the Commercial Auto Coverage Part.

B. Changes In Trailer Interchange Coverage

Paragraph **A.2.** of **Section III – Trailer Interchange Coverage** in the Motor Carrier Coverage Form is replaced by the following:

2. We have the right and duty to defend any "insured" against a "suit" asking for these damages, even if the allegations of the "suit" are groundless, false or fraudulent. However, we have no duty to defend any "insured" against a "suit" seeking damages for any "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

C. Changes In Physical Damage Coverage

1. The **Owned Autos You Acquire After The Policy Begins** provision of Section I – **Covered Autos** is replaced by the following:

Owned Autos You Acquire After The Policy Begins

- a. If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.
- b. But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:
 - (1) We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
 - (2) You tell us within 30 days after you acquire it that you want us to cover it for that coverage.
- c. Notwithstanding the provisions of Paragraphs **a.** and **b.**, during the term of the Coverage Part, Physical Damage Coverage for an additional or replacement private passenger "auto" shall not become effective until you notify us and request coverage for the "auto".

However, if you replace a private passenger "auto" currently insured with us for a continuous period of at least 12 months, we will provide the same coverage which applied to the replaced "auto", without a coverage request, for five calendar days beginning on the date you acquired the replacement "auto". After five calendar days, coverage will not apply until you request coverage for the "auto".

2. The **War Or Military Action** Exclusion is replaced by the following:

War Or Military Action

War, whether or not declared, civil war, insurrection, rebellion or revolution, or any act or condition incident to any of the foregoing.

3. **Deductible** is replaced by the following:

Deductible

For each covered "auto", our obligation to pay for, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations.

4. The following provisions are added to **Physical Damage Coverage** and apply in place of any conflicting policy provisions:

a. Mandatory Inspection For Physical Damage Coverage

(1) We have the right to inspect any private passenger "auto", including a non-owned "auto", insured or intended to be insured under this Coverage Part before physical damage coverage shall become effective, except to the extent that this right is prescribed and limited by New York State Department of Financial Services' Insurance Regulation No. 79 (11 NYCRR 67) or Section 3411 of the New York Insurance Law.

(2) When an inspection is required by us, you must cooperate and make the "auto" available for the inspection.

b. "Auto" Repairs Under Physical Damage Coverage

Payment of a physical damage "loss" shall not be conditioned upon the repair of the "auto". We may not require that repairs be made by a particular repair shop or concern.

c. Recovery Of Stolen Or Abandoned "Autos"

If a private passenger "auto" insured under this Coverage Part for physical damage coverage is stolen or abandoned, we or our authorized representative shall, when notified of the location of the "auto", have the right to take custody of the "auto" for safekeeping.

D. Changes In Conditions

1. Paragraphs **a.** and **b.(2)** of the **Duties In The Event Of Accident, Claim, Suit Or Loss** Condition in the Business Auto and Motor Carrier Coverage Forms are replaced by the following:

We have no duty to provide coverage under this Policy if the failure to comply with the following duties is prejudicial to us:

a. In the event of "accident", claim, "suit" or "loss", you or someone on your behalf must give us or our authorized representative notice as soon as reasonably possible of the "accident" or "loss". Include:

- (1) How, when and where the "accident" or "loss" occurred;
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

Written notice by or on behalf of the injured person or any other claimant to our authorized representative shall be deemed notice to us.

b. Additionally, you and any other involved "insured" must:

- (2) Send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit" as soon as reasonably possible.

2. The **Legal Action Against Us** Condition in the Business Auto and Motor Carrier Coverage Forms is replaced by the following:

Legal Action Against Us

a. Except as provided in Paragraph **b.**, no one may bring a legal action against us until:

- (1) There has been full compliance with all of the terms of the Coverage Form; and
- (2) Under Covered Autos Liability Coverage, we, by written agreement with the "insured" and the claimant, agree that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No person or organization has any right under this Policy to bring us into any action to determine the "insured's" liability.

- b. With respect to "bodily injury" claims, if we deny coverage or do not admit liability because an "insured" or the injured person, someone acting for the injured person or other claimant fails to give us written notice as soon as practicable, then the injured person, someone acting for the injured person or other claimant may bring an action against us, provided the sole question is whether the denial of coverage or nonadmission of liability is based on the failure to provide timely notice.

However, the injured person, someone acting for the injured person or other claimant may not bring an action if within 60 days after we deny coverage or do not admit liability, we or an "insured":

- (1) Brings an action to declare the rights of the parties under the Policy; and
- (2) Names the injured person, someone acting for the injured person or other claimant as a party to the action.

3. Paragraph **d.** of the **Other Insurance** Condition in the Business Auto Coverage Form and Paragraph **h. Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

When this Coverage Form and any valid and collectible insurance under any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

4. The following provision is added and supersedes any provision to the contrary:

Failure to give notice to us as soon as practicable, as required under this Coverage Part, shall not invalidate any claim made by the "insured", injured person or any other claimant, unless the failure to provide such timely notice has prejudiced us. However, no claim made by the "insured", injured person or other claimant will be invalidated if it shall be shown not to have been reasonably possible to give such timely notice and that notice was given as soon as was reasonably possible thereafter.

5. The **Loss Payment – Physical Damage Coverages** Condition is replaced by the following:

Loss Payment – Physical Damage Coverages

At our option, we may:

- a. Pay for or replace damaged or stolen property; or
- b. Return the stolen or damaged property, at our expense. We will pay for any damage that results to the "auto" from the "loss".

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

6. The **Two Or More Coverage Forms Or Policies Issued By Us** Condition in the Business Auto and Motor Carrier Coverage Forms is changed as follows:

This condition does not apply to liability coverage.

7. The **Premium Audit** Condition is amended by the addition of the following:

An audit to determine the final premium due or to be refunded will be completed within 180 days after the expiration date of the Policy or the anniversary date, if this is a continuous policy or a policy written for a term longer than one year. But the audit may be waived if:

- a. The total annual premium attributable to the auditable exposure base is not reasonably expected to exceed \$1,500; or
- b. The Policy requires notification to the insurer with specific identification of any additional exposure units (e.g., autos) for which coverage is requested.
- c. Except as provided in Paragraphs a. and b. above, the **Examination Of Your Books And Records** Common Policy Condition continues to apply.

E. Changes In Definitions

The **Definitions** section in the Business Auto and Motor Carrier Coverage Forms is changed as follows:

1. The "covered pollution cost or expense" definition is replaced by the following:

"Covered pollution cost or expense" means any cost or expense arising out of:

- a. Any request, demand, order or statutory or regulatory requirement; or
- b. Any claim or "suit" by or on behalf of a governmental authority demanding;

that the "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".

2. The "insured contract" definition is replaced by the following:

"Insured contract" means:

- a. A lease of premises;
- b. A sidetrack agreement;
- c. An easement or license agreement in connection with vehicle or pedestrian private railroad crossings at grade;
- d. Any other easement agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
- e. An indemnification of a municipality as required by ordinance, except in connection with work for a municipality;
- f. That part of any contract or agreement entered into, as part of your business, by you or any of your employees, pertaining to the rental or lease of any "auto"; or
- g. That part of any other contract or agreement pertaining to your business under which you assume the tort liability of another to pay damages because of "bodily injury" or "property damage" to a third person or organization, if the contract or agreement is made prior to the "bodily injury" or "property damage". Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

An "insured contract" does not include that part of any contract or agreement:

- a. That pertains to the loan, lease or rental of an "auto" to you or any of your employees, if the "auto" is loaned, leased or rented with a driver;
- b. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority; or
- c. Under which the "insured" assumes liability for injury or damage caused by the dumping, discharge or escape of:
 - (1) Irritants, pollutants or contaminants that are, or that are contained in, any property that is:
 - (a) Being moved from the place where such property or pollutants are accepted by the "insured" for movement into or onto the covered "auto";
 - (b) Being transported or towed by the covered "auto";
 - (c) Being moved from the covered "auto" to the place where such property or pollutants are finally delivered, disposed of or abandoned by the "insured";
 - (d) Otherwise in the course of transit; or
 - (e) Being stored, disposed of, treated or processed in or upon the covered "auto" other than fuels, lubricants, fluids, exhaust gases or other similar pollutants that are needed for, or result from, the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts.
 - (2) Irritants, pollutants or contaminants not described in Paragraph (1) above unless:
 - (a) The pollutants or any property in which the pollutants are contained is upset, overturned or damaged as a result of the maintenance or use of the covered "auto"; and

- (b) The discharge, dispersal, release or escape of the pollutants is caused directly by such upset, overturn or damage.

3. The "mobile equipment" definition is replaced by the following:

"Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

- a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
- b. Vehicles maintained for use solely on or next to premises you own or rent;
- c. Vehicles that travel on crawler treads;
- d. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - (1) Power cranes, shovels, loaders, diggers or drills; or
 - (2) Road construction or resurfacing equipment such as graders, scrapers or rollers.
- e. Vehicles not described in Paragraph a., b., c. or d. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - (1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
 - (2) Cherry pickers and similar devices used to raise or lower workers.
- f. Vehicles not described in Paragraph a., b., c. or d. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - (1) Equipment designed primarily for:
 - (a) Snow removal;
 - (b) Road maintenance, but not construction or resurfacing; or
 - (c) Street cleaning;
 - (2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and

- (3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

"Mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

However, the operation of:

- a. Equipment described in Paragraphs f.(2) and f.(3) above; or
- b. Machinery or equipment that is on, attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged;

is considered operation of "mobile equipment" and not operation of an "auto".

F. Changes In Forms And Endorsements

- 1. All references to Underinsured Motorists Coverage shall mean Supplementary Uninsured/Underinsured Motorists Coverage.
- 2. If the Garagekeepers Coverage endorsement or the Garagekeepers Coverage – Customers' Sound-receiving Equipment endorsement is attached, then:
 - a. Paragraph B.2. is replaced by the following:
 - 2. We will have the right and duty to defend any "insured" against a "suit" asking for these damages, even if the allegations of the "suit" are groundless, false or fraudulent. However, we have no duty to defend any "insured" against a "suit" seeking damages for "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

- b. Exclusion 3. is replaced by the following:
 - 3. We will not pay for "loss" caused by war, whether or not declared, civil war, insurrection, rebellion or revolution, or any act or condition incident to any of the foregoing.
- 3. If the Auto Medical Payments Coverage endorsement is attached, then Exclusion C.6. is replaced by the following:
 - 6. "Bodily injury" caused by war, whether or not declared, civil war, insurrection, rebellion or revolution, or any act or condition incident to any of the foregoing.
- 4. If the Single Interest Automobile Physical Damage Insurance Policy is attached, the **War** Exclusion is replaced by the following:

This insurance does not apply to "loss" caused by war, whether or not declared, civil war, insurrection, rebellion or revolution, or any act or condition incident to any of the foregoing.
- 5. If the Stated Amount Insurance endorsement is attached, then Paragraph C.2. of that endorsement does not apply.
- 6. If the Trailer Interchange Coverage endorsement is attached, then Paragraph A.2. is replaced by the following:
 - 2. We have the right and duty to defend any "insured" against a "suit" asking for these damages, even if the allegations of the "suit" are groundless, false or fraudulent. However, we have no duty to defend any "insured" against a "suit" seeking damages for any "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.
- 7. If the Motor Carrier Endorsement is attached, then Paragraph B.1.c. is replaced by the following:
 - c. We have the right and duty to defend any "insured" against a "suit" asking for these damages, even if the allegations of the "suit" are groundless, false or fraudulent. However, we have no duty to defend any "insured" against a "suit" seeking damages for any "loss" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK CHANGES – CANCELLATION

For a covered "auto" licensed or principally garaged in, or for "auto dealer operations" conducted in, New York, 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 the endorsement.

- I. If you are an individual and a covered "auto" you own is predominantly used for nonbusiness purposes, the **Cancellation** Common Policy Condition does not apply. The following condition applies instead:

Ending This Policy

A. Cancellation

1. You may cancel the entire Policy by returning it to us or by giving us advance notice of the date cancellation is to take effect.
2. When this Policy is in effect less than 60 days and is not a renewal or continuation policy, we may cancel the entire Policy for any reason provided we mail you notice within this period. If we cancel for nonpayment of premium, we will mail you at least 15 days' notice and such notice of cancellation on this ground shall inform the first Named Insured of the amount due. Payment of premium will be considered on time if made within 15 days after we mail you notice of cancellation. If we cancel for any other reason, we will mail you at least 20 days' notice.
3. When this Policy is in effect 60 days or more or is a renewal or continuation policy, we may cancel it or any insurance deemed severable only for one or more of the following reasons:
 - a. Nonpayment of premium, provided, however, that a notice of cancellation on this ground shall inform the first Named Insured of the amount due. If we cancel for this reason, we will mail you at least 15 days' notice. Payment of premium will be considered on time if made within 15 days after we mail you notice of cancellation.
 - b. Your driver's license or that of a driver who lives with you or customarily uses the covered "auto" has been suspended or revoked during the policy period, other than a suspension issued pursuant to Subdivision (1) of Section 510(b) of the New York Vehicle and Traffic Law, or one or more administrative suspensions arising out of the same incident which has or have been terminated prior to the effective date of cancellation. If we cancel for this reason, we will mail you at least 20 days' notice.

- c. We replace this Policy with another one providing similar coverages and the same limits for a covered "auto" of the private passenger type. The replacement policy will take effect when this Policy is cancelled, and will end a year after this Policy begins or on this Policy's expiration date, whichever is earlier.
- d. This Policy has been written for a period of more than one year or without a fixed expiration date. We may cancel for this reason, subject to New York Laws, only at an anniversary of its original effective date. If we cancel for this reason, we will mail you at least 45 but not more than 60 days' notice.
- e. This Policy was obtained through fraud or material misrepresentation. If we cancel for this reason, we will mail you at least 20 days' notice.
- f. Any "insured" made a fraudulent claim. If we cancel for this reason, we will mail you at least 20 days' notice.

If one of the reasons listed in this Paragraph 3. exists, we may cancel the entire Policy.

- 4. Instead of cancellation, we may condition continuation of this Policy on a reduction of Covered Autos Liability Coverage or elimination of any other coverage. If we do this, we will mail you notice at least 20 days before the date of the change.
- 5. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- 6. If this Policy is cancelled, we will send you any premium refund due. The refund will be pro rata.

However, when the premium is advanced under a premium finance agreement, we will be entitled to retain a minimum earned premium of 10% of the total policy premium or \$60, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.

B. Nonrenewal

- 1. If this Policy is written for a period of less than one year and we decide, subject to New York Laws, not to renew or continue it, or to condition renewal or continuation on a reduction of Covered Autos Liability Coverage or elimination of any other coverage, we will mail or deliver to you written notice at least 45 but not more than 60 days before the end of the policy period.
- 2. We will have the right not to renew or continue a particular coverage, subject to New York Laws, only at the end of each 12-month period following the effective date of the first of the successive policy periods in which the coverage was provided.
- 3. We do not have to mail notice of nonrenewal if you, your agent or broker or another insurance company informs us in writing that you have replaced this Policy or that you no longer want it.

C. Mailing Of Notices

We will mail or deliver our notice of cancellation, reduction of limits, elimination of coverage or nonrenewal to the address shown on the Policy. However, we may deliver any notice instead of mailing it. If notice is mailed, a United States Postal Service certificate of mailing will be sufficient proof of notice.

- II. For all policies other than those specified in Section I., the **Cancellation** Common Policy Condition is completely replaced by the following:

Ending This Policy

A. Cancellation

- 1. The first Named Insured shown in the Declarations may cancel the entire Policy by returning it to us or by giving us advance notice of the date cancellation is to take effect.
- 2. When this Policy is in effect 60 days or less and is not a renewal or continuation policy, we may cancel the entire Policy by mailing to the first Named Insured written notice at least 15 days before the effective date of cancellation if we cancel for any of the reasons included in Paragraph 3. below. We will provide the first Named Insured with 20 days' written notice if we cancel for any other reason.

3. When this Policy is in effect more than 60 days or is a renewal or continuation policy, we may cancel only for any of the reasons listed below, provided we mail the first Named Insured written notice at least 15 days before the effective date of cancellation:
 - a. Nonpayment of premium, provided, however, that a notice of cancellation on this ground shall inform the first Named Insured of the amount due;
 - b. Conviction of a crime arising out of acts increasing the hazard insured against;
 - c. Discovery of fraud or material misrepresentation in the obtaining of the Policy or in the presentation of a claim thereunder;
 - d. After issuance of the Policy or after the last renewal date, discovery of an act or omission, or a violation of any policy condition, that substantially and materially increases the hazard insured against, and which occurred subsequent to inception of the current policy period;
 - e. Material physical change in the property insured, occurring after issuance or last annual renewal anniversary date of the Policy, which results in the property becoming uninsurable in accordance with our objective, uniformly applied underwriting standards in effect at the time the Policy was issued or last renewed; or material change in the nature or extent of the risk, occurring after issuance or last annual renewal anniversary date of the Policy, which causes the risk of loss to be substantially and materially increased beyond that contemplated at the time the Policy was issued or last renewed;
 - f. Required pursuant to a determination by the Superintendent that continuation of our present premium volume would jeopardize our solvency or be hazardous to the interest of our policyholders, our creditors or the public;
 - g. A determination by the Superintendent that the continuation of the Policy would violate, or would place us in violation of, any provision of the Insurance Code;
 - h. Where we have reason to believe, in good faith and with sufficient cause, that there is a probable risk of danger that the "insured" will destroy, or permit to be destroyed, the insured property for the purpose of collecting the insurance proceeds. However, if we cancel for this reason, the first Named Insured may make a written request to the Department of Financial Services, within 10 days of receipt of this notice, to review our cancellation decision. We will also send a copy of this notice, simultaneously, to the Department of Financial Services; or
 - i. Suspension or revocation during the required policy period of the driver's license of any person who continues to operate a covered "auto", other than a suspension issued pursuant to Subdivision (1) of Section 510(b) of the New York Vehicle and Traffic Law or one or more administrative suspensions arising from the same incident which has or have been terminated prior to the effective date of cancellation.
4. Regardless of the number of days this Policy has been in effect, if:
 - a. This Policy covers "autos" subject to the provisions of Section 370 of the New York Vehicle and Traffic Law; and
 - b. The Commissioner of the Department of Motor Vehicles deems this Policy to be insufficient for any reason;we may cancel this Policy by giving you notice of such insufficiency 45 days before the effective date of cancellation to permit you to replace this Policy.
5. If this Policy is cancelled, we will send the first Named Insured any premium refund due. The refund will be pro rata.

However, when the premium is advanced under a premium finance agreement, we will be entitled to retain a minimum earned premium of 10% of the total policy premium or \$60, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.

6. The effective date of cancellation stated in the notice shall become the end of the policy period.
7. Notice will include the reason for cancellation. We will mail or deliver our notice to the first Named Insured at the address shown in the Policy and to the authorized agent or broker. However, we may deliver any notice instead of mailing it. Proof of mailing will be sufficient proof of notice.

B. Notices Of Nonrenewal And Conditional Renewal

1. If we decide not to renew or continue this Policy, we will send notice as provided in Paragraph 3. below.
2. If we conditionally renew this Policy upon:
 - a. A change of limits;
 - b. A change in type of coverage;
 - c. A reduction of coverage;
 - d. An increased deductible;
 - e. An addition of exclusion; or
 - f. Increased premiums in excess of 10%, exclusive of any premium increase due to and commensurate with insured value added; or as a result of experience rating, retrospective rating or audit;
 we will send notice as provided in Paragraph 3. below.
3. If we decide not to renew or continue this Policy, or to conditionally renew this Policy as provided in Paragraphs 1. and 2. above, we will mail the first Named Insured notice at least 60 but not more than 120 days before the end of the policy period. If the policy period is other than one year, we will have the right not to renew or continue it only at an anniversary of its original effective date.
4. We will not send you notice of nonrenewal or conditional renewal if you, your authorized agent or broker or another insurer of yours mails or delivers notice that you have replaced this Policy or no longer want it.

5. Any notice of nonrenewal or conditional renewal will be mailed to the first Named Insured at the address shown in the Policy and to the authorized agent or broker. However, we may deliver any notice instead of mailing it. Proof of mailing of any notice shall be sufficient proof of notice.
6. Notice will include the specific reason(s) for nonrenewal or conditional renewal, including the amount of any premium increase, and description of any other changes.
7. If we violate any of the provisions of Paragraph 3., 5. or 6. above by sending the first Named Insured an incomplete or late conditional renewal notice or a late nonrenewal notice:
 - a. And if notice is provided prior to the expiration date of this Policy, coverage will remain in effect at the same terms and conditions of this Policy at the lower of the current rates or the prior period's rates until 60 days after such notice is mailed or delivered, unless the first Named Insured, during this 60-day period, has replaced the coverage or elects to cancel.
 - b. And if the notice is provided on or after the expiration date of this Policy, coverage will remain in effect at the same terms and conditions of this Policy for another policy period, at the lower of the current rates or the prior period's rates, unless the first Named Insured, during this additional policy period, has replaced the coverage or elects to cancel.
8. If you elect to renew on the basis of a late conditional renewal notice, the terms, conditions and rates set forth in such notice shall apply:
 - a. Upon expiration of the 60-day period, unless Subparagraph b. below applies; or
 - b. Notwithstanding the provisions in Paragraphs 7.a. and 7.b., as of the renewal date of the Policy if the conditional renewal notice was sent at least 30 days prior to the expiration or anniversary date of the Policy.

C. With respect to the Auto Dealers Coverage Form:

1. Paragraph **F.6. Limits Of Insurance – General Liability Coverages of Section II – General Liability Coverages** and Paragraph **E.4. Limit Of Insurance And Deductible of Section III – Acts, Errors Or Omissions Liability Coverages** are amended as follows:

- a. The Aggregate Limits Of Insurance for General Liability Coverages and the "Acts, Errors Or Omissions" Liability Aggregate Limit shown in the Declarations will be increased in proportion to any policy extension provided in accordance with Section II, Paragraph **B.7.** of this endorsement.
- b. The last sentence of Paragraphs **F.6.** and **E.4.** does not apply when the policy period is extended because we sent the first Named Insured an incomplete or late conditional renewal notice or a late nonrenewal notice.

2. If the Limited Product Withdrawal Expense Endorsement is attached, then Paragraph **B.2.** is amended as follows:

- a. The Product Withdrawal Aggregate Limit shown in the Schedule will be increased in proportion to any policy extension provided in accordance with Section II, Paragraph **B.7.** of this endorsement.
- b. The last sentence of Paragraph **B.2.** does not apply when the policy period is extended because we sent the first Named Insured an incomplete or late conditional renewal notice or a late nonrenewal notice.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK SUPPLEMENTAL SPOUSAL BODILY INJURY LIABILITY COVERAGE

If your covered "auto" is licensed or principally garaged in, or "auto dealer operations" are conducted in, New York, 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 the endorsement.

The **Spousal Liability** Exclusion does not apply to "bodily injury".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS ENDORSEMENT

We, the company, agree with you, as the named insured, in return for payment of the premium for this coverage, to provide Supplementary Uninsured/Underinsured Motorists (SUM) coverage, subject to the following terms and conditions:

INSURING AGREEMENTS

1. Definitions

For purposes of this SUM endorsement, the following terms have the following meanings:

a. Insured

The unqualified term "insured" means:

- (1) You, as the named insured and, while residents of the same household, your spouse and the relatives of either you or your spouse;
- (2) Any person while acting in the scope of that person's duties for you, except with respect to the use and operation by such person of a motor vehicle not covered under this policy, where such person is:
 - (a) Your employee and you are a fire department;
 - (b) Your member and you are a fire company, as defined in General Municipal Law section 100;
 - (c) Your employee and you are an ambulance service, as defined in Public Health Law section 3001; or
 - (d) Your member and you are a voluntary ambulance service, as defined in Public Health Law, section 3001;
- (3) Any other person while occupying:
 - (a) A motor vehicle insured for SUM under this policy; or
 - (b) Any other motor vehicle while being operated by you or your spouse; and
- (4) Any person, with respect to damages such person is entitled to recover, because of bodily injury to which this coverage applies sustained by an insured under Paragraph (1), (2) or (3) above.

b. Bodily Injury

The term "bodily injury" means bodily harm, including sickness, disease or death resulting therefrom.

c. Uninsured Motor Vehicle

The term "uninsured motor vehicle" means a motor vehicle that, through its ownership, maintenance or use, results in bodily injury to an insured, and for which:

- (1) No bodily injury liability insurance policy or bond applies to such motor vehicle (including a vehicle that was stolen, operated without the owner's permission or unregistered) at the time of the accident; or
- (2) The owner and operator cannot be identified (including a hit-and-run motor vehicle), and which causes bodily injury to an insured by physical contact with the insured or with a motor vehicle occupied by the insured at the time of the accident, provided that:
 - (a) The insured or someone on the insured's behalf:
 - (i) Reported the accident within 24 hours or as soon as reasonably possible to a police, peace or judicial officer or to the Commissioner of Motor Vehicles; and
 - (ii) Filed with the Company a statement under oath that the insured or the insured's legal representative has a cause or causes of action arising out of such accident for damages against a person or persons whose identity is unascertainable, and setting forth the facts in support thereof; and

- (b) At the request of the Company, the insured or the insured's legal representative makes available for inspection the motor vehicle the insured was occupying at the time of the accident; or
- (3) There is a bodily injury liability insurance coverage or bond applicable to such motor vehicle at the time of the accident, but:
 - (a) The amount of such insurance coverage or bond is less than the third-party bodily injury liability limit of this policy; or
 - (b) The amount of such insurance coverage or bond has been reduced, by payments to other persons injured in the accident, to an amount less than the third-party bodily injury liability limit of this policy; or
 - (c) The insurer writing such insurance coverage or bond denies coverage or such insurer is or becomes insolvent.

The term "uninsured motor vehicle" shall not include a motor vehicle that is:

- (1) Insured under the liability coverage of this policy; or
- (2) Owned by you, the named insured, or your spouse residing in your household; or
- (3) Self-insured within the meaning of the financial responsibility law of the state in which the motor vehicle is registered, or any similar state or federal law, to the extent that the required amount of such coverage is equal to, or greater than, the third-party bodily injury liability limits of this policy; or
- (4) Owned by the United States of America, Canada, a state, a political subdivision of any such government or an agency of any of the foregoing; or
- (5) A land motor vehicle or trailer, while located for use as a residence or premises and not as a motor vehicle or while operated on rails or crawler-treads; or
- (6) A farm type vehicle or equipment designed for use principally off public roads, except while actually upon public roads.

d. Occupying

The term "occupying" means in, upon, entering into or exiting from a motor vehicle.

e. State

The term "state" means a state, territory or possession of the United States, the District of Columbia or a province of Canada.

2. Damages For Bodily Injury Caused By Uninsured Motor Vehicles

We will pay all sums that the insured or the insured's legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured motor vehicle because of bodily injury sustained by the insured, caused by an accident arising out of such uninsured motor vehicle's ownership, maintenance or use, subject to the Exclusions, Conditions, Limits and other provisions set forth in this SUM endorsement.

3. SUM Coverage Period And Territory

This SUM coverage applies only to accidents that occur:

- a. During the policy period shown in the Declarations; and
- b. In the United States, its territories or possessions, or Canada.

EXCLUSIONS

This SUM coverage does **not** apply to:

- 1. Bodily injury to an insured, including care or loss of services recoverable by an insured, if such insured, such insured's legal representatives or any person entitled to payment under this coverage, without our written consent, settles any lawsuit against any person or organization that may be legally liable for such injury, care or loss of services, however this provision shall be subject to Condition 9.;
- 2. Bodily injury to an insured incurred while occupying a motor vehicle owned by that insured, if such motor vehicle is not insured for SUM coverage by the policy under which a claim is made or is not a newly acquired or replacement motor vehicle covered under the terms of this policy; or
- 3. Non-economic loss resulting from bodily injury to an insured arising from an accident in New York State, unless the insured has sustained serious injury as defined in Section 5102(d) of the New York Insurance Law.

4. Bodily injury to an insured incurred while the motor vehicle is used by a transportation network company driver who is logged onto a transportation network company's digital network but is not engaged in a transportation network company prearranged trip or while the driver provides a transportation network company prearranged trip pursuant to article 44-B of the Vehicle and Traffic Law.

CONDITIONS

1. Policy Provisions

None of the Insuring Agreements, Exclusions or Conditions of the policy shall apply to this SUM coverage except: "Duties In The Event Of Accident, Claim, Suit Or Loss", "Fraud" and "Ending This Policy" if applicable.

2. Notice And Proof Of Claim

As soon as practicable, the insured or other person making a claim shall give us written notice of claim under this SUM coverage.

- a. As soon as practicable after our written request, the insured or other person making claim shall give us written proof of claim, under oath if required, including full particulars of the nature and extent of the injuries, treatment and other details we need to determine the SUM amount payable.
- b. The insured and every other person making claim hereunder shall, as may reasonably be required, submit to examinations under oath by any person we name and subscribe the same. Proof of claim shall be made upon forms we furnish unless we fail to furnish such forms within 15 calendar days after receiving notice of claim.

3. Medical Reports

The insured shall submit to physical examinations by physicians we select when and as often as we may reasonably require. The insured, or in the event of the insured's incapacity, the insured's legal representative (or in the event of the insured's death, the insured's legal representative or the person or persons entitled to sue therefor), shall upon each request from us authorize us to obtain copies of relevant medical reports and records.

4. Notice Of Legal Action

If the insured or the insured's legal representative brings any lawsuit against any person or organization legally responsible for the use of a motor vehicle involved in the accident, a copy of the summons and complaint or other process served in connection with the lawsuit shall be forwarded immediately to us by the insured or the insured's legal representative.

5. SUM Limits And Maximum Payments

a. The SUM limit payable under this endorsement shall be determined as follows:

- (1) If an accident results in bodily injury excluding death to one or more persons, then we will provide the SUM limit stated in the Declarations; or
- (2) If an accident results in the death of one or more persons, then we will provide the greater of the SUM limit stated in the Declarations or \$50,000 for such bodily injury resulting in death sustained by one person as the result of any one accident and, subject to this per person limit, \$100,000 for such bodily injury resulting in death sustained by two or more persons as the result of any one accident; or
- (3) If an accident results in both bodily injury to one or more persons and the death of one or more persons, then we will provide the greater of the SUM limits stated in the Declarations or the limits required by the mandatory uninsured motorists (UM) coverage as follows:
\$25,000 per injured person and, subject to this per person limit,
\$50,000 to two or more persons injured as the result of any one accident; and
\$50,000 per person for bodily injury resulting in death and, subject to this per person limit,
\$100,000 to two or more persons for bodily injury resulting in death as the result of any one accident.

b. Regardless of the number of insureds, our maximum payment under this SUM endorsement shall be the difference between:

- (1) The SUM limit; and
- (2) The motor vehicle bodily injury liability insurance or bond payments received by the insured or the insured's legal representative, from or on behalf of all persons that may be legally liable for the bodily injury sustained by the insured.

c. The SUM limit shown on the Declarations is the amount of coverage for all damages due to bodily injury in any one accident.

6. Non-Stacking

Regardless of the number of motor vehicles involved, persons covered, claims made, motor vehicles or premiums shown in this policy or premium paid, the limits, whether for UM coverage or SUM coverage, shall never be added together or combined for two or more motor vehicles to determine the extent of insurance coverage available to an insured who was injured in the same accident.

7. Priority Of Coverage

If an insured is entitled to UM coverage or SUM coverage under more than one policy, the maximum amount such insured may recover shall not exceed the highest limit of such coverage for any one motor vehicle under any one policy and the following order of priority shall apply:

- a. A policy covering a motor vehicle occupied by the injured person at the time of the accident;
- b. A policy covering a motor vehicle not involved in the accident under which the injured person is a named insured; and
- c. A policy covering a motor vehicle not involved in the accident under which the injured person is an insured other than a named insured.

Coverage available under a lower priority policy applies only to the extent that it exceeds the coverage of a higher priority policy.

8. Exhaustion Required

Except as provided in Condition 9., we will pay under this SUM coverage only after the limits of liability have been exhausted under all motor vehicle bodily injury liability insurance policies or bonds applicable at the time of the accident in regard to any one person who may be legally liable for the bodily injury sustained by the insured.

9. Release Or Advance

- a. In accidents involving the insured and one or more negligent parties, if such insured settles with any such party for the available limit of the motor vehicle bodily injury liability coverage of such party, a release may be executed with such party after thirty calendar days from our receipt of your written notice to us, unless within this time period we agree to advance such settlement amounts to the insured in return for the cooperation of the insured in our lawsuit on behalf of the insured.
- b. We shall have a right to the proceeds of any such lawsuit equal to the amount advanced to the insured and any additional amounts paid under this SUM coverage. Any excess above those amounts shall be paid to the insured.
- c. An insured shall not otherwise settle with any negligent party, without our written consent, such that our rights would be impaired.

10. Non-Duplication

This SUM coverage shall not duplicate any of the following:

- a. Benefits payable under workers' compensation or other similar laws;
- b. Non-occupational disability benefits under New York Workers' Compensation Law article nine or other similar law;
- c. Any amounts recovered or recoverable pursuant to New York Insurance Law article fifty-one or any similar motor vehicle insurance payable without regard to fault;
- d. Any valid or collectible motor vehicle medical payments insurance; or

- e. Any amounts recovered as bodily injury damages from sources other than motor vehicle bodily injury liability insurance policies or bonds.

11. Arbitration

- a. If any insured makes a claim under this SUM coverage and we do not agree that such insured is legally entitled to recover damages from the owner or operator of an uninsured motor vehicle because of bodily injury sustained by the insured, or we do not agree as to the amount of payment that may be owing under this SUM coverage, then, at the option and upon written demand of such insured, the matter or matters upon which such insured and we do not agree shall be settled by arbitration, administered by the _____ (*insert name of designated organization*), pursuant to procedures approved by the Superintendent of Financial Services for this purpose.
- b. If the maximum amount of SUM coverage provided by this endorsement equals the amount of coverage required to be provided by New York Insurance Law section 3420(f)(1) and New York Vehicle and Traffic Law Article 6 or 8, then such disagreement shall be settled by such arbitration procedures upon written demand of either the insured or us. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof, and any such insured and we each agree to be bound by any award made by the arbitrator as to this SUM coverage. For purposes of this Condition, the term "insured" includes any person authorized to act on behalf of the insured.

12. Subrogation

If we make a payment under this SUM coverage, then we have the right to recover the amount of the payment from any person legally responsible for the bodily injury or loss of the person to whom, or for whose benefit, such payment was made to the extent of the payment. The insured or any person acting on behalf of the insured must do whatever is necessary to transfer this right of recovery to us. Except as permitted by Condition 9., such person shall do nothing to prejudice this right.

13. Payment Of Loss By Company

We shall pay any amount due under this SUM coverage to the insured or, at our option, to a person authorized by law to receive such payment or to a person legally entitled to recover the damages which the payment represents.

14. Action Against Company

No lawsuit shall lie against us unless the insured or the insured's legal representative has first fully complied with all the terms of this SUM coverage.

15. Survivor Rights

If you or your spouse, if a resident of the same household, dies, then this SUM endorsement shall cover:

- a. The survivor as named insured;
- b. The decedent's legal representative as named insured, but only while acting within the scope of such representative's duties as such; and
- c. Any relative who was an insured at the time of such death.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW YORK MANDATORY PERSONAL INJURY PROTECTION ENDORSEMENT

The Company agrees with the named insured, as follows:

Section I

Mandatory Personal Injury Protection

The Company will pay first-party benefits to reimburse for basic economic loss sustained by an eligible injured person on account of personal injuries caused by an accident arising out of the use or operation of a motor vehicle or a motorcycle during the policy period and within the United States of America, its territories or possessions, or Canada.

First-party Benefits

First-party benefits, other than death benefits, are payments equal to basic economic loss, reduced by the following:

- (a) 20 percent of the eligible injured person's loss of earnings from work to the extent that an eligible injured person's basic economic loss consists of such loss of earnings;
- (b) Amounts recovered or recoverable on account of personal injury to an eligible injured person under State or Federal laws providing social security disability or workers' compensation benefits, or disability benefits under article 9 of the New York Workers' Compensation Law;
- (c) The amount of any applicable deductible, provided that such deductible shall apply to each accident, but only to the total of first-party benefits otherwise payable to the named insured and any relative as a result of that accident.

Basic Economic Loss

Basic economic loss shall consist of medical expense, work loss, other expense and, when death occurs, a death benefit as herein provided. Except for such death benefit, basic economic loss shall not include any loss sustained on account of death. Basic economic loss of each eligible injured person on account of any single accident shall not exceed \$50,000, except that any death benefit hereunder shall be in addition thereto.

Medical Expense

Medical expense shall consist of necessary expenses for:

- (a) Medical, hospital (including services rendered in compliance with article 41 of the Public Health Law, whether or not such services are rendered directly by a hospital), surgical, nursing, dental, ambulance, X-ray, prescription drug and prosthetic services;
- (b) Psychiatric, physical and occupational therapy and rehabilitation;
- (c) Any nonmedical remedial care and treatment rendered in accordance with a religious method of healing recognized by the laws of New York; and
- (d) Any other professional health services.

These medical expenses will not be subject to a time limitation, provided that, within one year after the date of the accident, it is ascertainable that further medical expenses may be sustained as a result of the injury. Payments hereunder for necessary medical expenses shall be subject to the limitations and requirements of section 5108 of the New York Insurance Law.

Work Loss

Work loss shall consist of the sum of the following losses and expenses, up to a maximum payment of \$2,000 per month for a maximum period of three years from the date of the accident:

- (a) Loss of earnings from work which the eligible injured person would have performed had such person not been injured, except that an employee who is entitled to receive monetary payments, pursuant to statute or contract with the employer, or who receives voluntary monetary benefits paid for by the employer, by reason of such employee's inability to work because of personal injury arising out of the use or operation of a motor vehicle or a motorcycle, shall not be entitled to receive first-party benefits for loss of earnings from work to the extent that such monetary payments or benefits from the employer do not result in the employee suffering a reduction in income or a reduction in such employee's level of future benefits arising from a subsequent illness or injury; and
- (b) Reasonable and necessary expenses sustained by the eligible injured person in obtaining services in lieu of those which such person would have performed for income.

Other Expenses

Other expenses shall consist of all reasonable and necessary expenses, other than medical expense and work loss, up to \$25 per day for a period of one year from the date of the accident causing injury.

Death Benefit

Upon the death of any eligible injured person, caused by an accident to which this coverage applies, the Company will pay to the estate of such person a death benefit of \$2,000.

Eligible Injured Person

Subject to the exclusions and conditions set forth below, an eligible injured person is:

- (a) The named insured and any relative who sustains personal injury arising out of the use or operation of any motor vehicle;
- (b) The named insured and any relative who sustains personal injury arising out of the use or operation of any motorcycle, while not occupying a motorcycle;
- (c) Any other person who sustains personal injury arising out of the use or operation of the insured motor vehicle in the State of New York while not occupying another motor vehicle; or

- (d) Any New York State resident who sustains personal injury arising out of the use or operation of the insured motor vehicle outside of New York State while not occupying another motor vehicle.

Exclusions

This coverage does not apply to personal injury sustained by:

- (a) The named insured while occupying, or while a pedestrian through being struck by, any motor vehicle owned by the named insured with respect to which the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act is not in effect;
- (b) Any relative while occupying, or while a pedestrian through being struck by, any motor vehicle owned by the relative with respect to which the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act is not in effect;
- (c) The named insured or relative while occupying, or while a pedestrian through being struck by, a motor vehicle in New York State, other than the insured motor vehicle, with respect to which the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act is in effect; however, this exclusion does not apply to personal injury sustained in New York State by the named insured or relative while occupying a bus or school bus, as defined in sections 104 and 142 of the New York Vehicle and Traffic Law, unless that person is the operator, an owner, or an employee of the owner or operator, of such bus or school bus;
- (d) Any person in New York State while occupying the insured motor vehicle which is a bus or school bus, as defined in sections 104 and 142 of the New York Vehicle and Traffic Law, but only if such person is a named insured or relative under any other policy providing the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act; however, this exclusion does not apply to the operator, an owner, or an employee of the owner or operator, of such bus or school bus;
- (e) Any person while occupying a motorcycle;
- (f) Any person who intentionally causes his or her own personal injury;

- (g) Any person as a result of operating a motor vehicle while in an intoxicated condition or while his or her ability to operate the vehicle is impaired by the use of a drug (within the meaning of section 1192 of the New York Vehicle and Traffic Law) except that coverage shall apply to necessary emergency health services rendered in a general hospital, as defined in section 2801(10) of the New York Public Health Law, including ambulance services attendant thereto and related medical screening. However, where the person has been convicted of violating section 1192 of the New York Vehicle and Traffic Law while operating a motor vehicle in an intoxicated condition or while his or her ability to operate such vehicle is impaired by the use of a drug, and the conviction is a final determination, the Company has a cause of action against such person for the amount of first-party benefits that are paid or payable; or
- (h) Any person while:
 - (i) Committing an act which would constitute a felony, or seeking to avoid lawful apprehension or arrest by a law enforcement officer;
 - (ii) Operating a motor vehicle in a race or speed test;
 - (iii) Operating or occupying a motor vehicle known to that person to be stolen; or
 - (iv) Repairing, servicing or otherwise maintaining a motor vehicle if the conduct is within the course of a business of repairing, servicing or otherwise maintaining a motor vehicle and the injury occurs on the business premises.
- (i) The named insured or relative while not occupying a motor vehicle or a motorcycle when struck by a motorcycle in New York State with respect to which the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act is in effect;
- (j) Any New York State resident, other than the named insured or relative injured through the use or operation of the insured motor vehicle outside of New York State if such resident is the owner or a relative of the owner of a motor vehicle insured under another policy providing the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act;

- (k) Any New York State resident, other than the named insured or relative injured through the use or operation of the insured motor vehicle outside of New York State, if such resident is the owner of a motor vehicle for which the coverage required by the New York Comprehensive Motor Vehicle Insurance Reparations Act is not in effect.
- (l) Any person who is injured while, pursuant to article 44-B of the Vehicle and Traffic Law, the insured motor vehicle is being used or operated by a transportation network company driver.

Other Definitions

When used in reference to this coverage:

- (a) The "insured motor vehicle" means a motor vehicle owned by the named insured and to which the bodily injury liability insurance of this policy applies and for which a specific premium is charged;
- (b) "Motorcycle" means a vehicle as defined in section 123 of the New York Vehicle and Traffic Law and which is required to carry financial security pursuant to article 6, 8 or 48-A of the Vehicle and Traffic Law;
- (c) "Motor vehicle" means a motor vehicle, as defined in section 311 of the New York Vehicle and Traffic Law, and also includes fire and police vehicles, but shall not include any motor vehicle not required to carry financial security pursuant to article 6, 8 or 48-A of the Vehicle and Traffic Law, or a motorcycle as defined above;
- (d) "Named insured" means the person or organization named in the Declarations;
- (e) "Occupying" means in or upon or entering into or alighting from;
- (f) "Personal injury" means bodily injury, sickness or disease;
- (g) "Relative" means a spouse, child, or other person related to the named insured by blood, marriage, or adoption (including a ward or foster child), who regularly resides in the insured's household, including any such person who regularly resides in the household, but is temporarily living elsewhere; and
- (h) "Use or operation" of a motor vehicle or a motorcycle includes the loading or unloading of such vehicle.

Conditions

Action Against Company. No action shall lie against the Company unless, as a condition precedent thereto, there shall have been full compliance with the terms of this coverage.

Notice. In the event of an accident, written notice setting forth details sufficient to identify the eligible injured person, along with reasonably obtainable information regarding the time, place and circumstances of the accident, shall be given by, or on behalf of, each eligible injured person, to the Company, or any of the Company's authorized agents, as soon as reasonably practicable, but in no event more than 30 days after the date of the accident, unless the eligible injured person submits written proof providing clear and reasonable justification for the failure to comply with such time limitation. If an eligible injured person or that person's legal representative institutes a proceeding to recover damages for personal injury under section 5104(b) of the New York Insurance Law, a copy of the summons and complaint or other process served in connection with such action shall be forwarded as soon as practicable to the Company or any of the Company's authorized agents by such eligible injured person or that person's legal representative.

Proof of Claim; Medical, Work Loss, and Other Necessary Expenses. In the case of a claim for health service expenses, the eligible injured person or that person's assignee or representative shall submit written proof of claim to the Company, including full particulars of the nature and extent of the injuries and treatment received and contemplated, as soon as reasonably practicable but, in no event later than 45 days after the date services are rendered. The eligible injured person or that person's representative shall submit written proof of claim for work loss benefits and for other necessary expenses to the Company as soon as reasonably practicable but, in no event, later than 90 days after the work loss is incurred or the other necessary services are rendered. The foregoing time limitations for the submission of proof of claim shall apply unless the eligible injured person or that person's representative submits written proof providing clear and reasonable justification for the failure to comply with such time limitation. Upon request by the Company, the eligible injured person or that person's assignee or representative shall:

- (a) Execute a written proof of claim under oath;

- (b) As may reasonably be required submit to examinations under oath by any person named by the Company and subscribe the same;
- (c) Provide authorization that will enable the Company to obtain medical records; and
- (d) Provide any other pertinent information that may assist the Company in determining the amount due and payable.

The eligible injured person shall submit to medical examination by physicians selected by, or acceptable to, the Company, when, and as often as, the Company may reasonably require.

Arbitration. In the event any person making a claim for first-party benefits and the Company do not agree regarding any matter relating to the claim, such person shall have the option of submitting such disagreement to arbitration pursuant to procedures promulgated or approved by the Superintendent of Financial Services.

Reimbursement and Trust Agreement. To the extent that the Company pays first-party benefits, the Company is entitled to the proceeds of any settlement or judgment resulting from the exercise of any right of recovery for damages for personal injury under section 5104(b) of the New York Insurance Law. The Company shall have a lien upon any such settlement or judgment to the extent that the Company has paid first-party benefits. An eligible injured person shall:

- (a) Hold in trust, for the Company, all rights of recovery which that person shall have for personal injury under section 5104(b) of the New York Insurance Law;
- (b) Do whatever is proper to secure, and shall do nothing to prejudice, such rights; and
- (c) Execute, and deliver to the Company, instruments and papers as may be appropriate to secure the rights and obligations of such person and the Company established by this provision.

An eligible injured person shall not compromise an action to recover damages brought under section 5104(b) of the New York Insurance Law, except:

- (a) With the written consent of the Company;
- (b) With approval of the court; or
- (c) Where the amount of the settlement exceeds \$50,000.

Other Coverage. Where more than one source of first-party benefits required by article 51 of the New York Insurance Law and article 6, 8 or 44-B of the New York Vehicle and Traffic Law is available and applicable to an eligible injured person in any one accident, this Company is liable to an eligible injured person only for an amount equal to the maximum amount that the eligible injured person is entitled to recover under this coverage, divided by the number of available and applicable sources of required first-party benefits. An eligible injured person shall not recover duplicate benefits for the same elements of loss under this coverage or any other mandatory first-party motor vehicle or no-fault motor vehicle insurance coverage issued in compliance with the laws of another state.

If the eligible injured person is entitled to benefits under any such mandatory first-party motor vehicle or no-fault motor vehicle insurance for the same elements of loss under this coverage, this Company shall be liable only for an amount equal to the proportion that the total amount available under this coverage bears to the sum of the amount available under this coverage and the amount available under such other mandatory insurance for the common elements of loss. However, where another state's mandatory first-party or no-fault motor vehicle insurance law provides unlimited coverage available to an eligible injured person for an element of loss under this coverage, the obligation of this Company is to share equally for that element of loss with such other mandatory insurance until the \$50,000, or \$75,000 if Optional Basic Economic Loss (OBEL) coverage is purchased, limit of this coverage is exhausted by the payment of that element of loss and any other elements of loss.

Section II

Excess Coverage

If motor vehicle medical payments coverage or any disability coverages or uninsured motorists coverage are afforded under this policy, such coverages shall be excess insurance over any Mandatory PIP, OBEL or Additional PIP benefits paid or payable or which would be paid or payable but for the application of a deductible under this or any other motor vehicle No-Fault insurance policy.

Section III

Constitutionality

If it is conclusively determined by a court of competent jurisdiction that the New York Comprehensive Motor Vehicle Insurance Reparations Act, or any amendment thereto, is invalid or unenforceable in whole or in part, then, subject to the approval of the Superintendent of Financial Services, the Company may amend this policy and may also recompute the premium for the existing or amended policy.

These amendments and recomputations will be effective retroactively to the date that such act or any amendment is deemed to be invalid or unenforceable in whole or in part.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIO, VISUAL AND DATA ELECTRONIC EQUIPMENT COVERAGE – FIRE, POLICE AND EMERGENCY VEHICLES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

Physical Damage Coverage is changed as follows:

- A. The exclusion relating to audio, visual and data electronic equipment in Paragraphs **B.4.c.** and **B.4.d.** does not apply to any equipment that is installed in or upon a covered "auto" which is:
 - 1. Owned by a police or fire department;
 - 2. Equipped as an emergency vehicle and owned by a political body or any of its agencies; or
 - 3. Equipped as an emergency vehicle and owned by a volunteer fire department, volunteer rescue squad or volunteer ambulance corps.
- B. For covered "autos" described above, the **Limits Of Insurance** provision in Paragraph **C.1.b.** does not apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WARNING – THIS POLICY DOES NOT FULLY PROVIDE COVERAGE FOR ALL POTENTIAL LIABILITY THAT A MUNICIPALITY MAY BE SUBJECT TO UNDER SECTION 209 OF THE GENERAL MUNICIPAL LAW.

NEW YORK MUTUAL AID ENDORSEMENT

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 the endorsement.

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

Named Insured:
Endorsement Effective Date:

SCHEDULE

Limit Of Insurance \$1,000,000	Premium \$280
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Coverage

1. We will pay all sums you legally must pay for "loss" to an "auto", including its equipment, owned by any municipality, fire district, ambulance district, fire department or fire company which provides you police, ambulance services or fire assistance as authorized under Section 209 of the General Municipal Law of the State of New York.
2. We have the right and duty to defend any "suit" asking for these damages. However, we have no duty to defend "suits" for "loss" not covered by this Coverage Form. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when our limit for this insurance has been exhausted by payment of judgments or settlements.

B. Exclusions

This insurance does not apply to:

1. Any expense incurred in or material used in connection with the operation of the "auto" or its equipment.
2. "Loss" caused by war, whether or not declared, civil war, insurrection, rebellion or revolution, or any act or condition incident to any of the foregoing.
3. "Loss" caused by the explosion of a nuclear weapon or its consequences.

C. Limit Of Insurance

The most we will pay for all "loss" from any one "accident" is the Limit Of Insurance stated in the Schedule of this endorsement.

For each "loss" the amount that would otherwise be payable will be reduced by \$50.

D. Conditions

All of the Conditions apply to the insurance provided by this endorsement except Other Insurance. The insurance provided by this endorsement is primary insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO MEDICAL PAYMENTS 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 the endorsement.

A. Coverage

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

B. Who Is An Insured

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

C. Exclusions

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
 - a. War, including undeclared or civil war;
 - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

D. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

E. Changes In Conditions

The **Conditions** are changed for **Auto Medical Payments Coverage** as follows:

1. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply.
2. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.



CLAIM REPORTING

Successful claim handling begins with prompt notification. Incidents that will or might give rise to a claim should be immediately reported to your agent. The agent will relay pertinent information to Glatfelter Claims Management, Inc. (GCM). Minimum information needed is:

- Name and telephone number of insured contact person.
- Date, time and location of the accident or incident.
- Description of how the incident occurred.
- Description of the vehicle or property involved.
- Description of the damage and/or injuries.
- Description of any other automobiles, property, persons and witnesses involved, including addresses and telephone numbers, if available.
- If known, the name and incident report number of the responding police department or other authority.

Do not delay reporting an incident to your agent waiting on information such as a police report, repair estimate, or other claim details. When additional information is obtained, it should be promptly reported to your agent or the claim handler assigned by GCM.

Should a claim arise, some important points to remember are:

- Provide assistance to injured persons.
- Protect property from further damage.
- Do not divulge information to anyone other than the assigned claim handler or GCM's authorized representative.
- If a lawsuit is filed, contact your agent immediately who will transmit copies to GCM.

If an after-hours emergency should arise, please contact our office for assistance.

Glatfelter Claims Management, Inc.
P.O. Box 5126
York, PA 17405
Telephone: (800) 233-1957
Claims Fax: (717) 747-7051
E-Mail: claims@glatfelters.com

License Number: 2D89880 (California only)

Glatfelter Claims Management, Inc., a division of Glatfelter Insurance Group, is a wholly owned, third-party claims administrator charged with the handling of claims for VFIS, on behalf of National Union Fire Insurance Company of Pittsburgh, Pa.



(800) 233-1957

www.vfis.com

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NEW YORK REQUIRED NOTICE OF AVAILABILITY OF SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Applicant/Named Insured: NATURAL BRIDGE FIRE DISTRICT
Company: NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA.

New York law permits you to make certain decisions regarding Uninsured Motorists Coverage and Supplementary Uninsured/Underinsured (SUM) Motorists Coverage. This document describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Supplementary Uninsured/Underinsured (SUM) Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Uninsured Motorists Coverage

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured or the insured's legal representative is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Your motor vehicle liability insurance policy includes Uninsured Motorists Coverage applicable to motor vehicle accidents that occur within the State of New York at limits of at least \$25,000 per person/\$50,000 per accident, unless you elect to purchase Supplementary Uninsured/Underinsured (SUM) Motorists Coverage described below.

B. Supplementary Uninsured/Underinsured Motorists Coverage

For additional protection under your policy, Supplementary Uninsured/Underinsured (SUM) Motorists Coverage is available. SUM Coverage can provide protection at higher limits than are available under Uninsured Motorists Coverage and provides protection with respect to automobile accidents that occur both in and out of New York State.

C. Basics Of SUM Coverage

Supplementary Uninsured/Underinsured (SUM) Motorists Coverage provides additional insurance coverage for bodily injury, including death resulting therefrom, sustained by an insured, as a result of an accident involving a negligent owner or operator of another motor vehicle who:

1. May have no insurance whatsoever; or
2. Even if insured, is only insured for third party bodily injury coverage at relatively low liability limits, in comparison to the policyholder's own liability limits for bodily injury sustained by third parties.

We shall not offer SUM Coverage in an amount exceeding the third party liability coverage limits purchased by the policyholder. The Policy shall provide coverage for any insured under the Policy for:

1. Bodily injury to such person, up to the limit of the SUM Coverage purchased; and
2. Receive from the policyholder's own insurer payment for bodily injury sustained due to the negligence of the other motor vehicle's owner or operator.

The maximum amount payable under the SUM Coverage shall be the policy's SUM limit reduced and thus offset by any motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident.

D. Examples

The following examples using per person limits unless otherwise noted, illustrate the proper application of SUM Coverage:

1. Example One

Insured's Bodily Injury Damages	\$ 300,000
Insured's Liability Limit	\$ 500,000
Insured's SUM Limit	\$ 250,000
Other Motor Vehicle Liability Limit	\$ 25,000

Note:

In this example, the insured has purchased the maximum amount of SUM Coverage that must be offered by the insurer, provided that the insured has purchased bodily injury liability limits of at least \$250,000. Insured recovers \$25,000 from the negligent owner or operator of the other motor vehicle, and \$225,000 (\$250,000 minus \$25,000) under the SUM Coverage, for a total recovery of \$250,000. In the event that the negligent owner or operator of the other motor vehicle had no liability insurance at all, the insured would collect \$250,000 in SUM Coverage from the insured's own insurer.

However, if the owner or operator of the other motor vehicle was not negligent, then the insured would receive no SUM payments.

2. Example Two

Insured's Bodily Injury Damages	\$ 100,000
Insured's Liability Limit	\$ 25,000
Insured's SUM Limit	\$ 25,000
Other Motor Vehicle Liability Limit	\$ 25,000

Result:

Insured recovers \$25,000 from the negligent owner or operator of the other motor vehicle. The insured receives nothing under the SUM Coverage, which equals the mandatory UM coverage, since the liability limits on the other owner or operator's motor vehicle were not lower than the liability insurance limits on the insured's motor vehicle. If the insured's liability and SUM limits were both \$50,000, then the insured would collect another \$25,000 in SUM Coverage from the insured's own insurer.

3. Example Three

Insured's Bodily Injury Damages	\$ 60,000
Insured's Liability Limit	\$ 100,000
Insured's SUM Limit	\$ 100,000
Other Motor Vehicle Liability Limit	\$ 50,000

Result:

Insured recovers \$50,000 from the negligent owner or operator of the other motor vehicle and \$10,000 under the SUM Coverage, which is the difference between the amount of the insured's SUM Coverage and the liability coverage available from the other motor vehicle owner or operator, limited by the amount of the insured's bodily injury damages.

4. Example Four

Insured's Bodily Injury Damages	\$ 150,000
Insured's Liability Limit	\$ 100,000
Insured's SUM Limit	\$ 100,000
Other Motor Vehicle Liability Limit	\$ 25,000
Result:	
<p>If the insured and the owner or operator of the other motor vehicle were each 50 percent at fault for the accident, then the insured's total recovery would be \$75,000, in light of comparative negligence of the parties involved in the accident. The insured would recover \$25,000 from the negligent owner or operator of the other motor vehicle and \$50,000 under the SUM Coverage.</p> <p>On the other hand, if the owner or operator of the other motor vehicle was totally at fault for the accident, then the insured would recover \$25,000 from the negligent owner or operator and would then receive \$75,000 in SUM Coverage from the insured's own insurer. Had the insured purchased liability and SUM limits of \$150,000 or more, the SUM recovery would then be \$125,000.</p>	

5. Example Five

Insured's Bodily Injury Damages	\$ 25,000
Passenger's Bodily Injury Damages	\$ 25,000
Another Passenger's Damages that resulted in death	\$ 50,000
Insured's Combined Single Liability (CSL) Limit	\$ 75,000
Insured's CSL SUM Limit	\$ 75,000
Other Motor Vehicle Liability Limit	Uninsured (i.e. no coverage)
Result:	
<p>Since the other motor vehicle was uninsured, the full \$75,000 CSL SUM limit is available for all insured persons from this accident under the Policy. However, since the accident involves insured persons who were both injured and killed, the mandatory UM limits of \$25,000 per person and \$50,000 per accident for injured persons and \$50,000 per person and \$100,000 per accident for persons killed in the accident are available. Therefore, the insured and first passenger each recover \$25,000 and the second passenger's estate recovers the full \$50,000 under the SUM coverage.</p> <p>If the insured's CSL and CSL SUM limit were each \$300,000 and the insured's damages amounted to \$200,000, then all insured persons would be covered under the SUM coverage as the total damages (\$200,000 + \$25,000 + \$50,000 = \$275,000) are less than the \$300,000 CSL SUM limit.</p>	

If you elect to purchase SUM Coverage, please initial and select a SUM limit.

<p>(Initials)</p> <p>_____</p> <p>I select the following SUM Limits:</p> <p>\$ _____ per person, _____ per accident</p> <p>OR</p> <p>\$ _____ per accident</p>

Applicant's/Named Insured's Signature

Date

POLICYHOLDER NOTICE

Taxes, Assessments and/or Surcharges

The taxes, assessments and/or surcharges shown on the declarations page or any premium schedule are collected on behalf of the applicable State(s) and in accordance with such State's laws and regulations. The payment of these taxes, assessments and/or surcharges is the responsibility of the Named Insured. In the event the applicable State implements a new tax, assessment and/or surcharge or increases such tax, assessment and/or surcharge during the term of this policy, the Named Insured shall remain responsible for the payment of all amounts due under the policy, including those newly implemented or increased taxes, assessments and/or surcharges.

Any newly implemented or increased taxes, assessments and/or surcharges shall apply on the effective date dictated by the applicable State regardless:

1. Of when the Insurance Company implements the new or increased tax, assessment or surcharge into its systems; or
2. If the Insurance Company recalculates the Named Insured's premium in accordance with the policy's terms and conditions as part of a premium audit after the end of the policy period.

**NEW YORK SUPPLEMENTAL SPOUSAL LIABILITY INSURANCE
DECLINATION FORM**

New York State law requires an insurer issuing or delivering a policy that satisfies the requirements of New York Vehicle and Traffic Law Article 6 to provide supplemental spousal liability insurance in such policy unless the named insured elects, in writing, to decline and refuse such insurance in the insured's policy.

Supplemental spousal liability insurance provides bodily injury liability coverage under a motor vehicle insurance policy when a person is injured or killed in a motor vehicle accident caused by the negligence of the person's spouse. If you decline this coverage, then the injured or deceased spouse would not be covered under the bodily injury liability coverage in the policy.

Supplemental spousal liability insurance is included within the policy's bodily injury liability limits and does not increase the amount of those limits.

The additional premium for supplemental spousal liability insurance is calculated as 0.3% of the premium amount for your automobile liability coverage. If you do not decline this insurance in writing, supplemental spousal liability insurance is automatically included in your motor vehicle insurance policy.

If you are unsure whether this coverage is appropriate for you, you should speak with your insurance company representative or a licensed insurance producer.

I hereby decline supplemental spousal liability insurance.

SIGNATURE OF NAMED INSURED

DATE

POLICYHOLDER NOTICE

Thank you for purchasing insurance from a member company of American International Group, Inc. (AIG). The AIG member companies generally pay compensation to brokers and independent agents, and may have paid compensation in connection with your policy. You can review and obtain information about the nature and range of compensation paid by AIG member companies to brokers and independent agents in the United States by visiting our website at www.aig.com/producer-compensation or by calling 1-800-706-3102.

FACTS**Why?****What?****How?****WHAT DOES AMERICAN INTERNATIONAL GROUP, INC. (AIG) DO WITH YOUR PERSONAL INFORMATION?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AIG chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AIG share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AIG Insurance Companies: Call 866-244-4786; Fax: 212-458-7081 or E-Mail: CIPrivacy@aig.com

For Pet insurance sold by AIG Insurance Companies: Call 866-937-7387 or E-Mail: CIPrivacy@aig.com

For LiveTravel, Inc., Travel Guard Group, Inc. or AIG Travel Assist, Inc.: Call 866-244-4786 or E-Mail: CIPrivacy@aig.com

Who we are

Who is providing this notice? The insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, life insurance and related services and certain marketing subsidiaries of AIG listed below.

What we do

How does AIG protect my personal information? To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.

How does AIG collect my personal information? We collect your personal information, for example, when you

- apply for insurance or pay insurance premiums
- file an insurance claim or give us your income information
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing? Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes— information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include the member companies of American International Group, Inc., such as National Union Fire Insurance Company of Pittsburgh, Pa.*

Nonaffiliates Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *AIG does not share with nonaffiliates so they can market to you.*

Joint marketing A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.*

Other important information

This notice is provided by American Home Assurance Company; AIG Assurance Company; AIG Property Casualty Company; AIG Specialty Insurance Company; Commerce and Industry Insurance Company; Granite State Insurance Company; Illinois National Insurance Co.; Lexington Insurance Company; AIU Insurance Company; National Union Fire Insurance Company of Pittsburgh, Pa.; National Union Fire Insurance Company of Vermont; New Hampshire Insurance Company; The Insurance Company of the State of Pennsylvania; (collectively the "AIG Insurance Companies"). This notice is also provided by certain marketing subsidiaries of AIG, including Morefar Marketing, Inc., LLC, Travel Guard Group, Inc., AIG Travel Assist, Inc. and LiveTravel, Inc. who market insurance or non-insurance products and services to consumers.

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents Only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by contacting us as listed above. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact the applicable customer service department using the contact information above or by writing to us at Privacy Officer, 1271 Ave of the Americas, FL 37, New York, NY 10020-1304.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at: Privacy Officer, CIPrivacy@aig.com.

**ADVISORY NOTICE OF SUPPLEMENTARY
UNINSURED/UNDERINSURED MOTORISTS COVERAGE (SUM)
NEW YORK**

Dear Policyholder or Applicant:

New York State Insurance Law requires that all motor vehicle liability policies include **Uninsured Motorist Coverage** at a minimum limit of \$25,000 per person/\$50,000 per occurrence. This coverage provides you with protection in the event you are involved in an accident, in New York State only, with a car that is not insured and the driver of that car is legally responsible for your injuries. This coverage does not include coverage for underinsured motorists.

Although Uninsured Motorists Coverage provides you with only the small amount of coverage mandated by law, you can purchase additional coverage through optional Supplementary Uninsured/Underinsured Motorists Coverage (SUM).

A policyholder should consider purchasing SUM coverage in order to obtain protection both in and out of New York State and to protect against the possibility of an accident involving another motor vehicle whose owner or operator was negligent and who:

- (1) may have no insurance whatsoever; or
- (2) even if insured, is insured for relatively low liability limits in comparison to the policyholder's own Bodily Injury Liability limits.

By purchasing SUM coverage, the policyholder and any Insured under the policy can:

- (1) be protected both in and out of New York State;
- (2) be protected for bodily injury to themselves, up to the limit of SUM coverage purchased; and
- (3) receive from the policyholders' own insurer payment for bodily injury resulting from the negligence of the other motor vehicle's owner or operator.

THE DIFFERENCE BETWEEN STATUTORY UNINSURED MOTORISTS COVERAGE AND SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE

You must buy either Statutory Uninsured Motorists Coverage or Supplementary Uninsured/Underinsured Motorists Coverage.

The following is an advisory explanation of the **notable** differences between Statutory Uninsured Motorists Coverage and Supplementary Uninsured/Underinsured Motorists Coverage and is not intended to substitute for a complete review of both coverages. If there is any conflict between the policy and this advisory explanation, the provisions of the policy apply.

STATUTORY UNINSURED MOTORISTS COVERAGE

Statutory Uninsured Motorists Coverage provides coverage for injuries that result from an automobile accident with a negligent motorist who has no insurance at all.

If someone is hurt by this type of motorist and does not die, your Statutory Uninsured Motorists Coverage can pay up to \$25,000 for each person injured, with \$50,000 maximum for each accident. And if someone dies, your Statutory Uninsured Motorists Coverage can pay up to \$50,000 for each person who dies, with \$100,000 maximum for each accident resulting in death to two or more people. These limits are the only limits you can get under Statutory Uninsured Motorists Coverage.

Statutory Uninsured Motorists Coverage will pay for injuries or death only if the car accident happens in New York State.

SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Supplementary Uninsured/Underinsured Motorists (SUM) coverage not only gives you the in-state Uninsured Motorists Coverage, it also gives you out-of-state coverage for automobile accidents with negligent motorists who have no insurance.

If there is an accident with a car that does have bodily injury liability insurance, but its bodily injury liability insurance is less than the bodily injury liability insurance that you have on your own car then SUM coverage also provides coverage. This kind of coverage is called "underinsured motorists coverage" and it is included in SUM coverage if you purchase a minimum SUM option of 25/50 (TOTAL SPLIT LIMITS) or 50,000 (TOTAL SINGLE LIMIT).

If you decide to buy SUM coverage, you may buy this coverage at limits higher than the Statutory Uninsured Motorists Coverage limits. However, the SUM coverage limit cannot be higher than your bodily injury liability limits.

If you have an accident, your SUM coverage limit will be reduced by any liability insurance or bond payments made by a negligent motorist.

SUM coverage applies if you have an accident either in the State of New York or out-of-state.

HOW SUM COVERAGE WORKS

The following examples (using the per person limits) illustrate the proper application of SUM coverage:

(1) Example One:

Insured's Bodily Injury Damages	\$150,000
Insured's Liability Limit	\$250,000
Insured's SUM Limit	\$100,000
Other Motor Vehicle Liability Limit	\$ 25,000

Result: In this example, the insured has purchased the maximum amount of SUM coverage that must be offered by the insurer. Insured recovers \$25,000 from the negligent owner or operator of the other motor vehicle, and \$75,000 (\$100,000 minus \$25,000) under the SUM coverage, for a total recovery of \$100,000. However, in the event that the negligent owner or operator of the other motor vehicle had no liability insurance at all, the insured would collect \$100,000 in SUM coverage from the insured's own insurer. But, if the owner or operator of the other motor vehicle was not negligent, the insured would receive no SUM payments.

(2) Example Two:

Insured's Bodily Injury Damages	\$100,000
Insured's Liability Limit	\$ 25,000
Insured's SUM Limit	\$ 25,000
Other Motor Vehicle Liability Limit	\$ 25,000

Result: Insured recovers \$25,000 from the negligent owner or operator of the other motor vehicle. But, the insured receives nothing under the SUM coverage, which equals the mandatory uninsured motorists coverage, since the other owner or operator's vehicle did not have less liability insurance than the insured's vehicle. If the insured's liability and SUM limits were both \$50,000, the insured would collect another \$25,000 in SUM coverage from the insured's own insurer.

(3) Example Three:

Insured's Bodily Injury Damages	\$ 60,000
Insured's Liability Limit	\$100,000
Insured's SUM Limit	\$100,000
Other Motor Vehicle Liability Limit	\$ 50,000

Result: Insured recovers \$50,000 from the negligent owner or operator of the other motor vehicle and \$10,000 under the SUM coverage, which is the difference between the amount of the insured's SUM coverage and the liability coverage available from the other motor vehicle owner or operator, limited by the amount of the insured's bodily injury damages.

(4) Example Four:

Insured's Bodily Injury Damages	\$150,000
Insured's Liability Limit	\$100,000
Insured's SUM Limit	\$100,000
Other Motor Vehicle Liability Limit	\$ 25,000

Result: Suppose the insured and the other motor vehicle owner or operator were each 50 percent at fault for the accident, then the insured's total recovery would be \$75,000, in light of comparative negligence of the parties involved in the accident. The insured would recover \$25,000 from the other negligent motor vehicle owner or operator and \$50,000 under the SUM coverage. On the other hand, if the other motor vehicle owner or operator was totally at fault for the accident, the insured would recover \$25,000 from the negligent motor vehicle owner or operator and would then receive \$75,000 in SUM coverage from the insured's own insurer. Had the insured purchased liability and SUM limits of \$150,000 or more, the SUM recovery would then be \$125,000.

SUM OPTIONS

The following SUM coverage options are available for purchase:

TOTAL SPLIT LIMITS (000's)	TOTAL SINGLE LIMITS
\$25/50	\$50,000
50/100	60,000
100/300	100,000
250/500	125,000
500/1M	150,000
	200,000
	250,000
	300,000
	350,000
	400,000
	500,000
	600,000
	750,000
	1,000,000
	1,500,000
	2,000,000

Should you wish to purchase one of the above SUM options, we urge you to contact your independent Agent to learn more about SUM coverage and to determine what option will best meet your individual needs.

Policy Number
VFNU-CM-0005281-05/001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. Policy Period: From 03-01-2025
To 03-01-2026

COMMON POLICY CHANGE ENDORSEMENT

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 04-16-25
12:01 A.M., Standard Time

Agency Name VFIS

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Property
- Crime
- Portable Equipment
- Auto \$3,761.00
- General Liability
- Management Liability

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING VEHICLE HAS BEEN ADDED:
0008 - NY 2014 GMC VIN# 1GD675CL1E1160300

COLLISION COVERAGE HAS BEEN ADDED TO VEHICLE # 8 IN THE STATE OF NEW YORK.

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

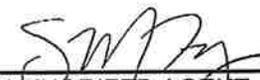
<input type="checkbox"/> No changes	<input type="checkbox"/> To be Adjusted at Audit	Additional \$3,761.00	Return
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Tax and Surcharge Changes

For New York, Tax and Surcharges do not apply.
For New York, the NY Motor Vehicle Law Enforcement Fee and/ or NY Fire Fee may be included.

Additional \$10.00	Return
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Countersigned By:



AUTHORIZED AGENT

Policy Number
VFNU-CM-0005281-05/001

Policy Period: From 03-01-2025
To 03-01-2026

COMMON POLICY CHANGE ENDORSEMENT

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 04-16-25
12:01 A.M., Standard Time

Agency Name VFIS

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number
VFNU-CM-0005281-05/001

SCHEDULE OF TAXES, SURCHARGES OR FEES CHANGES

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 04-16-25
12:01 A.M., Standard Time

Agency Name VFIS

TAXES / SURCHARGES DETAILED BREAKDOWN :

NY-MOTOR VEHICLE LAW ENFORCEMENT FEE	\$	10.00
TOTAL TAXES / SURCHARGES	\$	10.00

Policy Number
VFNU-CM-0005281-05/001

SCHEDULE OF NAMED INSURED(S)

Named Insured NATURAL BRIDGE FIRE DISTRICT

Effective Date: 04-16-25
12:01 A.M., Standard Time

Agency Name VFIS

NATURAL BRIDGE FIRE CO INC

NATURAL BRIDGE LADIES AUXILIARY

NATURAL BRIDGE VOLUNTEER AMBULANCE INC

Named Insured:
NATURAL BRIDGE FIRE DISTRICT

Policy Number: VFNU-CM-0005281-05/001
Policy Period: From 03-01-2025
To 03-01-2026

SCHEDULE OF AUTO CHANGES

Vehicle #: 8
Vehicle Is: ADDED:

Insured's #:
Insured Entity:

Year: 2014
Make: GMC
Model: AMB BLS
V.I.N.: 1GD675CL1E1160300
Valuation: Agreed Value

Use:
Class Code: 791900
State: NY
Territory: 074

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)	\$ 1,000,000		740.00 A/P
Supplemental Spousal Liability	Included		INCL
Personal Injury Protection (No-Fault):			
Aggregate No-Fault Benefits	\$ 50,000		
Mandatory Basic Economic Loss	\$ 50,000		27.00 A/P
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)	See Endorsement CA 22 33		
Death Benefit			
Auto Medical Payments	\$ 5,000		1.00 A/P
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured	500,000		29.00 A/P
Motorists (SUM)			
Physical Damage – Comprehensive	\$ 275,000	\$ 1,000	268.00 A/P
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision	\$ 275,000	\$ 1,000	2696.00 A/P
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			3761.00 A/P

Vehicle #:
Vehicle Is:

Insured's #:
Insured Entity:

Year:
Make:
Model:
V.I.N.:

Use:
Class Code:
State:
Territory:

Coverages:	Limit of Insurance	Deductible	Premium
Liability (combined single limit)			
Supplemental Spousal Liability			
Personal Injury Protection (No-fault):			
Aggregate No-Fault Benefits			
Mandatory Basic Economic Loss			
Optional Basic Economic Loss			
Additional Personal Injury Protection			
Maximum Monthly Work Loss			
Other Necessary Expenses (per day)			
Death Benefit			
Auto Medical Payments			
Uninsured Motorists (UM)			
Supplementary Uninsured/Underinsured			
Motorists (SUM)			
Physical Damage – Comprehensive			
Physical Damage – Specified Causes of Loss			
Physical Damage – Collision			
Physical Damage – Towing and Labor			
Other Auto Coverages			
Total:			

EMS Agency Personnel Roster

Agency Name
NATURAL BRIDGE VOLUNTEER AMBULANCE, INC.

Agency Code
0722

Date Submitted

Page 1 of 2

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPRA/AED	First Aid
BABCOCK	TROY	459622	03 / 31 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BALL	ROBERT	453880	06 / 30 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BURNS	COREY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHRISTMAN	MATTHEW		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CLARKE	ALEX		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CLARKE	BAILEY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CRUMP	CHASE	494614	09 / 30 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FERGUSON	ABBY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FERGUSON	ELENA		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLINT	MARK		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLINT	ROBERT		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GOLDTHRITE	ZACHARY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HALL	SARALEE	510901	01 / 31 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KUEHNLE	JOSEPH	406812	08 / 31 / 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KUEHNLE	MARISSA	475427	03 / 31 / 29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MANUEL	MOLLY	428344	03 / 31 / 26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MORGAN	ROY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MURPHY	JONATHAN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NEVILLS	DANIEL		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

EMS Agency Personnel Roster

Agency Name _____

Agency Code _____

Date Submitted _____

Page 2 of 2

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
OLLEY	DAMIAN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OLLEY	SHAUN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
O'NEARA	BRYANT		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
O'NEARA	JASON		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
O'NEARA	RUBEN		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
POTTER	EVE	509774	05 / 31 / 27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
POTTER	RONALD		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RUNYON	MARIA		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ST. LOUIS	ALEX		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARD	RONALD		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WILLIAMSON	GARY		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW YORK STATE

Department of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification

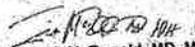


Provider: Hall, Saralee T

Level: EMT

State #: 510901

EXP: 01/31/2027


James V. McDonald, MD, MPH
Commissioner of Health


Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT HALL

Congratulations!

You have achieved certification as a New York State Emergency Medical Technician or Certified First Responder. Attached is your proof of certification and your course completion certificate. Please carefully cut out your wallet card and wall certificate. We suggest that you sign the back and laminate your proof of certification. The results of your examination are on the back of the course completion certificate.

Please note the date of expiration indicated on the wallet card.

*New York State Department of Health
Bureau of Emergency Medical Services*

TROY D. BABCOCK
*has completed a certification course
for the level of*
EMT - BASIC

Course Number: 169021 Issue Date: 2/21/2019 ID Number: 459622

Ryan Greenberg

Ryan P. Greenberg, Director
Bureau of Emergency Medical Services

DOH - 3815 (5/2014)



New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 459622 Expiration 3/31/2022

TROY D. BABCOCK
is hereby certified as an
EMT - BASIC

Howard A. Zucker, M.D., J.D. Ryan P. Greenberg
Commissioner of Health Director



Department
of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: **Rossignol, Sean**

Level: **EMT**

State #: **417556**

EXP: **03/31/2027**

James V. McDonald, MD, MPH
James V. McDonald, MD, MPH
Commissioner of Health

Ryan P. Greenberg, NRP
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT ROSSIGNOL

DETAILED NARRATIVE

Natural Bridge Volunteer Ambulance, Inc. desires to provide Basic Life Support transporting ambulance services for the Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County) (the “Expansion Territory”). The Public Health Law requires that Natural Bridge Volunteer Ambulance, Inc. apply to expand its operating authority as we are responding frequently to this location. This letter is intended to establish need for our services.

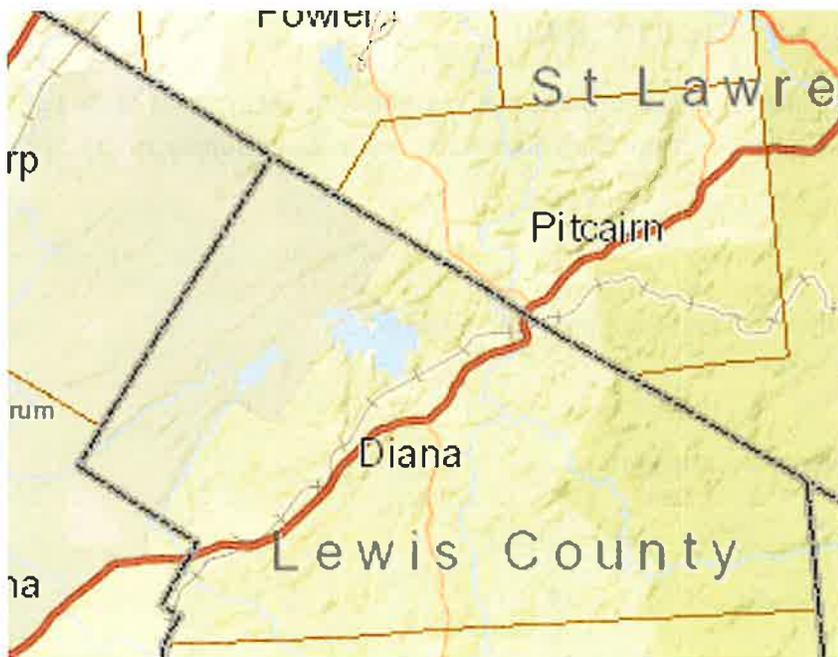
Unfortunately, the local ambulance in that territory ceased providing services in mid-2024 and we are caused to respond to that territory frequently. Therefore, the law requires that we hold an Ambulance Service Certificate which includes this territory.

Presently, the Ambulance Service Certificate for the Natural Bridge Ambulance (“Natural Bridge”) includes the following territory:

The Village of Carthage and the Natural Bridge Fire District.

Natural Bridge operates one (1) ambulance. It has thirty-five (35) volunteers. Among them eight (8) EMT-Basics. Natural Bridge respond annually to 180-200 BLS calls each year in the Expansion Territory. It has an average respond time of 15 minutes and an average response rate of ninety-four (94%) percent to that territory

We look to add the following territory: Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County). Please note that these are two separate requests, such that they could be granted or denied separately, if justified.



The goal of this application is for Natural Bridge Volunteer Ambulance, Inc. to be authorized to continue to provide a reliable emergency transporting ambulance service to the Expansion Territory. Our application will support but will not negatively affect any other ambulance service in the area as no other services which hold a Certificate for this territory respond frequently to the area or could respond as fast as Natural Bridge. As will be demonstrated below, Natural Bridge Volunteer Ambulance has been actively responding to and transporting the Expansion Territory’s patients and can demonstrate need for such services.

We also note that there is no ambulance holding operating authority in either territory which is close or closer than Natural Bridge Ambulance. This is discussed below.

Public Need

Natural Bridge Volunteer Ambulance is required to provide the definition of need and to demonstrate that need exists for Natural Bridge Volunteer Ambulance’s ambulance services in the Expansion Territory. The State EMS Council and the Department of Health defined public need as follows:

“The Demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service availability to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.” Variables in considering “public need” include: geography, population (size, density, projections), level of care (existing, available), quality, reliability and response patters of existing services, type of service (emergency, non-emergency), special needs, service effectiveness, cost and operation, and other local factors.

This letter is intended to address these issues.

LACK OF AVAILABLE AMBULANCES CREATES NEED

The primary role of any emergency ambulance service is to serve the emergency medical needs of the public. Unfortunately, St. Lawrence and Lewis County’s, if not the entire state, are in short supply of emergency ambulance services.

Need exists

The following reflects the number of transports from the Expansion Territory.

2025 (January – July 30)

YEAR	Total Basic Life Support Transports		
	<u>TOTAL</u>	<u>Diana</u>	<u>Pitcairn</u>
2025 to date	162	88	74
2024	208	110	98

Present and Proposed Territory

Natural Bridge Volunteer Ambulance's proposed territory is described as follows: "The entirety of the Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County)". The Present Territory is the Village of Carthage and the Natural Bridge Fire District. These can be awarded separately if need is not for some reason established in one of the two towns, though we assert that need definitely exists.

I. Impact upon existing ambulance and or emergency medical services in the proposed area

Letters of support

Natural Bridge has received numerous letters of support, attached to our application. Most important is that the Town of Diana through its Town Supervisor has written to support the application, deeming it as an "urgent importance to our residence".

The Town of Pitcairn also has submitted a letter of support through its Supervisor, stating that the certificate is "vital to our town's needs and the services we provided for our members". The Supervisor's letter noted that they attempted to meet with other interested providers, but that one stated it had no interest, one failed to show at the meeting, and that Natural Bridge was the only attendee.

Positive impact on the community

Natural Bridge Volunteer Ambulance's ambulance service will have a positive impact throughout both counties by providing a reliable ambulance service for the Expansion Territory in a reasonable amount of time considering the vast area covered.

Present providers

There are no other transporting (emergency) ambulance providers that hold an Ambulance Service Certificate for the Expansion Territory and who are actively serving the Expansion Territory:

However, some ambulance services have county-wide certificates which would include the Towns, being:

Lewis County Search and Rescue (Lewis County)

Gouverneur Rescue (St. Lawrence County)

Response time of present providers

Response time is a significant factor in determining need for services.

Natural Bridge Ambulance is approximately **10 miles** to the Town of Diana, New York. The travel is primarily by one road, being Route 3. Travel time at the speed limit is only 10 minutes or less.

Conversely, Lewis County Search and Rescue is located **24.7 miles** from the Town of Diana, taking approximately 29 minutes at posted speed limits. Lewis County Search and Rescue has opposed our application. While Lewis County Search and Rescue may or may not claim that it could locate its services elsewhere, it has not done so in the year or more that the Harrisville Rescue Squad stopped providing services. Any attempt now would be disingenuous.

Natural Bridge Ambulance is approximately **14 miles** to the Town of Pitcairn, New York. The travel is primarily by one road, being Route 3. Travel time at the speed limit is 15 minutes or less.

Conversely, Gouverneur Rescue Squad is located **19.7 miles** from the Town of Diana, taking approximately 23 minutes at posted speed limits. Gouverneur has not opposed our application to date.

No negative impact on other providers

There will be no negative impact on any other providers which hold operating authority in all or some of the Expansion Territory. Natural Bridge Volunteer Ambulance is not looking to displace any of the private services, fire departments or volunteer ambulance services which serve this territory. To our knowledge, this territory is currently lacking in a designated ambulance service provider who is located in close proximity to the two Towns. It is hard to imagine that any other ambulance service will lose income, members, or employees from Natural Bridge Volunteer Ambulance's provision of 911 ambulance services. No other ambulance service will be negatively impacted.

Response Time

Natural Bridge Volunteer Ambulance has an average respond time of fifteen (15) minutes to calls in the Expansion Territory.

Staffing/Contracting

Natural Bridge Volunteer Ambulance will staff a total of one (1) ambulance available to respond to the Expansion Territory with at least one basic EMT and a driver on each.

Call volume for past 12 months and anticipated for next 12 months

We will operate 24/7. We project that we will transport on average, 180-200 patients per year in the Expansion Territory. This is based upon our present statistics for 2024 and 2025.

Mutual Aid

We will participate in the mutual aid system for both Lewis and St. Lawrence Counties and will support Lewis County as well.

Quality Assurance

We maintain our own Quality Assurance Program. All calls that meet mandatory reporting to the Regional EMS Council will be sent in a timely fashion. All calls requiring review by the Medical Director are also done at the earliest possible time.

Protocols

Natural Bridge Volunteer Ambulance adopts and adheres to all state and regional basic life support protocols. Natural Bridge Volunteer Ambulance maintains all required policies by the Department of Health, Bureau of Emergency Medical Services. Natural Bridge Volunteer Ambulance frequently reviews its best practices in an effort to continuously improve its already high quality of services.

Ability and quality of existing services

This application does not seek to displace any other service. Natural Bridge Volunteer Ambulance will fill a significant gap in ambulance services for the Expansion Territory, just as it has been doing since about May 2024.

No Financial Impact or any adverse impact on existing services

Natural Bridge Volunteer Ambulance will not stop any other service from operating in their primary operating territories for 911 calls and will not attempt to interfere with existing transport contracts being reliably served by any other ambulance service.

II. EMS System in the Area

These entities are listed above (Lewis County Search and Rescue/ Gouverneur Rescue)

The following hospital is affected:

- Samaritan Medical Center, Watertown, NY
- Carthage Area Hospital, Carthage, NY

Natural Bridge Volunteer Ambulance participates in the Natural Bridge Volunteer Ambulance Mutual Aid Plan.

Natural Bridge Volunteer Ambulance will participate in 911 response services and will provide mutual aid support services as requested.

Communication System Interface

Natural Bridge Volunteer Ambulance will utilize 911 services and will communicate with 911 on frequency 151.415 and has cell phone, pager and 911 radio capability. We will have the ability to speak with the hospital via phone and radio.

The positive and negative impact on the community

There will only be a positive impact on emergency medical services, the hospital and the community through the effective and efficient transport of patients within the Expansion Territory. There will be no negative impact on patient care, and no other ambulance service will be negatively impacted in the area as no service relies upon these calls for their income. Without Natural Bridge Volunteer Ambulance providing services, response time for patient care and transports will suffer.

Economic improvements from Natural Bridge Volunteer Ambulance's operation in the proposed territory

The primary benefit will be the availability of an ambulance service in the Expansion Territory.

Appendix 1 – Guidelines for Establishing Ambulance Services

Population of jurisdiction requesting the ambulance service, including tourism and traffic flow.

- Town of Diana: 1709 (2010 Census)
- Town of Pitcairn: 864 (2020 Census)

Does each area have a large enough population base to support a new ambulance service?

Yes, the Expansion Territory has a significant patient population to justify the addition of an ambulance service.

How many calls for service and how many emergency calls are made in the proposed area?

Approximately 1 per day

Average response time for calls and emergency calls to Expansion Territory

Ten (10) minutes to Diana

Fifteen (15) minutes to Pitcairn

Quality of existing services and how to present conditions affect public convenience

In the absence of the Natural Bridge Volunteer Ambulance, existing services who actually hold an Ambulance Service Certificate would not be adequate for the purpose of serving the Expansion Territory with a prompt response time. The mere fact that we are presently transporting approximately 200 patients per year must establish need. Moreover, Natural Bridge is by far, the closest ambulance service to each of the two towns and both Town Supervisors have supported our request.

Mutual aid ambulance agreements exist

A mutual aid service is not a replacement for holding an Ambulance Service Certificate. Mutual aid can assist when one agency has a Certificate and then the other areas support infrequent need for services. Mutual aid will not be displaced and is already in place for such territory. Mutual aid services are way too far away for the safety of patients in critical condition.

Would the employees of the proposed service have a sufficient level of clinical experience for maintaining emergency care?

Yes, all employees presently have adequate experience to perform these transport services.

Would opportunities exist for personnel to maintain their level of skill. If an additional ambulance service were added, would the dilution of service calls between the ambulance services cause decay in skills due to inactivity?

Providers of other services would not see a decrease in their skills as there are more than enough calls in other agency's territories. However, these calls are primarily basic life support calls which require less skill than the average 911 emergency, though certainly some skill.

Are the existing communications capabilities adequate for maintaining medical control and directing paramedics?

Yes. We have radio and phone communications as well as radio communication with 911 and other providers and hospitals.

How will the ambulance service be financed? Are the financial resources available to the proposed service sufficient for maintaining a full time service?

Funding is sufficient to support this increase in calls, as Natural Bridge Volunteer Ambulance is supported through our other calls to our primary territories. Of course, we have been responding to the territory without any funding issues for more than the past twelve (12) months. However, this additional call volume does assist in increasing our funding as we bill patients and their insurances for our services.

How will the ambulance service be organized and administered? Is management capable of performing its duties?

Natural Bridge Volunteer Ambulance is a not-for-profit corporation, which is managed by a Board of Directors and an internal administrative staff, with oversight from its Medical Director. The corporation has more than adequate experience operating a business as it has provided ambulance services for decades.

What will be the total cost of the new ambulance service? Are the benefits that the proposed area receive worth the expense?

There are no additional costs separate from our primary services to our present primary territories. There are no additional costs to the residents.

Does public opinion in the proposed area favor the establishment of Natural Bridge Volunteer Ambulance?

Numerous letters of support have been received, including from the two Town Supervisors!

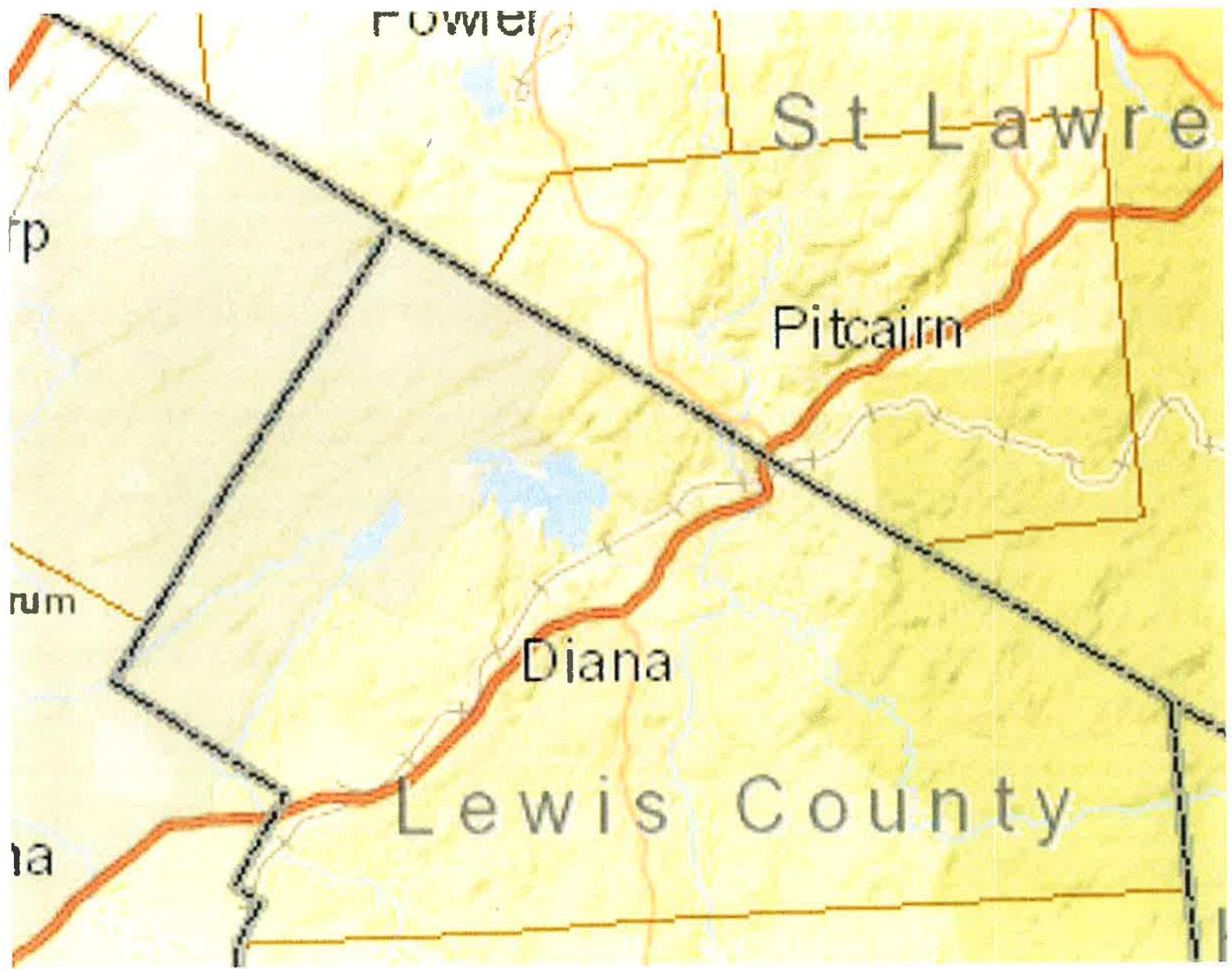
Does local government planning agencies favor establishment of a new ambulance service.

The local governments have expressed strong support, in writing, for Natural Bridge Volunteer Ambulance's provision of ambulance services as their residents need these services. We hope that this letter will serve to encourage positive responses from the local government leaders in the form of support letters. All opposition and support will be shared with the regional council.

Are there any viable alternatives other than licensing a new ambulance service.

The available options of the service(s) holding operating authority for these areas are not be feasible, as the response times are significantly longer than those of Natural Bridge as discussed in this application.

Therefore, we believe this application supports need.



List of copies or orders or deficiency notices issued within past 10 years

None of the officers or directors have had orders of deficiency notices issued within the past 10 years from the health department or any other government agency. There have been no malpractice actions in the past 10 years that relate to patient care or at all.

Natural Bridge Volunteer Ambulance Inc. does not have any pending criminal or civil charges against them and have not been convicted of or plead guilty to any crime or civil offense before any state or federal agency. There are no pending civil judgments or liens against Natural Bridge Volunteer Ambulance Inc. Natural Bridge Volunteer Ambulance Inc. is eligible for participation in the Medicaid and Medicare programs and other federal and state health care programs and that there are no pending civil or criminal charges against Natural Bridge Volunteer Ambulance Inc. before any governmental insurance program.

There are no revocation or suspension proceedings against Natural Bridge Volunteer Ambulance Inc. before the Department of Health, Bureau of EMS.

Natural Bridge Volunteer Ambulance Inc. maintains a current, principal location of business within this state. The Chair of the Board of Directors is entitled to conduct this business on behalf of the Corporation. The Corporation will implement N.Y.S. D.O.H. statutes, rules & regulations and policies relating to the conduct of its EMS business in the state.

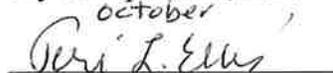
Signed under penalty of perjury.

Natural Bridge Volunteer Ambulance Inc.

By:


Molly Manuel, Chief Operating Officer

Sworn to before me this 6th
day of ~~September~~, 2025.


Notary Public

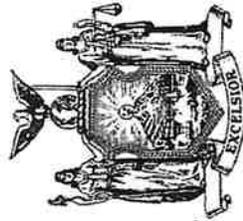
TERI L. ELLIS
Notary Public, State Of New York
No. 01EL6057555
Qualified In Jefferson County
Commission Expires April 16, 20 27

Agency Code Number: 0722

Issued: 7/1/2024

Expires: 6/30/2026

NEW YORK STATE DEPARTMENT OF HEALTH Ambulance Service Certificate



Natural Bridge Volunteer Ambulance, Inc.



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*

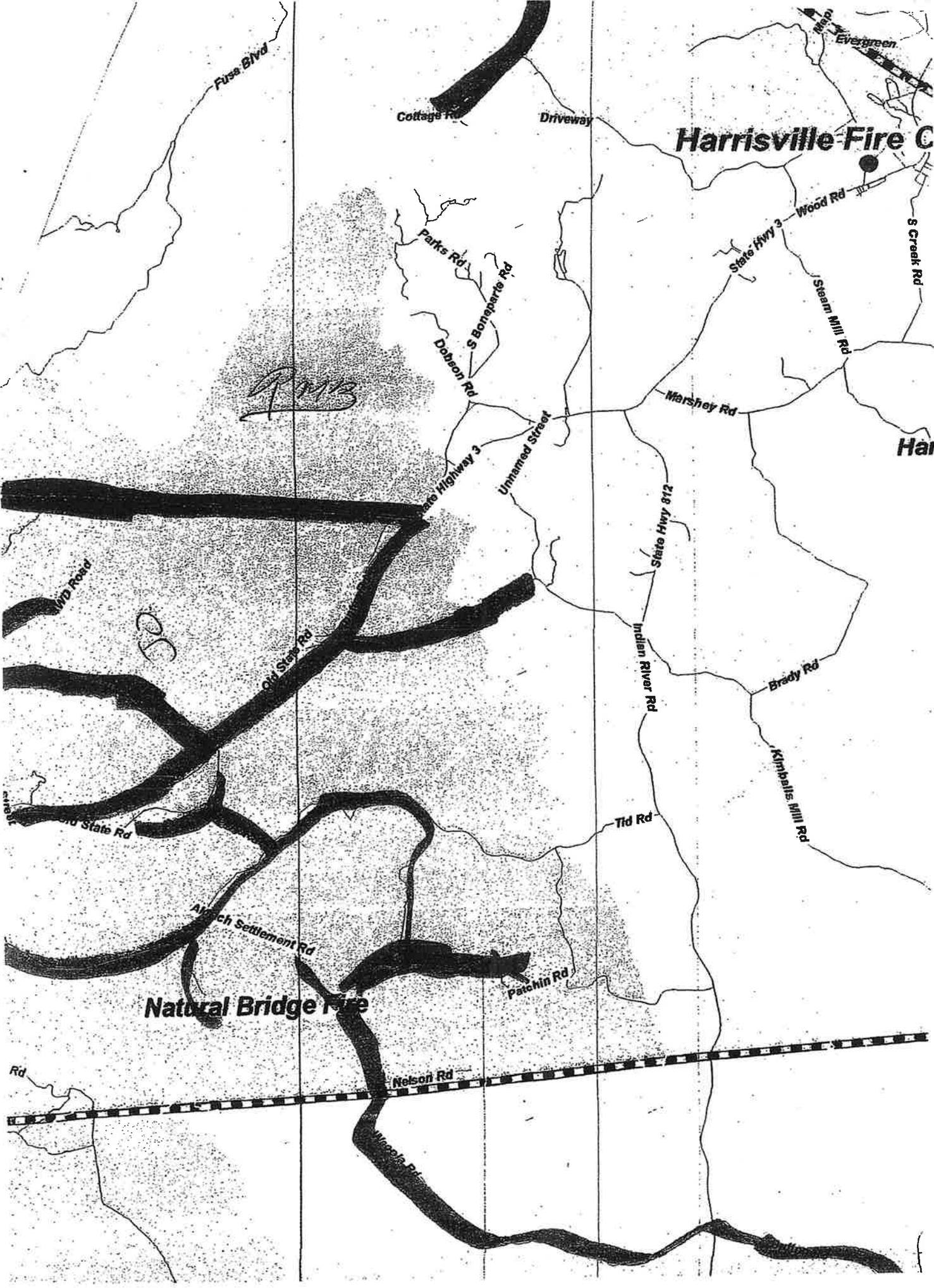
PRIMARY TERRITORY:
The Village of Carthage and the Natural Bridge Fire District

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE
Keep conspicuously posted



Fusa Blvd

Harrisville Fire C

Natural Bridge Fire

Cottage Rd

Driveway

Parks Rd

S Boneparte Rd

Dobern Rd

State Highway 3

Unnamed Street

State Hwy 3

Wood Rd

Steam Mill Rd

S Creek Rd

Marshey Rd

State Hwy 812

Indian River Rd

Brady Rd

Kynipattis Mill Rd

Tld Rd

Patchin Rd

Nelson Rd

Alrich Settlement Rd

Albion Road

Old State Rd

Old State Rd

Rd

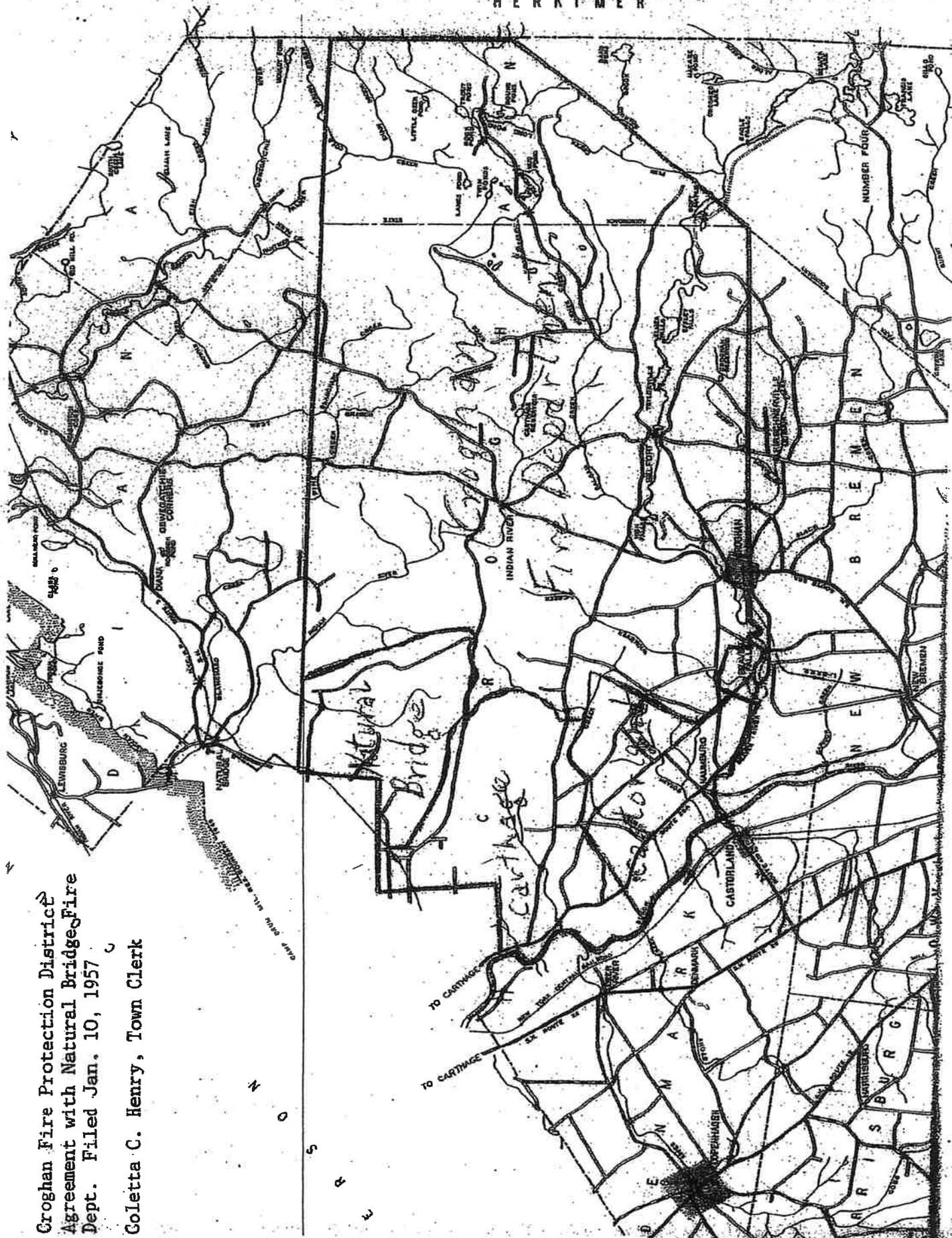
RMB

SD

Hal

Evergreen

HERKIMER



Croghan Fire Protection District
 Agreement with Natural Bridge Fire
 Dept. Filed Jan. 10, 1957

Coletta C. Henry, Town Clerk

#1 map
Farm drive
Fire

1997

Highway Map of

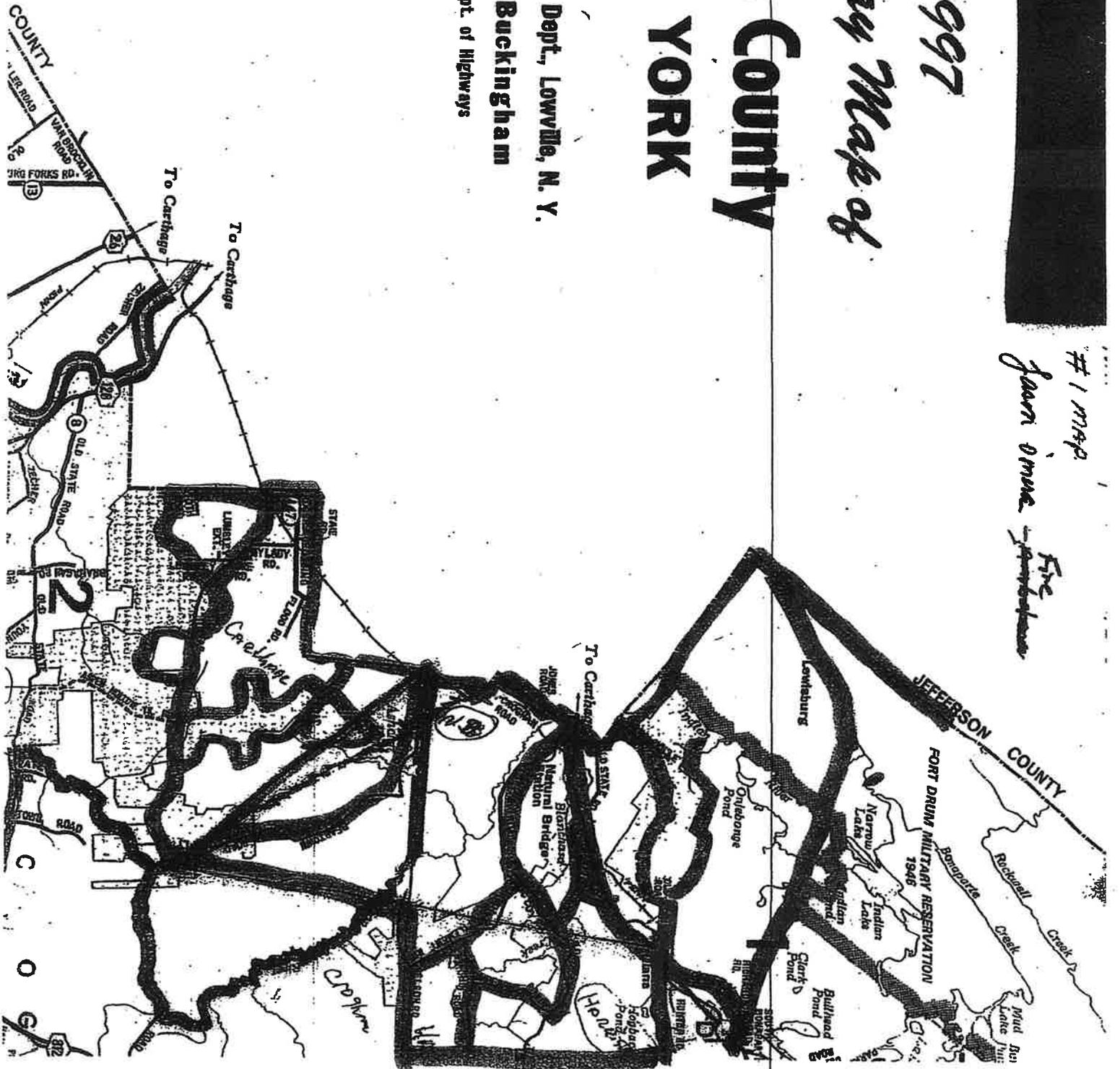
Lewis County NEW YORK

County Highway Dept., Lowville, N. Y.

Gary F. Buckingham

County Supt. of Highways

Printed in 1996



1997

Highway Map of

Lewis County NEW YORK

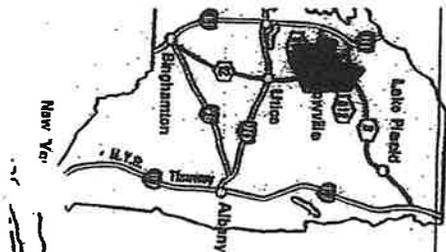
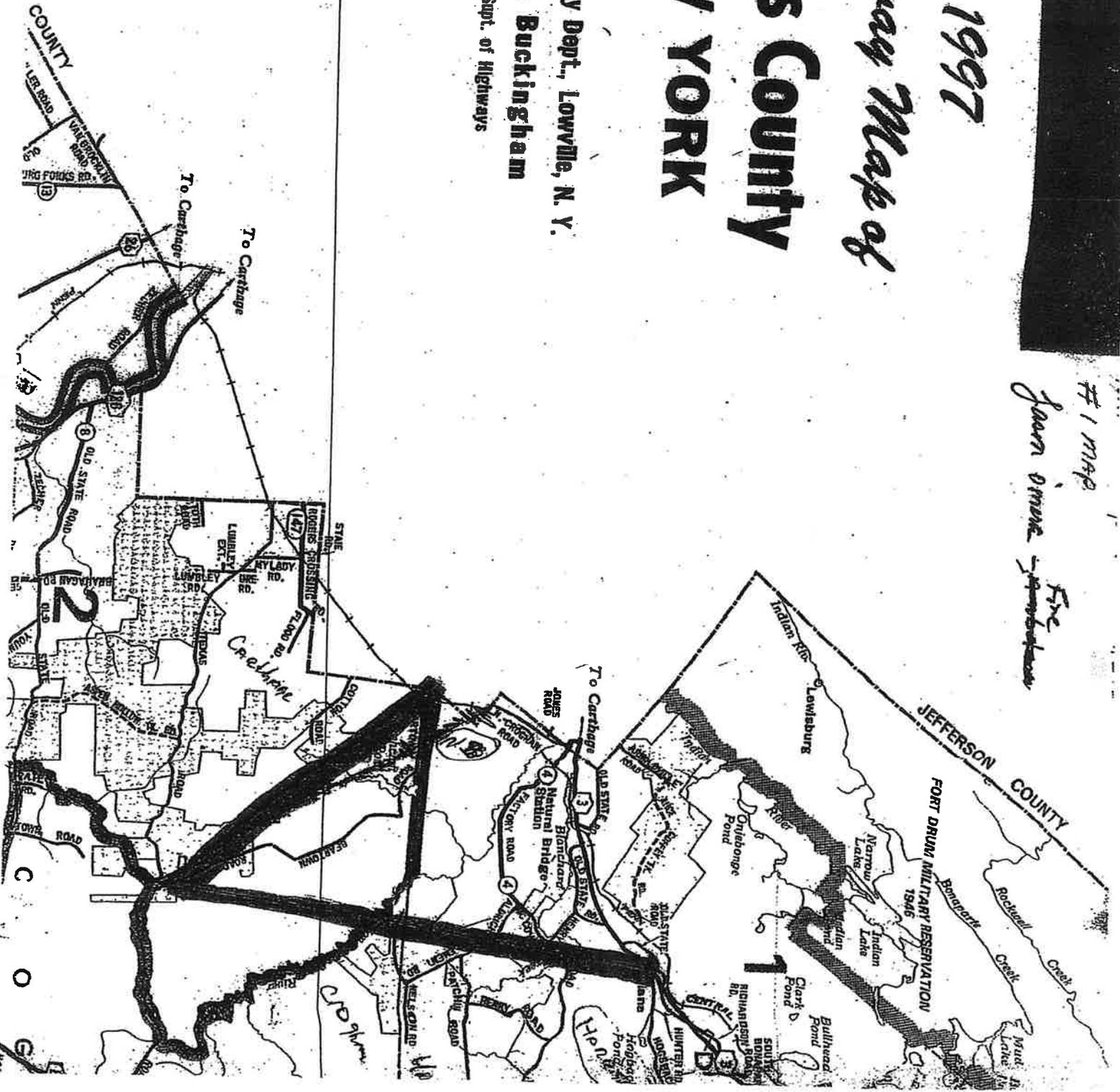
County Highway Dept., Lowville, N. Y.

Gary F. Buckingham

County Supt. of Highways

Printed in 1996

#1 map
Four drive ~~map~~
Five



Natural Bridge Volunteer Ambulance, Inc.

27570 High Street P. O. Box 263

Natural Bridge NY 13665

315-644-9898

2025-2026 Officers:

President- Bryant J. O'Meara

Vice President- Steve Clarke

Secretary- Valarie Newton

Treasurer- Zachary Goldthrite

Chief Operating Officer- Jason P. O'Meara

EMS Manager- Molly J. Manuel

Board Of Directors 2025-2026

President- Bryant J. O'Meara

Vice President- Steve Clarke

Secretary- Valarie Newton

Treasurer- Zachary Goldthrite

3-year term-

Jason P. O'Meara

Mark Flint

Ronald R Ward

Bryant O'Meara

1 year term -

Steve Clarke

Valarie Newton

Corey Burns

Zachary Goldthrite

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Natural Bridge Volunteer Ambulance Inc 0722
Name of EMS Agency NYS EMS Agency Code

Jason P. O'Meara Director of Operations
Full Name of Corporate Entity requiring F&C review as a new owner/operator Title

[REDACTED]
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[REDACTED] [REDACTED]
Social Security Number (this is not releasable under the provisions of FOIL) Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

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If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jason P. O'Meara

Full Name

Signature

Jason P. O'Meara

Date

7-31-25

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Jason P. O'Meara

Full Name

Signature

Jason P. O'Meara

Date

7-31-25

Notary Public Affirmation and Acknowledgement

Teri Ellis

Notary Public Name

Signature

Teri Ellis

Date

7-31-25

TERI L. ELLIS
Notary Public, State Of New York
No. 01EL6057555
Qualified In Jefferson County
Commission Expires April 16, 20 27

Please affix Notary Public Stamp or equivalent.

Jason P. O'Meara

Experience

Director of Operations **2007-present**
Natural Bridge Volunteer Ambulance Company

- Responsible for providing oversight and guidance to the organization since it was established in 2007
- Created the overall direction and goals for the ambulance service, including establishing and implementing policies and procedures
- Maintain fiscal stability, establishing a yearly budget, hiring staff and spearheading fundraising efforts
- Build and maintain relationships with the community and other agencies

Volunteer **1990-present**
Natural Bridge Volunteer Ambulance Company
Chief of the Department since 1994

- Responsible for leading and managing all aspects of the fire department, including personnel, operations, and administration
- Recruit, train, and retain volunteer firefighters, as well as manage performance, safety and well-being
- Assume the role of incident commander at emergency scenes, direct operations, and ensure firefighter safety
- Enforce all local, state, and federal fire regulations
- Implement fire prevention programs
- Develop plans for responding to various types of emergencies
- Foster positive relationships with other fire departments and emergency services

Member **Jan 2021-present**
Jefferson County Fire Advisory Board

- Serve in an advisory capacity to the Jefferson County Office of Fire & Emergency Management
- Study issues pertinent to fire protection and prevention
- Offer recommendations for improvement the protect lives and preserve property
- Ensure compliance through education of standards put forth by the United State Fire Administration (USFA) and the NYS Office of Fire Protection and Control (OFPC)

Other Training and Skills

- **FASNY Member** 35 years
- **CPR Certified**
- **First Aid Certified**
- **Firefighter Contamination Reduction and Cancer Prevention Training** Mar 2024
- **Garrett W. Loomis Fire Safety Seminar** April 2025

Affirmation of Fitness and Competency

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Natural Bridge Volunteer Ambulance Inc
Name of EMS Agency

0722
NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Bryant J. O'Meara
Full Name of Individual

President
Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

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- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Bryant O'Meara

Full Name

Signature

Date

07/31/25

Certification of Fitness

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Bryant O'Meara

Full Name

Signature

Date

07/31/25

Notary Public Affirmation and Acknowledgement

Teri Ellis

Notary Public Name

Signature

Date

Teri Ellis

7-31-25

TERI L. ELLIS
Notary Public, State Of New York
No. 01EL6057565
Qualified In Jefferson County
Commission Expires April 16, 2027
Please affix Notary Public Stamp or equivalent.

Bryant Jason O'Meara

Currently serving as the President of the Natural Bridge Volunteer Fire Department since January 2025
-Member of the Board of Operations for the Natural Bridge Volunteer Ambulance Company

Work Experience

Volunteer Ambulance Driver, Firefighter, and Community Service Provider, Natural Bridge Fire Department

- April 2020 - present
- Current President
- Vice President 2024
- Basic Exterior Firefighter Operations (BFEO), Certified December 2020
- Hazmat Operation Level Certified
- CPR/AED First Aid Trained
- NIMS 700 and ICS 100 Certified
- 2021 Recipient of the Gerard J. Buckenmeyer Memorial FASNY Volunteer Scholarship

Water Quality Technician, Development Authority of the North Country

- May 2025 - present
- Operation and Maintenance assistance, On-Call Services, DOH and DEC Sampling and Reports
- Preventative Maintenance, Meter Reading, Hydrant Flushing, Valve Exercising, Manhole Inspections

Fleet Maintenance Mechanic 2, Jefferson County Highway Department

- June 2022 – May 2025
- Electrical Diagnostics, Hydraulics, Suspension and Chassis,
- NYS Inspector (Group 1-3), Brakes and Steering Assemblies

Academic Background

Diesel Equipment Technology Associates Degree Advanced Applied Science

- Morrisville State University, Morrisville, NY Graduation May 2023

Advanced Regents Diploma

- Carthage Central School, Carthage, NY Graduation June 2021
- 4 Year Honor Roll Student, National Honor Society

Automotive Technology Certificate

- Bohlen Technical Center, Watertown, NY June 2021
- Skills USA Statesman Fall Leadership Conference
- National Technical Honor Society (NTHS)

Special Attributes

- Responsible, Confident and Competent
- Highly Motivated and Excellent Communication Skills
- Collaborates with Others to Achieve a Task

Affirmation of Fitness and Competency

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Natural Bridge Volunteer Ambulance Inc
Name of EMS Agency

0722
NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Mark W Flint
Full Name of Individual

Director
Title

Address of the Individual or Corporate Entity requiring E&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

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- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
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- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Mark W Flint
Full Name
Mark W Flint
Signature
31 July 2025
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Mark W Flint
Full Name
Mark W Flint
Signature
31 July 2025
Date

Notary Public Affirmation and Acknowledgement

Teri Ellis Teri Ellis
Notary Public Name
Teri Ellis
Signature
7-31-25
Date

TERI L. ELLIS
Notary Public, State Of New York
No. 01EL6057555
Qualified In Jefferson County
Commission Expires April 16, 2027

Please affix Notary Public Stamp or equivalent.

MADIX WELINT



EXPERIENCE

US Army Soldier Since 1988 (Heavy Equipment Operator) Rank of First Seargent

Federal Employee 1996- present Currently Heavy Mobil Equipment Maintenance Supervisor

Member of the Natural Bridge Volunteer Ambulance since 1996

Assistant Chief of the Department 2002 - Present

Voted onto the Board of directors 2000

Department Vice President 2003 – 2022

Assisted with clean up and recovery during several National Disasters (Flooding, Hurricanes, and Tornados)

TRAINING

Primary Leadership Development Course

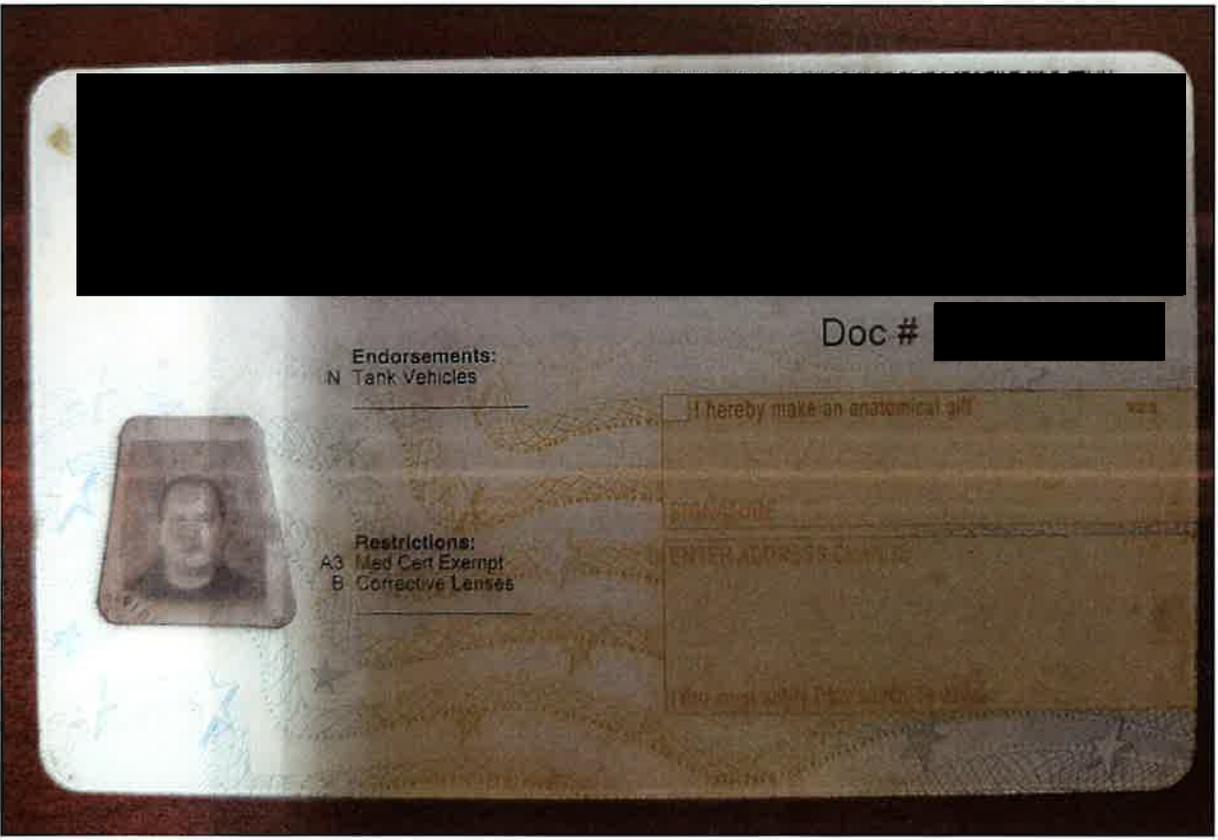
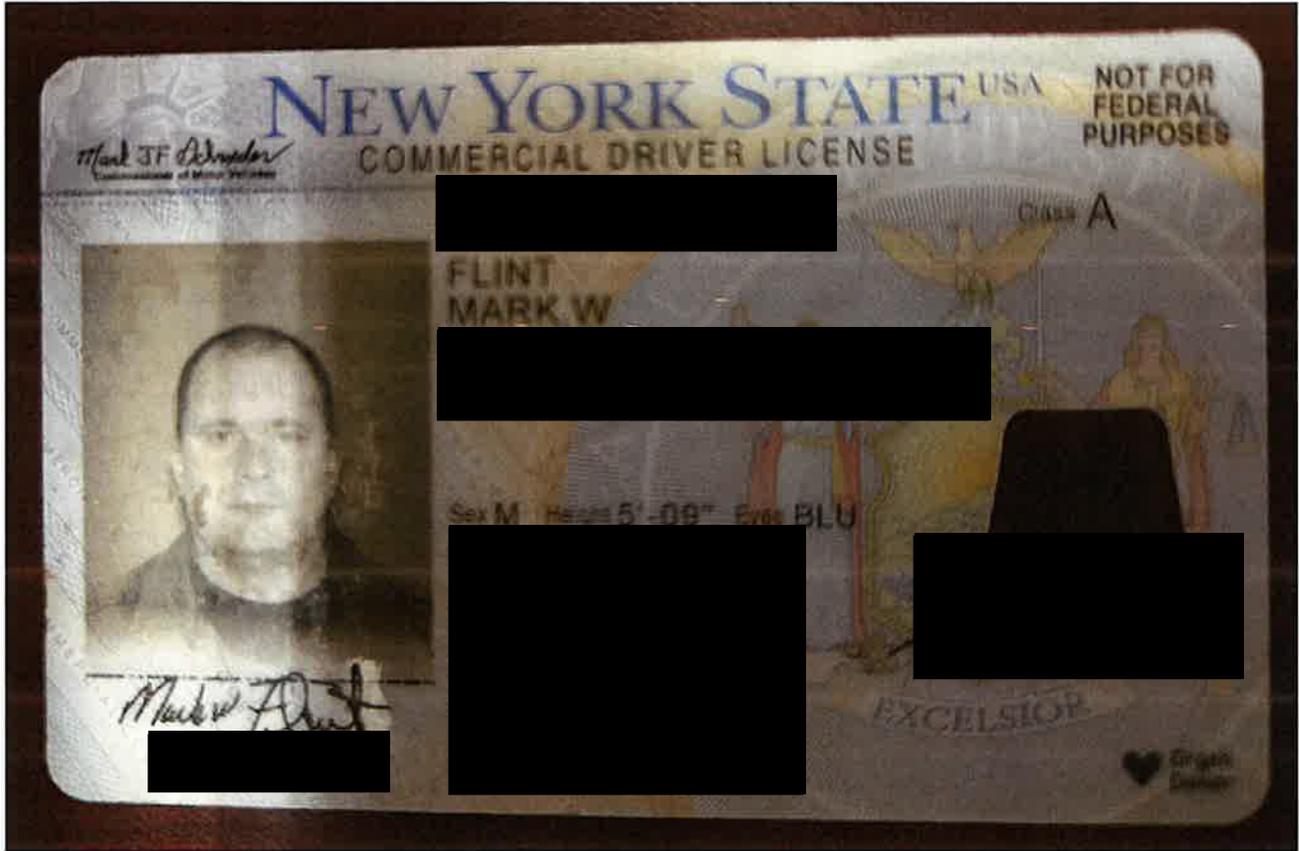
Advanced Leadership Course

Senior Leadership Course

Master Leadership Course

CPR Certified

First Aid Certified



Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Natural Bridge Volunteer Ambulance Inc 0722
Name of EMS Agency NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Stephen Clarke Board Member
Full Name of Individual Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
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- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Stephen Clarke
Full Name

Stephen A. Clarke 8/4/25
Signature Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Stephen Clarke
Full Name

Stephen A. Clarke 8/4/25
Signature Date

Notary Public Affirmation and Acknowledgement

TIMOTHY A. FARLEY
Notary Public, State of New York
No. 02EA4924149
Qualified in Jefferson County
Commission Expires Feb. 22, 2026

Notary Public Name

Timothy Farley 8/4/2025
Signature Date

Please affix Notary Public Stamp or equivalent.

Stephen Clarke

VICE PRESIDENT, BOARD MEMBER NATURAL BRIDGE VOLUNTEER ANBULANCE INC

EDUCATION

Associates degree SUNY Canton
Fire Essentials
Auto Extrication
CPR/First Aide
National Grid Safety Training
Emergency Vehicle Operations Course

SKILLS

Driver
Business Operations
Problem Solving

REFERENCES

Available upon request

EXPERIENCE

September 1997 - Present
Member Natural Bridge Vol Ambulance Inc

February 1998 - February 2000
Secretary Natural Bridge Vol Ambulance Inc

February 2000 - February 2004
Treasurer Natural Bridge Vol Ambulance Inc

February 2004 - February 2025
President Natural Bridge Vol Ambulance Inc

February 2025 - Present
Vice President Natural Bridge Vol Ambulance Inc

LEADERSHIP

I have worked in conjunction with the Chief and fellow members to maintain and improve our ability to serve our local communities during emergencies and natural disasters for the last 28 years.

Affirmation of Fitness and Competency

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Natural Bridge Volunteer Ambulance Inc.
Name of EMS Agency

0722
NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Corey R. Burns
Full Name of Individual

Director
Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Corey R. Burns
Full Name

Signature
7-31-25
Date

Certification of Fitness

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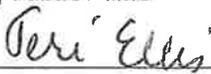
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Corey R. Burns
Full Name

Signature
7-31-25
Date

Notary Public Affirmation and Acknowledgement

Teri Ellis
Notary Public Name

Signature
7-31-25
Date

TERI L. ELLIS
Notary Public, State Of New York
No. 01EL6057555
Qualified In Jefferson County
Commission Expires April 16, 2027

Please affix Notary Public Stamp or equivalent.

Corey R Burns



Experience/Volunteer:

Member of the Natural Bridge Ambulance Company

2015- present

- Assist on EMS calls
- Participating in fundraisers
- Attend multiple trainings offered by the department
- Abide by all local, state and federal fire regulations
- Participate in fire prevention programs

Member of the Board of Directors for Natural Bridge Fire Department

2023- present

- Participate in monthly meetings
- Assist in decision making
- Input ideas of improvement for department
- Help develop plans for responding to different types of emergencies

Training and Skills:

- FASNY - since 2015
- CPR Certified
- First Aid Certified
- Firefighter 1
 - Hazmat 10

Affirmation of Fitness and Competency

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NATURAL BRIDGE VOLUNTEER AMBULANCE INC.

0722

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Molly Jo Manuel

Full Name of Individual

EMS Manager

Title

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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Molly Jo Manuel
Full Name
Molly Jo Manuel
Signature
09-02-2025
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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Molly Jo Manuel
Full Name
Molly Jo Manuel
Signature
09-02-2025
Date

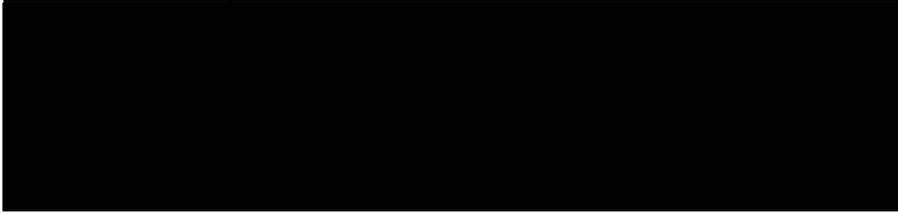
Notary Public Affirmation and Acknowledgement

Teri L. Ellis
Notary Public Name
Teri L. Ellis
Signature
9-2-25
Date

Please affix Notary Public Stamp or equivalent.

TERI L. ELLIS
Notary Public, State Of New York
No. 01EL6057555
Qualified In Jefferson County
Commission Expires April 16, 20 27

Molly J. Manuel



2016-present- EMS Manager Natural Bridge Volunteer Ambulance Inc.

I am responsible for the day-to-day operations of both ambulances and crews. I am the agency's training officer. I am a basic EMT

2010-2014- Business owner at Tree Master in Colonial Beach Virginia

I was responsible for all aspects for managing the business.

2007-2010- Customer Service Representative Fuccillo Automotive

I was responsible for listening to customers concerns regarding their personal vehicles. Making sure that their concerns are met and correct repairs are performed.

1995-2007- CNA Samaritan Medical Center

I was responsible for making sure daily needs of the sick and injured were met and adequate care provided.



Department of Health

Bureau of EMS and Trauma Systems
EMS Provider Certification



Provider: Manuel, Molly

Level: EMT

State # [REDACTED]

EXP: [REDACTED]

Mary T. Bassett
Mary T. Bassett, MD, MPH
Commissioner of Health

Ryan P. Greenberg
Ryan P. Greenberg, NRP
Director, Bureau of EMS

EMT MANUEL

Mark St. Denis
Governor of New York

NEW YORK STATE USA
DRIVER LICENSE

NOT FOR FEDERAL PURPOSES



MANUEL
MOLLY JO

Class D

Organ Donor

Sex F Height 5'-03" Eyes BRO

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

NATURAL BRIDGE VOLUNTEER AMBULANCE INC.

0722

Name of EMS Agency

NYS EMS Agency Code

Zachary Goldthrite

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Zachary Goldthrite

Full Name of Individual

Treasurer

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Zachary Goldthrite

Full Name

Zachary Goldthrite

Signature

10/3/25

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Zachary Goldthrite

Full Name

Zachary Goldthrite

Signature

10/3/25

Date

Notary Public Affirmation and Acknowledgement

Kaylee G. Spencer

Notary Public Name

Kaylee G. Spencer

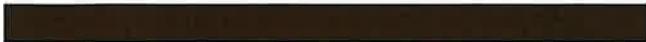
Signature

10/03/2025

Date

Please affix Notary Public Stamp or equivalent.

KAYLEE G SPENCER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SP0016127
Qualified in Jefferson County
My Commission Expires 11-11-2027



ZACHARY GOLDTHRITE



Experience

Volunteer

2012-present

Natural Bridge Volunteer Ambulance Company

- positive relationships with other fire departments and emergency services

Member

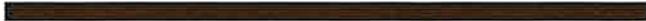
Lieutenant of the Fire department

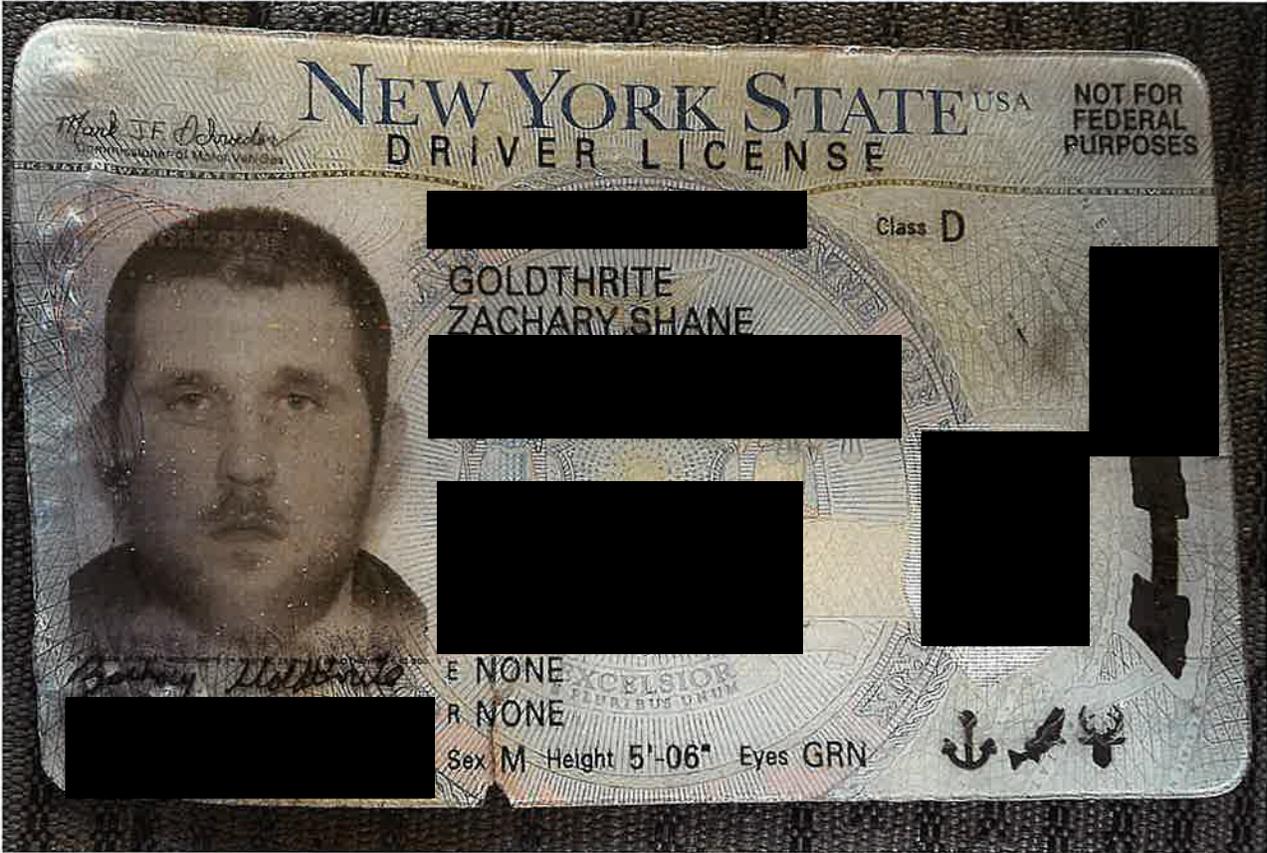
2019-present

Treasure

2022-present

Training and Skills

- FASNY Member
 - CPR Certified
 - First Aid Certified
 - Pump operator
 - Basic Wildland Fire Suppression
 - Firefighter one
 - Hm First Resp Ops Annual Refresher
 - Annual Roster of Interior Firefighter
- 



Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

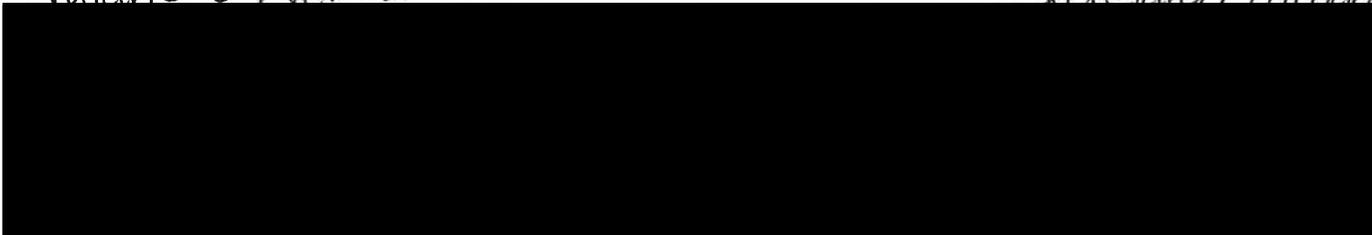
Natural Bridge Volunteer Ambulance Inc.
Name of EMS Agency

0722
NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Valane L. Newton

Secretary/Firefighter



As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

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- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Valarie Lynn Newton

Full Name

Valarie L. Newton

Signature

10/28/25

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Valarie Lynn Newton

Full Name

Valarie L. Newton

Signature

10/28/25

Date

Notary Public Affirmation and Acknowledgement

LEA EDEN BONDAL MESA

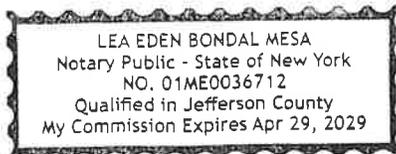
Notary Public Name

Signature

10/28/2025

Date

Please affix Notary Public Stamp or equivalent.



Valarie Newton

Copenhagen, NY. 

Objective

CON for Natural Bridge Ambulance

Experience

Natural Bridge Volunteer Fire Company

May 2010- Present

Education

Jefferson Community College. August 2012- June 2016

Skills/Certifications

- IFSAC HAZMAT Awareness
- IFSAC HAZMAT Operations
- IFSAC Fire Level 1
- FEMA

Natural Bridge Volunteer Ambulance Company, Inc.

27570 High Street P.O.Box 263

Natural Bridge NY, 13665

Proposed Budget for 2025:

Income:

1. Contract monies (Town of Wilna/\$ 17,800.00 current) \$17,800.00
(Town of Croghan/\$12,000.00 current) \$ 12,000.00-
\$14,000.00
(Town of Diana/\$9,3000.00 current) \$9,300.00
(Town of Pitcairn/ \$10,000.00 current) \$10,000.00
2. EMR (billing company) \$16,500.00-\$18,500.00
3. Fund Raisers (chicken barbeques) \$500.00-\$750.00
(craft fairs) \$ 200.00-\$250.00
4. Donations (donation drives) \$500.00-\$1000.00
(donations for services) \$250.00-\$500.00

Total Income: \$67,050.00 -\$72,100.00

Expenditures:

- Medical Staffing (two part time employees) \$37,500.00
- Workers Compensation \$4,000.00
- Fuel \$ 9,000.00
- Maintenance (equipment and vehicle)
\$ 9,000.00
- Training materials (EMS classes) \$ 3,000.00

F 030905000 321

CERTIFICATE OF INCORPORATION

OF

NATURAL BRIDGE VOLUNTEER AMBULANCE, INC.

Under Section 402 of the Not-For-Profit-Corporation Law

The undersigned, for the purposes of forming a Not-For-Profit Corporation, hereby certifies:

I

The name of the proposed corporation is Natural Bridge Volunteer Ambulance, Inc. (hereinafter referred to as the "Corporation")

II

The Corporation is not formed for pecuniary profit or financial gain. All income and earnings of the Corporation shall be used exclusively for its corporate purposes.

The Corporation is a corporation as defined in Subparagraph (a)(5) of Section 102 (Definitions) of the Not-For-Profit Corporation Law.

III

The purposes for which the Corporation are organized are to operate exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, and within such limits:

- (a) To provide emergency medical services to persons in and around Natural Bridge, who require such services, including transportation of such persons to hospitals, regardless of ability to pay for such services;
- (b) To purchase, lease, own and house apparatus and equipment utilized in providing emergency medical services;
- (c) To raise funds necessary for the operation of the Corporation by conducting fund raising activities and by billing patients for services provided by the Corporation;
- (d) To do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof and not prohibited by law or inconsistent with the other provisions of this Certificate of Incorporation.
- (e) In accordance with the above, to have and exercise all powers available to corporations organized pursuant to the Not-For-Profit Corporation Law of the State of New York.

IV

The Corporation, pursuant to Section 201 of the Not-For-Profit Corporation Law, shall be Type "B". The office of the Corporation is to be located in Natural Bridge, County of Jefferson, State of New York.

1

VI

Notwithstanding anything herein to the contrary, the Corporation shall exercise only such powers as are in furtherance of and consistent with the exempt purposes of organizations set forth in Section 501(c)(3) of the Internal Revenue Code and its regulations as the same now exist or as they may be hereafter amended from time to time. The Corporation shall not carry on activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended or a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended.

VII

No part of the net earnings of the Corporation shall inure to the benefit of any member, trustee, director or officer of the Corporation, or to any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation), and no member, trustee or officer of the Corporation or any private individual shall be entitled to share in the distribution of any of the Corporation's assets upon dissolution of the Corporation.

VIII

The Secretary of State is designated as the agent of the Corporation upon whom process in any action or proceeding against the Corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process against the Corporation and served upon him shall be:

C/O Bradley M. Pinsky, Esq.
One Park Place
300 South State Street
4th Floor
Syracuse, New York 13202

IX

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation (except as otherwise provided by Internal Revenue Code Section 501 [h]), or participating or intervening in (including the publication or distribution of statements), any political campaign on behalf of or in opposition to any candidates for public office.

In the event of dissolution of the Corporation, all of the remaining assets and property of the Corporation shall, after necessary expenses thereof, be distributed to such corporation or organization as is then recognized by the Internal Revenue Service as qualifying under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, subject to an Order of a Justice of the Supreme Court of the State of New York. Upon dissolution, priority of the distribution of the assets of the Corporation shall be given to the not for profit fire department serving Natural Bridge, if any. None of the assets shall inure to the benefit of any individual, director, trustee or member of the Corporation.

The dissolution of this Corporation and any distribution of the assets of this Corporation incident thereof shall be subject to such laws, if any, then in force as may require the approval thereof or

consent thereof by any Court or Judge thereof having jurisdiction or by any governmental department or agency or official thereof.

X

Nothing herein shall authorize the corporation to operate or maintain a college or university or to grant degrees or credit leading to a degree.

XI

Nothing herein shall authorize the corporation to engage in the practice of the profession of medicine or any other profession required to be licensed by Title VIII of the Education Law.

XII

Nothing herein shall authorize the corporation to provide professional training in the profession of medicine or any other profession required to be licensed by Title VIII of the Education Law.

XIII

The initial directors of the Corporation shall be:

- (1) Gary Williamson: 12988 N. Croghan Road, Natural Bridge 13665
- (2) Stephen Clarke: PO Box 272, Natural Bridge 13665
- (3) Rob Garcia: PO Box 86, Natural Bridge 13665
- (4) Dan Nevills: 24294 Route 3, Natural Bridge 13665

IN WITNESS WHEREOF, the undersigned, being at least 18 years of age, has made, subscribed and caused to be acknowledged this Certificate of Incorporation this 26 day of ~~July~~^{August}, 2003.

Gary Williamson
Gary Williamson, Director and Incorporator

STATE OF NEW YORK)
)Ss.:
COUNTY OF LEWIS)

On the 26 day of ~~July~~^{AUGUST}, 2003, before me personally came Gary Williamson, to me known and known to me to be the person described in and who executed the foregoing Certificate of Incorporation and he duly acknowledged to me that he executed the same.

Sherry Lynn Sears
Notary Public

SHERRY LYNN SEARS
Notary Public, State of New York
01SE6027360
Qualified in Lewis County
Commission Expires July 6, 20 07

State of New York }
Department of State } ss:

I hereby certify that the annexed copy has been compared with the original document filed by the Department of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

September 08, 2003



A handwritten signature in black ink, appearing to read "R. M. Adams", is written over the printed title "Secretary of State".

Secretary of State

BY-LAWS
OF
NATURAL BRIDGE VOLUNTEER AMBULANCE, INC.

ARTICLE I
Name, Offices and Definitions

Name. The name of the Corporation is **NATURAL BRIDGE VOLUNTEER AMBULANCE, INC.** hereinafter referred to as the “Company”.

Offices. The principle office of the Company shall be in the Natural Bridge, County of Jefferson, State of New York. The Company may also have offices in such other places as the Board of Directors may, from time to time, appoint or the purposes of the Company may require.

Definitions. “Members” and “membership” as referred to herein, shall include all classes of members. “Voting members” or “members entitled to vote” shall mean those members permitted to vote on any issue as provided in these by-laws or the policies of the Company. Officers shall mean executive officers and officers of the Board of Directors, each being one in the same, but shall not include Line Officers.

Wherever used herein and required by the context, the use of either gender shall include both genders.

These by-laws shall not apply to any paid staff, if any and shall only grant rights and privileges to volunteers.

ARTICLE II
Purposes

The purposes for which the Company is organized are to operate exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, and within such limits:

1. To provide both basic and advanced emergency medical services to persons requiring such services, including transportation of such persons to hospitals, regardless of ability to pay for such services;
2. To provide or sponsor educational programs to members of the Company to enhance their ability to provide competent emergency medical care;
3. To provide or sponsor education programs to residents of Natural Bridge and its surrounding community in order to increase awareness of emergency medical conditions and treatment for such conditions;

4. To do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof and not prohibited by law or inconsistent with the other provisions of this Certificate of Incorporation;
5. In accordance with the above, to have and exercise all powers available to corporations organized pursuant to the Not-for-Profit Corporation Law of the State of New York;
6. To do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof and not prohibited by law or inconsistent with the other provisions of the Certificate of Incorporation or these by-laws.

ARTICLE III Fiscal/Operating Year

The fiscal year of the Company shall commence on the first day of January of each year and shall end on the 31st day of December.

ARTICLE IV Membership

1. Classes of Membership. The Company shall have four classes of members, with subclasses where listed:
 - A. Active
 - (1) Full
 - (2) Probationary
 - (3) Junior
 - B. Inactive
 - C. Honorary
 - D. Social
2. Powers of Membership. The powers of any class of member may be limited, though not expanded, in the policies of the organization, but at a minimum, shall be as follows:
 - A. Active Members
 - (1) Full Members. Full Members are those persons who meet the qualifications for such status as provided for in these bylaws and the policies of the corporation. So long as they meet the requirements to hold voting privileges, such members shall have the authority to vote on all matters brought to the members for a vote by the members, directors, officers or committees. Such members shall be eligible for election as a director and officer and shall be permitted to participate in committees and vote in committee proceedings. Full Members may serve as line officers. Members who are non-residents of the State of New York shall not be appointed or elected to any office.
 - (2) Probationary Members. Probationary Members are those persons who meet the

qualifications for such membership as further defined in these by-laws and in the policies of the Company. They shall have those rights and/or restrictions as set forth in the policies, but in no event shall they be permitted to vote at any meeting or committee meeting.

- (3) Junior Members. Junior Members shall be those members who are sixteen or seventeen years of age. They shall be permitted to participate in all emergency operations, drills, trainings, parades, and educational programs. They shall be permitted to attend meetings and participate in committees. They shall be permitted to have a voice in all meetings and committees. Such members shall not be permitted to vote at meetings or committee meetings. They may not operate emergency vehicles. They shall not be permitted to serve as line officers, directors, executive officers, or committee chairpersons, except that a junior may participate in, vote at and chair the Junior Committee (if any exists). The Best Practice Guidelines shall be permitted to dictate additional duties, prohibitions, obligations and privileges of Junior Members. Junior Member applicants must have the signature of at least one parent or guardian on the application to join.
 - B. Inactive Members. Inactive members are not permitted to attend calls or any other emergencies and may not participate in drills or trainings. They may attend classroom training sessions but may not participate in any “hands on” practical or skill session. They may not wear or use equipment and may not ride on Company vehicles for any purpose. They shall not be permitted to vote at any meeting but may have a voice. They may attend social functions.
 - C. Honorary Members. These members shall not be permitted to vote, hold office or a directorship, or serve on any committee. They shall be permitted to attend social events and functions. They shall not be permitted to attend calls or other emergencies, and shall not participate in training or drills. Honorary Members shall be exempt from any dues.
 - D. Social Members. Social Members may participate in social events only. In no event shall a Social Member be permitted to participate in emergencies, drills, trainings, standbys or other similar events. Such members may not vote in any meeting and may not hold any office or director position. Such members shall be exempt from any dues.
3. Requirements of Active Membership. Membership is not automatic. There is nothing that requires the acceptance of any applicant, but no applicant shall be rejected due to gender, race, sexual preference, ethnicity or religion. All active members must be at least sixteen (16) years of age. They must be of good moral character and be able to meet any other qualifications as stated in these bylaws. Unless these by-laws state otherwise, no person who has been expelled from the Company for any reason other than for failure to maintain the required residence, may reapply for membership.
 - A. Probationary Period. No Probationary Member may run for executive office or serve as a director or line officer. The policies may outline the requirements for courses, drills, and other requirements to be completed before a member may be released from probationary status. In order to be released from the probationary period, a majority of the line officers

must first recommend such release to the Board of Directors, and then the Board must approve the release from Probation to Full Active Member status.

Alternatively, the line officers may recommend to the Board of Directors that the Board expel the member for failure to satisfy any requirements or expectations of a Probationary Member. The Board shall not need member approval to expel a Probationary Member. The vote of the Board to expel a Probationary Member shall be final.

Residence Requirement. The policies of the Company may provide for residency requirements of members, if any.

- B. Physical requirements. Applicants must be able to meet those physical and mental requirements as outlined in the Company's policies, except that the Company may permit service under limited conditions should the Company consent and the physician deem such service possible.
- C. Procedure for Active Membership. All applications for active membership must be submitted on a form provided by the Company and must be signed by the applicant and at least one active member. The application shall be turned over to the President, who shall then turn it over to the Membership Committee after the Secretary has filed a record of the application. The Membership Committee shall interview the member within sixty (60) days of receiving the completed application, but shall examine his qualifications for membership. The Membership Committee shall report its findings at the next regular meeting of the Company and render a recommendation for acceptance or rejection of the applicant. A vote of the Full Members shall be conducted at that meeting and membership shall be granted if a majority of the Full Members present so decide. The Full Members may also vote to table the vote pending the receipt of additional information, but only once. Any applicant who is under the age of eighteen (18) shall meet with the Committee and one of the applicant's parents/guardians.

Persons whose application is rejected may reapply one year after notice of rejection was provided to the applicant.

- 4. Inactive Members. Any member that fails to attend ten percent (10%) of the total number of calls and/or emergencies shall automatically become an Inactive Member. Inactive members are also those members on a leave of absence. No person shall remain an inactive member for longer than twenty four (24) months, except for persons on military leave. The procedure outlined in the section entitled "Failure to Adhere to Membership Requirements" shall be initiated after such time. Any Inactive Member may be permitted to attend trainings, drills or other education in order to regain Active Status. Any Inactive Member attending such activity shall be considered an Active Member for the purpose of attending this training, with the intent that he shall be covered by VABL as any other Active Member.
- 5. Honorary Member. Any person may be elected as an honorary member by the affirmative vote of two-thirds (2/3) of the members present at a regular or special meeting of the members.
- 6. Social Members. Any person may apply to become a social member, except any person who

was expelled from the Company for any reason other than failure to meet membership requirements or residency requirements. A majority of the active members (voting and non-voting) present at a regular or special meeting are required in order to approve social membership.

7. Prior Members. Prior members of the Company who were not expelled for cause may be eligible for reinstatement. However, since every person may have special circumstances regarding reinstatement, the applicant must comply with the same application requirements as any new member, except that the chief may waive or shorten a probationary period.
8. Transfer Members. Members transferring from active membership from other Corporations may be granted Full Membership in the Company by following the same procedure as any other person. However, the probationary period may be waived or shortened upon recommendation of a majority of the line officers, with approval by the Board of Directors. If no such recommendation is made, or such approval is not granted, the regular probationary period shall apply. Unless the law and by-laws permit otherwise, such person shall relinquish the membership card of the other organization at the time membership is granted in this Company.
9. Crimes. A person who has been convicted of any felony in any degree shall not be eligible for membership. A person who has convicted of any sex related offense shall not be eligible for membership.
10. Other Requirements of Membership. Additional duties, prohibitions and requirements of membership may be set forth in the policies of the Company, but in no event may the policies take away any rights bestowed in these by-laws. Membership shall be continued only if members shall meet any and all such requirements as contained in these by-laws as well as the policies.
11. Life Member Status. Those persons who have served at least fifteen (15) years in the Company and have been in good standing for at least the cumulative period of that time shall be entitled to status as a Life Member. Life Membership must be approved by a majority of the Full Members at a regular or special meeting of the membership.
 - A. Active Life Members. Life members who remain active shall have the same privileges as any Full Member. However, they are not required to pay dues.
 - B. Inactive Life Members. Life members who are not still active members shall be permitted to attend all social functions and may speak at meetings. They may not vote at any meetings and shall not be permitted to serve as officers or board members. They may only participate in the social committee, if any, and in fundraising events and planning.
12. Membership Cards. All persons who hold any type of membership shall be issued a membership card. No type of membership card shall be transferable to another person.
13. Termination of Active Membership and Removal of Member. In addition to the requirements and procedures stated in these by-laws, the policies of the Company may proscribe additional reasons for the termination, removal or suspension of membership, but such policies shall not

abrogate or amend these by-laws. Status of active membership as to whether one may vote or is on probation, may also be determined by policy.

A. Reasons for termination.

- (1) *Failure to adhere to membership requirements.* Membership may be terminated or restricted upon the failure of a member to attend ten (10%) of the calls in any twelve (12) month period. Members who have been on the inactive list for one year may also be terminated for failure to reattain active membership (except for persons on Military Leave). The member must be sent a letter upon at least ten (10) days notice to appear before the Board of Directors to present a plea or any facts which the member desires be considered before such vote is taken. The Board may take any action or make any requirements for continued membership it deems necessary and appropriate. Failure of the member to comply with any additional requirements shall permit the Board to take additional action, including termination, in accordance with the procedures outlined in this subparagraph.
- (2) *Conviction of felonies.* The membership of any member shall terminate immediately without a vote required if he is convicted of a felony or a sex related crime in any degree while a member.

B. Temporary suspension.

The Chief shall have the ability to suspend a member until the next regular meeting of the Board of Directors, or for thirty (30) days, whichever is later, for any action or omission which threatens patient or public safety or the safety of property. A line officer or incident commander shall be permitted to suspend a member in the interest of patient or public safety or safety of property for up to forty-eight (48) hours. The Chief may continue the suspension until the next regular meeting of the Board or Executive Committee. The Chief also shall have the ability to lift the suspension upon review without submitting the incident to the Board for review. At the meeting of the Board, the Board may vote to continue the suspension for up to two months only without any further action. A majority vote of the Board or Committee shall be required to suspend any member for up to a total of two months. The Board or Committee also may recommend that the member be permanently removed or suspended up to a year so long as it follows the procedures set forth under this Article under paragraph 13(D).

C. Suspended Member Restrictions.

Members who are suspended may not, for the entire period of the suspension, attend any Company function other than is related to the affiliated hearing or investigation. Suspended members shall not in any way identify themselves as being affiliated with the Company, such as by wearing insignia or other marked clothing. Such members may not be present on Company's property or in its vehicles. No benefits or privileges of members may be exercised. Any violation of this rule shall permit the Board to continue the suspension for an appropriate period of time, up to an additional two months. Nothing shall prohibit a suspended member from exercising any rights available to him

as a member of the public as if he were not a member.

D. Permanent Removal/Suspension for Cause.

Permanent Removal for Cause or a long term suspension (up to one year maximum) shall be vested in the Active-Full Members. A removal or suspension for cause is one that does not involve a failure to adhere to membership requirements (such as attendance policies), but instead involves a breach of the by-laws or policies which is so severe that removal is the only proper punishment or means to protect the Company. A member may be suspended by the Chief or the Board of Directors by majority vote pending the outcome of the Full Members' vote. The procedure for a for-cause removal/suspension up to one year shall be as follows:

- (1) Initial Actions. The Chief shall report the suspension to the President of the Board within two days of the suspension, or if no suspension, of learning about the act or omission. Any five Full Active members may also recommend to the Board, in writing, that a member be permanently removed or suspended up to one year. The President shall then convene the Board of Directors, and the Board shall determine whether or not it desires to pursue any punitive action. If at least two of the Board members desire to pursue punitive action, then the Board shall construct the charges. A vote of at least two Board members shall be required to construct each charge. The Board shall provide the charges to the President.
- (2) Notice and Hearing. The President shall provide the member a letter, by certified mail, which provides all charges alleged with specific dates. (See Appendix) Such notice shall provide the member with at least ten (10) days and no more than thirty (30) days notice of an administrative hearing. The member shall be advised that it is permitted to submit a written response at any time before the hearing. The notice shall also state the time and place of the hearing, and shall advise that the member may be represented by counsel. A hearing committee of three (3) members shall be chosen by lottery from among all of the Full-Active Members (whether or not in attendance), none of whom are witnesses to the event, and the chair of the hearing committee shall be elected by those chosen. The notice shall also state the name of the Hearing Committee members. The member shall be afforded four days from receipt of the notice to object to the members of the Hearing Committee, but the only reasonable objection is that a member of the committee is biased or was a witness. Upon receiving an appropriate objection which the President deems reasonable, the President shall appoint a new member to the committee who is not objectionable and notice shall be promptly provided of the new member.
- (3) The hearing. At a hearing, the member will be permitted to present a defense to the charges. A hearing shall be recorded and not edited in any manner in writing, on audio tape or on video. The Hearing Committee will determine what the facts of the incident(s) are and will render a statement of facts for each charge. The member may present proof that could serve to mitigate any punishment if he desires. The Hearing Committee will then present its determination of the facts and a proposed punishment.

(4) Appeal of the hearing. There shall be no appeal of the hearing. The decision of the members shall be final and binding.

14. Resignations. A resignation must be made in writing and addressed to the President who will present it to the active members at the same or the next regular meeting. No resignation will be accepted if the member is not in good standing with the Company, or owes any fines or still possesses any equipment or property of the Company. In the event the member holds property or owes fines, the vote shall be tabled until the next regular meeting. If the member has again failed to remit any fines and property owed, the member shall be expelled without further due process. The policies of the Company may proscribe additional rules and procedures for the resignation of membership.

15. Leaves of Absence. A leave of absence, once granted, shall render a member inactive and the member shall enjoy only those privileges of an inactive member for the duration of the leave. A member may request a leave of absence from the Board so long as the member is in good standing and is an active member. With the exception of leaves for military duty, no leave may be granted for more than two years. The bylaw provision regarding Inactive Members shall dictate the procedure after two years of Inactive Membership. Any member on leave for a medical reason shall not return unless a physician has confirmed in writing that the member is physically and emotionally fit for active service. Military leaves shall have no maximum duration and the leave shall be counted towards a member's time with active service in the Company, except for qualifications for executive or line officer status. Members on military leave shall return to active duty with the Company no later than two months after returning from military service. Any member on leave may request a change in membership status to social membership prior to the expiration of the leave of absence.

16. Voting on affairs of Company by members permitted to vote. Unless otherwise stated in these by-laws, all votes requiring a vote of the members shall require a quorum of active members permitted to vote and shall then be approved or rejected by a simple majority of those permitted to vote. At all regular, special and annual member meetings whenever a vote of the membership is to be taken, a quorum shall consist of the presence at the vote on any issue of at least forty five (45%) percent of the active membership (including all classes of active). At any regular, special or annual member meeting, the President may not vote, except that in the event of a tie, the President shall break the tie. The President shall be counted in the quorum.

17. Requirements for voting and record date for voting at all but the annual meeting. In order for any member to vote at any regular or special member meeting, he must have attended ten (10%) of the calls to date in that calendar year. The percentage count will reset to 0 at the first meeting, and all members will be permitted to vote at the first meeting of the year. All totals shall be maintained by the secretary or the secretary's designee.

18. Ability to vote at the annual meeting and at any other time for line officers, board members and executive officers. In order to vote at the annual meeting or in any other vote when such positions will be filled for new line officers of the Company, a member must have attended fifty (50%) percent of the drills and ten (10%) of the calls for the calendar year, to date. In order to vote for executive officers of the Company at any time, a member must have attended fifty

(50%) percent of the business meetings to date for the calendar year. In order to vote on any other issue at the annual meeting, a member must have attended ten (10%) percent of the calls to date for the calendar year, as provided in paragraph 16 (“Requirements for voting and record date for voting at all but the annual meeting”) above. All totals shall be maintained by the secretary or the secretary’s designee.

19. Annual Meeting. The annual meeting of the Company shall be held at the location chosen by the Board of Directors, during the first Tuesday in the month of December.
20. Notice of Annual Meeting. Notice of the time, place and purpose or purposes of the annual meeting shall be served either personally or by mail not less than 10 days nor more than 50 days before the meeting upon each person who appears on the books of the Company as a Director or Member thereof, and, if mailed, such notice shall be directed to the Director and Member at his/her address as it appears on the books of the Company unless he/she shall have filed with the secretary of the Company a written request that the notices intended for him/her be mailed to some other address, in which case it shall be mailed to the address designated in such request.
21. Proxy Voting. Any member eligible to vote at any member (but not board meetings) meeting shall be permitted to appoint a proxy for his/her vote, if such person is unable to attend the meeting or any part thereof. A proxy shall not count as attending the meeting for purposes of voting eligibility. No person attending the meeting shall hold more than one proxy. The proxy shall be valid for each vote. A sufficient excuse for being unable to attend the meeting is not required. No request shall be necessary to appoint a proxy. Proxies shall not be counted towards a quorum. The absent member shall still be marked as absent from the meeting if the member fails to attend the meeting. Prior to handing out any ballot to the voting members, a teller shall ensure that any person claiming to have a proxy actually holds one. Proxies shall be made available to all voting members by placing them conspicuously in the Company’s main office or conspicuous bulletin board. All proxies shall expire immediately after the meeting even if the meeting has been adjourned to a new date. Proxies shall contain, at least, the following information:
 - A. Name of member absent
 - B. Name of person designated as proxy
 - C. The date the proxy was signed.
 - D. The date the proxy is to be used.

In the event of an unanticipated reason for an absence from any meeting which arises less than ten hours prior to the meeting, a member may simply sign his/her name to a piece of paper indicating the member’s choice for a proxy.

In the event of a death or resignation of the member providing the proxy before the meeting, proxy will be deemed revoked and invalid.

There shall be no appeal of any vote or election based upon a proxy’s failure to vote as the absent member desired.

22. Regular Meetings. The regular meetings of the Company shall be held on the _____ of

Every Month except December of each month that is not a holiday, shall begin at ___ pm and shall continue until such meeting is properly closed by vote of the active members. Meetings shall be held at the ambulance station. In the event a legal holiday falls on that date, the meeting will be commenced upon the following _____ of that month.

23. Notice of Meetings. Written notice of all regular meetings shall be provided to every member entitled to vote at such meeting. Such notice shall state the place, date and hour of the meeting and indicate that it is being issued by or at the direction of the person calling the meeting. If the meeting is a special meeting, the notice shall also state the purpose(s) of such meeting. The notice shall be give personally or by first class mail, no less than ten (10) nor more than fifty (50) days before the date of the meeting. Notice may be given by any other class of mail, but in such case shall not be given less than thirty (30) nor more than sixty (60) days before such date. Notice shall be deemed given when mailed, when the notice is placed in the mailbox with prepaid postage thereon.
24. Special Meetings. Special meetings of the Company may be called at any time by a majority of the seated members of the Board, the President or by enough members entitled to cast ten per cent of the total number of votes entitled to be cast at such meeting. Those members, however, must demand such meeting in writing and specify therein the date and month of the meeting, such month being not less than two nor more than three months from the date of such written demand. The demand must also include the topic(s) to be discussed and/or voted upon at that meeting. No issue unrelated to that included in the demand shall be raised at the special meeting. The demand shall be presented to the Secretary of the Company. The Secretary shall then promptly give notice of such meeting to the members in accord with the customary manner for providing such notice. Should the Secretary fail to give such notice within five business days after receiving the demand, any member signing the demand may give such notice. The meeting shall be held at the usual place of regular meetings.
25. Dues of Members. The membership may impose dues upon any Active Member. No dues shall be levied greater than Fifty Dollars (\$50.00) per calendar year. Honorary members, whether active or not, shall not be required to pay any dues. Decisions to assess dues shall only be made by the voting membership at a regular or special meeting pursuant to a notice which detailed the specifics of the resolution to assess dues from the members. All Active Members, regardless of voting status, may vote regarding the dues. No dues shall be levied unless two-thirds (2/3) of the members present at the meeting. Any member who has not tendered their dues within three months of the vote approving the dues shall be notified of the debt by certified mail, return receipt requested, and provided thirty days after the date of mailing to remit the dues. A member failing to remit the full dues within that time shall be terminated from membership by vote of the active membership. Only twenty-five percent (25%) of the active members are necessary to vote out a member who is delinquent in dues. Such a member will not be permitted to reapply for membership for twelve months from the date the member is notified of the termination.

ARTICLE V Directors

1. Management. Management of the affairs of the Company shall be vested in the Board of Directors. The Board of Directors shall have control of the property of the Company and shall

fix its policies with regard to membership requirements. (Line officers shall have the control of best practice guidelines). It shall have the power to employ necessary staff and other help, authorize expenditures, and take all necessary and proper steps to carry out the purposes of this Company and to promote its best interest. The Board shall have the power to contract and purchase on behalf of the Company. The Board shall be responsible for the development and maintenance of all administrative and membership related polices and guidelines (the Line Officers shall have control of all operational related policies and guidelines).

2. Qualification. Each Director shall be at least 18 years of age, a citizen of the United States and a resident of the State of New York and be a voting member in good standing of the Company. A candidate must have also served three (3) years in the Company as an Active Member. Only Full Active Members may be elected as directors. The failure to remain a Full Active member shall not require any board member to resign.
3. Members, Number and Term of Directors. The number of Directors constituting the entire Board of Directors shall be no fewer than five (5) and no more than fifteen (15). Any director elected to a position as an officer shall resign his position as director, and the director position will be filled in accordance with the paragraph regarding vacancies, for the remainder of the term, if any. The directors and terms shall be as follows:
 - A. President (1 year term)
 - B. Vice-President (1 year term)
 - C. Secretary (1 year term)
 - D. Treasurer (1 year term)
 - E. Directors (up to 11 positions: 1 Year Term Each)
4. Election Procedure. At the annual meeting, the executive officers of the Company shall first be elected, each by secret ballot, by those members permitted to vote (see, "*Ability to vote at the annual meeting and at any other time for line officers, board members and executive officers*") Each position must be won by majority vote. The President, Vice-President, Secretary and Treasurer shall automatically be given seats on the Board of Directors. The voting members shall then vote by secret ballot to fill the remaining director positions. Each position must be won by majority vote, and not by simply plurality (a plurality is the highest number of votes, but not necessarily a majority).
5. Resignation. Any Director may resign at any time by giving written notice of such resignation to the Board of Directors.
6. Vacancies. Vacancies among such Directors for any reason, may be filled by vote of a majority of the active members. The vacancy shall be announced at least one member meeting prior to the election to fill the vacancy. A Director elected to fill a vacancy shall hold office until the completion of the three or one year term, whichever is applicable, and then until his successor is elected and qualified at the end of what would have been the three or one year term.
7. Removal of Directors. Any or all of the Directors may be removed for cause by a majority of the Active Full Members. However, in order to conduct such a vote, at least twenty-five (25%) percent of the Active Full Membership must be present.

8. Initiation of Office. The newly elected directors shall take office officially as of the 1st day of January in the calendar year following the annual meeting, except as provided for filling vacancies.
9. Budget and Finances of the Board of Directors. The Board of Directors shall prepare a budget to be presented to the Active Full Members for approval. Once approved, the Board may then spend, save or reserve the Company's funds within those line items. Any deviation from the line items within the budget shall be presented to the membership for approval. The Board shall present any proposed expenditure of over \$2,000.00 to the Active Full Membership for approval by majority unless such specific item was part of the budget approved by the membership. Emergency repairs may be made as required without approval.
10. Budget and Finances of the Chief. The Chief shall submit a budget to the Board of Directors to be approved by the Board of Directors only, and the Chief may then spend within such line items without further Board approval. However, any expenditure over \$1,000.00 shall be approved by the Board, unless such item was specifically approved by the Board in the chief's budget already approved.
11. Regular Meetings. The Board shall meet as dictated by the President of the Board or by resolution of the Board for that year. Notice of each board meeting shall be given in accord with thirteen (13) of this Article, unless a resolution of the time, date and place of each meeting was approved by a unanimous vote of all of the directors for that calendar year.
12. Special Meetings. Special meetings of the Board of Directors may be called by the President and must be called on the written demand of any member of the Board of Directors. Should the President deem the issue necessary to address an emergency situation, only three (3) hours notice of the place and time of the meeting shall be necessary prior to the meeting, and notice may be given in person, by portable radio, by phone, or by pager.
13. Quorum. At all meetings of the Board of Directors, at least four (4) directors shall be necessary and sufficient to constitute a quorum for the transaction of business.
14. Notice of Regular Meetings. Written notice of all meetings of directors, whether regular or special meetings shall be signed by the Secretary, and shall be mailed to the last recorded address for each director at least three (3) days prior to the day of the meeting or by facsimile or e-mailing the same at least two (2) days before the day appointed for that meeting, provided directors have provided a facsimile number or email address for this purpose. All notices of meetings shall set forth the place, the date, the time and the purpose of the meeting.
15. Waiver of Notice. The notice of the meeting provided for herein may be waived by a written waiver signed by all the directors. The meeting of the directors may then proceed without said notice and without lapse of the notice period.
16. Tele-conference. One or more members of the board or any committee thereof may participate in a meeting of such board or committee by means of a conference telephone or similar device allowing all persons participating in the meeting to hear each other at the same time.

Participating by such means shall constitute presence in person at a meeting.

17. Adjournments. A majority of the directors present, whether or not a quorum is present, may adjourn a meeting of the board to another time and place. In such event, notice shall be given to the Directors who were not present at the time of the adjournment, and, unless such time and place are announced at the meeting, to the other Directors.
18. Place of Meetings. Annual and regular meetings of the board may be held at any place within the State of New York. Special meetings of the Board may be held at any place within or without the State of New York. Unless otherwise stated in these by-laws, the time and place for holding annual, regular or special meetings of the board shall be fixed by the President.
19. Ex-Officio Directors. The Chief shall be an ex-officio director of the Board, and as such, shall have no right to vote. Any person may be appointed by the board as an ex-officio member of the Board of Directors. The number of persons so appointed shall not be limited and shall not be counted in determining the number of directors specified in paragraph three (3) thereof or the quorum of the Board under paragraph thirteen (13). An ex-officio director shall be entitled to attend all meetings of the Board of Directors with the full right to participate in discussion, but without the right to vote upon its deliberation.
20. Compensation. Directors, as such, shall not receive any salary for their services as directors but by resolution by the Board of Directors, a fixed sum and expenses of attendance, if any, may be allowed for attendance at each regular or special meeting of the Board and of any committee of the Board of Directors; provided that nothing herein contained shall be construed to preclude any director from serving the Company in any other capacity and receiving compensation therefore. Such compensation shall be reasonable and commensurate with services performed.
21. Annual Report of the Board of Directors. The Board shall present at the annual meeting of members a report, verified by the president and treasurer or by a majority of the directors, or certified by an independent public or certified public accountant or by a firm of such accountants selected by the Board, showing in appropriate detail the following:
 - a. The assets and liabilities, including the trust funds, of the Company as of the end of a twelve month fiscal period terminating not more than six months prior to said meeting.
 - b. The principal changes in assets and liabilities, including trust funds, during the said fiscal period.
 - c. The revenue or receipts of the Company, both unrestricted and restricted to particular purposes during said fiscal period.
 - d. The expenses or disbursements of the Company, for both general and restricted purposes, during said fiscal period.
 - e. The number of members of the Company as of the date of the report, together with a statement of increase or decrease in such number during the said fiscal period, and a statement of the place where the names and places of residence of the current members may be found.
 - f. The annual report of directors shall be filed with the records of the Company and a copy thereof shall be placed in the minutes of the annual meeting of the members.

ARTICLE VI
Executive Officers & Administrators

1. Number.

A. Executive Officers. Executive Officers must be directors of the Company. The Executive Officers of this Company shall consist of a President, Vice-President, Secretary and Treasurer. Line officers such as the Chief and Assistant Chiefs shall not be considered "Executive Officers" of the Company for purposes of these by-laws. The policies of the Company may provide requirements for election to office.

B. Administrators. The Administrators need not be directors of the Company. These positions shall consist of the Chaplain, if any, and such positions with such power and duties not inconsistent with these by-laws as may be determined by the Board of Directors and presented to the active membership for election. The policies of the Company may provide requirements for election.

2. Election, Term of Office and Qualifications. All Executive Officers and Administrators shall be elected every year by the Full Active members during the annual meeting and shall serve until their successor is elected and qualified. The officers may serve an unlimited number of terms. Any two or more offices may be held by the same person, except the offices of President and Secretary. The President shall not serve as the Chief during the same term of office.

3. Voting for Officers. Nominations for each office shall be conducted by the Nominating Committee as provided for in these bylaws in Article VIII, Paragraph 2(c). Regarding the election, the President shall appoint two (2) tellers at the time of each election and it shall be their duty to receive ballots, poll the votes and present the results to the President who will report the results. All votes shall be by secret ballot and shall only be conducted with a quorum present. A candidate must receive a simple majority of the votes cast to win an office. In case three or more candidates run for office and no candidate receives a simple majority, the candidate receiving the least amount of votes shall be dropped and a new ballot taken. Should there be a tie for the least amount of votes, these two candidates shall have an election to determine who continues to the next election. The process shall continue until one candidate receives the required simple majority. In the event of a tie for the final vote, the President shall break the tie, even if an interested party.

4. Vacancies. In case any office of the Company becomes vacant by death, resignation, retirement, disqualification or other cause, the active members may elect an officer to fill such vacancy, and any officer so elected shall hold office and serve until the election and qualification of his or her successor at the next annual meeting where such vote would regularly occur.

5. President. The President shall be the chief executive officer of the Company and shall have and exercise general charge and supervision of the affairs of the Company with respect to the development and implementation of its goals and policies. The President shall preside at all meetings of the Board of Directors and the Company and shall perform such other duties as may be assigned by the Board of Directors. The President shall sign all documents in the name of the Company when authorized to do so by the Board of Directors. The President, together with

such other officials as may be appointed by resolution of the Board of Directors for that purpose, shall have authority to sign checks. The President shall be an ex-officio member of all committees, and shall perform all other duties incidental to his office. The President shall have no vote at any member or board meeting, but in case of a tie, shall cast the deciding vote. The policies shall dictate the requirements for election to President.

6. Vice-President. The Vice President shall, in the absence of the President, exercise all the functions of the President. He shall also be responsible for the supervision and maintenance of the ambulance station or other buildings owned by the Company. The policies shall dictate the requirements for election to Vice-President.
7. Secretary. The Secretary shall keep a record of all meetings of the Company and of the Board of Directors and shall attend to the mailing, posting and publication of all notices of such meetings and of nominations of candidates for election. He shall be the custodian of all books and papers belonging to the Company. He shall place in the minutes all revisions of the bylaws. He shall ensure that an approved copy of the minutes of each meeting is maintained in the corporate offices for inspection. In the absence of any contrary direction, the Secretary shall conduct all correspondence on behalf of the Board of Directors and Company. The Secretary shall have charge of the seal of the Company and of such books, records and other papers as the Board of Directors may direct. The Secretary, when so authorized or ordered by the Board of Directors, may affix the seal of the Company, execute contracts, agreements or other documents on behalf of the Company and perform such other duties as may be assigned to him by the Board of Directors. He shall notify all persons newly elected to membership and furnish them with a copy of the bylaws. He shall maintain a written record of each member, regardless of status, including name, age, date of joining, and all information related to his service as a member. He shall keep a record of all applications, whether or not completed, and whether or not elected. Applications of those who did not complete the application process or who were not elected to membership shall be maintained for four (4) years and then destroyed by the Secretary. The policies shall dictate the requirements to be elected to the position of Secretary.
8. Treasurer. The Treasurer shall have the care and custody of all the funds and securities of the Company and of all deeds, insurance policies and other valuable documents relating to its property and shall deposit the same in the name of the Company in such depository as may be designated by the Board of Directors. The Treasurer shall make no investments of monies without the express approval of the Board of Directors and shall disburse no funds except upon order of the President or other duly authorized official, including the Board. The Treasurer may be required to give bond for the faithful performance of his duties, in such sum and with such securities as the Board of Directors may require. When necessary or proper, the Treasurer may endorse on behalf of the Company for collection, notes, checks and other obligations and shall deposit the same to the credit of the Company at such bank or depository as the Board of Directors may designate. The Treasurer shall sign all receipts and, together with such other officer or officers, if any, as shall be designated by the Board of Directors. He shall sign all checks of the Company and all bills of exchange and promissory notes issued by the Company, except in cases where the signing and execution thereof shall be expressly designated by the Board of Directors or by these by-laws to some other officer or agent of the Company, such as a clerk. In such case, if a clerk is appointed, the Treasurer shall oversee the clerk. The Treasurer shall enter regularly on the books of the Company to be kept by him for the purpose, full and

accurate account of all monies and obligations received and paid or incurred by him for or on behalf of the Company and shall exhibit such books at all reasonable times to any member on application at the offices of the Company. In order to be nominated and elected as the Treasurer, a member must have served as an active member for at least 6 months. He must be able to be bonded. The policies shall dictate additional requirements for election to Treasurer.

9. Expenses. Reasonable expenses, including travel expenses, as determined by the Board of Directors, may be paid to any officer incurring such expenses in the performance of his or her official duties on behalf of the Company.
10. Ex-Officio Board Membership. All officers if not also directors, shall be ex-officio members of the Board of Directors and shall retain such Board membership during the term of their office.
11. Salaries. The salaries of all officers, if any, shall in the future be appropriate, shall be fixed by the Board of Directors, provided, however, that the amount of such salary shall be in all respects reasonable in light of the services rendered.

ARTICLE VII
Line Officers

1. Definition. Line Officers shall not be considered executive officers of the Company, for purposes of these by-laws. Any reference to an officer in these by-laws shall mean an executive officer as described in Article VI.
2. Line Officers. There shall be the following line officers in the Company:
 - ELECTED
 - A. Chief of the Ambulance
 - APPOINTED BY CHIEF
 - A. 1st Assistant Chief of the Ambulance
 - B. Director of Operations
3. Term of Office. Line officers shall be elected or appointed for the term of one year at the Annual Meeting. Those who are elected, as indicated above, shall be elected by secret ballot and shall assume their duties immediately following their election.
4. Qualifications for office. In addition to these by-laws, the policies of the Company shall dictate the qualifications, duties, prohibitions and powers of the chiefs and line officers. In the event that no member qualifies or is willing to accept nomination for an elected office, a nominating committee shall reconvene as soon as is possible following the annual election or announcement of a vacancy. Such committee will be empowered to set aside any or all requirements and qualifications for office as may reasonably be necessary. The nominating committee will post and announce what qualifications are being set aside. Nominations will then be reopened for the aforementioned position until a date announced by the Nominating Committee. Any interested person that meets the revised qualifications must personally contact a member of the nominating committee to have their name considered for this nomination. The Nominating Committee will make the nominations at the next regular meeting. In the event that this section is used it will be assumed that all officers of the Company will serve until a successor is duly elected.
5. Election. A nominating committee shall be appointed by the President (see Committees, Article VIII, paragraph 2[C]) and shall act in accordance with its obligations). All elected Line Officers shall be elected by the active members (both voting and non-voting), providing that each candidate must meet the qualifications as stated in these by-laws or the policies of the Company. A candidate must receive a simple majority of the votes cast to win a position as a line officer. In case three or more candidates run for office and no candidate receives a simple majority, these candidates shall have an election to determine who continues to the next election. The process shall continue until one candidate receives the required simple majority. In the event of a tie between two members in the final vote, the winner shall be decided by a flip of a coin. Officers shall be elected in order from the highest ranking officer on down.
6. Vote of No Confidence. In the event that one or more of the positions for line officer have only one candidate qualified under the bylaws and policies, and in the event that a majority of the

members at the annual meeting render a vote against the only candidate, then the procedures outlined in paragraph five (5) of this Article shall be pursued by the nominating committee.

7. Chief of the Company. Except with regard to those powers of the President as stated in these by-laws, the Chief shall have exclusive control of the Company, its members, and all apparatus and equipment owned or leased by the Company at all emergencies, alarms, drills, inspections, schools, or training sessions pertaining to emergencies or emergency medical services. He is responsible for the care, maintenance and upkeep of the property and equipment at all times. He shall ensure that a record is maintained of all emergencies attended by the Company. He shall report to the Board on apparatus conditions and recommend improvements as he deems necessary and proper. He shall be governed by all State and Federal laws pertaining to ambulance companies. He shall act as Chairman of any committee for the purchase of any equipment or apparatus. The Chief shall arrange for the purchase of all items pertaining to apparatus, supplies or emergency equipment in accordance with the line item budget prepared by him and approved by the Board of Directors.
8. Prior elected line officers. Any member is eligible for election to a previously held position or at a lower position at any election of office.
9. Election procedure. No candidate need be present to be elected. The President shall appoint two tellers at the times of each election, who shall receive the ballots, poll the votes and announce the results. No teller shall be a nominee for that election. All votes shall be cast by written ballot.
10. Suspension or Dismissal. A majority of the Board of Directors may, if deemed necessary by such majority, recommend to the active members (voting and non-voting) for vote by simple majority for or against the suspension or removal of the office of a line officer should such officer neglect his specific duties. The Board may suspend such officer while awaiting membership vote. Such suspension or dismissal shall not affect the membership of such officer. If the Board desires to affect the membership privileges of the line officer, it shall act in accordance with paragraph D of Article IV of these by-laws.

ARTICLE VIII

Agents, Representatives and Committees

1. Agents and Representatives. The Board of Directors may appoint such agents and representatives of the Company with such powers and to perform such acts or duties on behalf of the Company as the Board of Directors may see fit, so far as may be consistent with these by-laws, to the extent authorized or permitted by law.
2. Standing Committees. The following committees shall be considered "Standing Committees": Executive, Membership and Finance and Audit. Other committees may be established at the discretion of the President:
 - A. Executive Committee. The Executive Committee shall consist of the President, Vice-President, Secretary, and Treasurer. The Committee shall be authorized to carry out all of those acts that are the responsibility of the Board of Directors, unless otherwise stated in these bylaws. The President shall chair the committee. Under no circumstances shall this Committee amend the bylaws, increase or decrease the number of directors, or amend the powers of the Executive Committee or Board of Directors. This Committee also may not dissolve the Company.
 - B. Membership Committee. This Committee shall consist of those members appointed by the President. The Committee will investigate each proposal for membership and report thereon promptly to the next regular meeting of the members. A majority of the Committee must recommend the grant of membership to an applicant prior to any vote being permitted by the membership.
 - C. Nominating Committee. This Committee shall consist of those members appointed by the President. The Committee will present a proposed slate of nominations for each office to the President prior to the September Board of Directors meeting or Executive Committee meeting. The Committee shall only submit the names of candidates who are qualified for such offices per these bylaws. Any qualification that, as per these bylaws, may be waived, may be waived by the Nominating Committee. The Board of Directors shall make the final selection of candidates, except that no member of the Board shall vote for any office in which he may be a candidate in the upcoming election.
 - D. Finance & Audit Committee. This Committee shall be appointed by the President, unless the President has check signing authority, and in that event, by the Board of Directors, and shall consist of at least three (3) active members. The Committee shall audit the books as often as the Board of Directors deems necessary, but no less than every other month. The books are to be audited and certified by the committee at least once a year before the annual election. A board member, who shall not have check signing authority for the Company, shall chair this committee and the Treasurer shall be a member thereof. The Committee shall complete the following tasks at least monthly and report that the same has been accomplished at the next Board meeting:
 - (1) Review all bank account statements to ensure that no checks were improperly written;

- (2) Ensure that any person making a donation received a letter thanking them for donating a specific amount of funds;
 - (3) Ensuring that all deposits made were the full amount of the funds to be deposited. The committee will examine the deposit slip, and not just the receipt, indicating the amount deposited and the amount, if any, not deposited;
 - (4) Ensure that sales tax was withheld for all exempt purchases;
 - (5) Ensure that no person used the Company's sales tax exemption for personal purchases;
 - (6) Ensure that all checks match to receipts, bills, vouchers or other proof of expenditures.
3. Other Committees. The Board of Directors or the active members by vote may establish standing committees from time to time as they determine by resolution adopted by a majority of the entire Board or the voting members and may designate from among its members standing committees, each consisting of one or more voting members and each of which, to the extent provided in the resolution of the Board of Directors shall have all authority of the Board, except that no such committee shall have authority as to the following matters:
 - A. The submission to voting members of any action requiring members' approval pursuant to these by-laws or the laws of the State of New York;
 - B. The filing of vacancies in the Board of Directors or in any committee;
 - C. The fixing of compensation of the Directors for serving on the Board or on any committee;
 - D. The amendment or repeal of the by-laws or the adoption of new by-laws;
 - E. The amendment or repeal of any resolution of the Board which by its terms shall not be so amendable or repealable.
4. Alternates. The Board may designate one or more Directors or voting members as alternate members of any standing committee, who may replace any absent member or members at any meeting of such committee.
5. Special Committees. The Board may create special committees by resolution adopted by a majority of the entire Board. The voting members shall also be permitted to create special committees by majority vote of the membership. The members of such special committee shall be appointed by the President, with the consent of the Board. Special committees shall have only the powers specifically delegated to them by the Board and in no case shall have powers which are not authorized for standing committees under these by-laws.
6. Service. Each committee of the Board or the Company shall serve at the pleasure of the Board or of the Company. The designation of any such committee and the delegation thereto of authority shall not alone relieve any director of his duty to the Company.

ARTICLE IX
Action Without a Meeting

Any action required or permitted to be taken by the Board of Directors or any committee thereof may be taken without a meeting if all members of the Board of Directors or the committee consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the members of the Board of Directors or committee shall be filed with the minutes of the proceedings of the Board of Directors or the committee.

ARTICLE X
Company Ethics Guidelines

The membership of the Company shall comply with the following guidelines relating to ethical conduct.

No member of the Company should have any interest, financial or otherwise, direct or indirect, or engage in any business or transaction or professional activity or incur any obligation of any nature, which is in substantial conflict with the proper discharge of his or her duties as a Company member. Members should exercise their duties and responsibilities as Company members in the public interest of the inhabitants of the State or municipality(s) served. The principles which should guide the conduct of Company members include, but are not limited to, the following:

- A. A Company member shall endeavor to pursue a course which shall not raise suspicion among the public that he is likely to be engaged in acts that are in violation of his trust as a Company member;
- B. A Company member shall not permit his employment to impair his independent judgment in the exercise of his duties as a Company member;
- C. A Company member shall not disclose confidential information acquired in the course of his duties as a Company member, nor use such information to further his own personal interests;
- D. A Company member shall not use or attempt to use his position as a Company member to secure unwarranted privileges or exemptions for himself or others;
- E. A Company member shall not engage in any transaction as a representative or agent of a local governmental body or with any business entity in which he has a direct or indirect financial interest that might reasonably tend to conflict with the proper discharge of his duties as a Company member;
- F. A Company member shall refrain from making personal investments in enterprises in which he may directly benefit from decisions made by the Company or which shall otherwise create a substantial conflict of interest, except as permitted by law after proper disclosures made.

ARTICLE XI

Prohibition Against Sharing in Corporate Earnings

No member, director, officer or employee of or member of a committee of or person connected with the Company, or any other private individual shall receive at any time any of the net earnings or pecuniary profit from the operations of the Company, provided that this shall not prevent the payment to any such person of such reasonable compensation for services rendered to or for the Company in effecting any of its purposes as shall be fixed by the Board of Directors; and no such person or persons shall be entitled to share in the distribution of any of the corporate assets upon the dissolution of the Company. The Company shall be deemed to have expressly consented and agreed that, upon such dissolution or winding up of the affairs of the Company, whether voluntary or involuntary, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or the corresponding section of any future Federal Tax Code, or shall be distributed to such Company or organization as is then recognized by the Internal Revenue Service as qualifying under Section 501(c)(3) of the Internal Revenue code of 1986, as amended, or shall be distributed to the Federal Government or to a state or local government for a public purpose. Any such assets not to disposed of shall be disposed of by a court of competent jurisdiction of the County of Jefferson, State of New York, exclusively for such purposes or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XII

Conflicts of Interest

Any duality of interest or possible conflict of interest on the part of any member of the Board of Directors shall be disclosed to the other directors or voting members and made a matter of record through an annual procedure and also when the interest becomes a matter of Board or Company action. Except as permitted by law, any director having a duality of interest or possible conflict of interest on any matter shall not vote or use his personal influence on the matter but shall be counted in determining the quorum for the meeting. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting and the quorum situation. The foregoing requirements shall not be construed as preventing the director from briefly stating his position in the matter, nor from answering questions of other directors since his knowledge may be of great assistance.

Any new member of the Board of Directors or Company will be advised of this policy upon entering on the duties of his office.

ARTICLE XIII

Indemnification

1. The Company shall indemnify any person made, or threatened to be made, a party to an action or proceeding other than one by or in the right of the Company to procure a judgment in its favor, whether civil or criminal, including an action by or in the right of any other Company of any type or kind, domestic or foreign, or any partnership, joint venture, trust, employee benefit plan or other enterprise, which any Director, officer, voting or non-voting member or employee of the Company served in any capacity at the request of the Company, by reason of the fact that he, his testator or intestate, was a director, officer, voting or associate member or employee of the Company, or served such other Company, partnership, joint venture, trust, employee benefit plan

or other enterprise in any capacity, against judgments, fines, amounts paid in settlement and reasonable expenses, including attorneys' fees actually and necessarily incurred as a result of such action or proceeding, or any appeal therein, if such director, officer, voting or associate member or employee acted, in good faith, for a purpose which he reasonably believed to be in, or, in the case of service for any other Company or partnership, joint venture, trust, employee benefit plan or other enterprise, not opposed to, the best interests of the Company and, in criminal actions or proceedings, in addition, had no reasonable cause to believe that his conduct was unlawful.

2. The Company shall also indemnify any person made, or threatened to be made, a party to any action by or in the right of the Company to procure a judgment in its favor by reason of the fact that he, his testator or intestate, is or was a director, officer, voting or associate member or employee of the Company, or is or was serving at the request of the Company as a director, officer, voting or associate member or employee of any other Company, agency or state Company of any type or kind, domestic or foreign, or of any partnership, joint venture, trust, employee benefit plan or other enterprise, against amounts paid in settlement and reasonable expenses, including attorneys' fees, actually and necessarily incurred by him in connection with the defense or settlement of such action, or in connection with an appeal therein, if such director, officer, voting or associate member or employee acted, in good faith, for a purpose which he reasonably believed to be in, or, in the case of service for any other state or regional Company or any partnership, joint venture, trust, employee benefit plan or other enterprise, not opposed to, the best interests of the Company, except that no indemnification under this paragraph shall be made in respect of (1) a threatened action, or a pending action which is settled or otherwise disposed of, or (2) any claim, issue or matter as to which such person shall have been adjudged to be liable to the Company, unless and only to the extent that the court in which the action was brought, or, if no action was brought, any court of competent jurisdiction determines upon application that in view of all the circumstances of the case the person is fairly and reasonably entitled to indemnity for such portion of the settlement amount and expenses as the court deems proper.
3. The foregoing right of indemnification shall not be exclusive of other rights to which the director, officer, voting or associate member or employee may be entitled.
4. Subject to the laws of New York, the Company may maintain insurance at its expense to protect itself and any director, officer, voting or associate member, employee or agent of the Company against any expense, liability or loss of the general nature contemplated by this Article, whether or not the Company would have the power to indemnify such person against such expense, liability or loss under the laws of New York.
5. It is the intent of this Company to indemnify its officers, directors, voting and associate members and employees to the fullest extent authorized by the laws of New York as they now exist or may be amended. If any portion of these indemnification provisions shall, for any reason, be held invalid and unenforceable by judicial decision or legislative amendment, the valid and enforceable provisions will continue to be given effect and shall be construed so as to provide the broadest indemnification permitted by law.

ARTICLE XIV

Amendments

These by-laws may be amended, altered or repealed and new by-laws may be added after approval by two-thirds (2/3) vote of the active members. Such vote may be taken at a regular meeting providing that the text of the proposed amendment shall have been read or distributed for reading at a regular meeting prior to the meeting at which a vote will be taken.

Any alteration to the proposed amendment which is proposed at the meeting at which the vote will be taken may be voted upon at that same meeting without further notice to the membership. No amendment shall be made to these by-laws which conflict with the policies of a state agency with respect to the Company activities, unless, on advice of legal counsel and after vote of the members, such policy is opined to be beyond the agency's legal authority or is deemed morally repugnant by the Company.

ARTICLE XV

Investments

The Company shall have the right to invest and reinvest any funds held by it, according to the judgment of the Board of Directors, without being restricted to the class of investments which a trustee is or may hereafter be permitted by law to make or similar restrictions.

ARTICLE XVI

No suspension or waiver of bylaws

Under no circumstances may these bylaws ever be suspended and waived. Any vote taken after any such suspension or waiver shall be null and void.

APPENDIX

SAMPLE FORM

NOTICE OF CHARGES, HEARING AND DISCIPLINARY ACTION

TO: [Member]

FROM: [Board Member and Title]

DATE:

PLEASE TAKE NOTICE, that you are hereby **suspended** for the period of _____ (____) days from the date of this notice or until a determination is made by the membership to impose additional discipline upon you for an alleged violation of the charges against you.

The charges against you are attached to this notice entitled "STATEMENT OF CHARGES".

The disciplinary and hearing process will be as follows:

(1) On _____ [date] you are required to appear before a hearing officer for a hearing. This date is no less than ten (10) days and no more than thirty (30) days before this notice was received. The hearing will be held at ___ p.m. at the Company's headquarters. At that hearing, the hearing officer will determine the facts of the incident(s) of which you are charged. The hearing officer shall be: _____ and the members of the hearing committee shall be: _____. Should you believe that the hearing officer is not unbiased, you have four days from the receipt of the notice to object to the hearing officer. You must provide a reason for the objection. The only valid reason is bias or prejudice against you and you must set forth all of the facts in writing regarding your belief of that bias or prejudice. Should a majority of the Board deem the objection reasonable, the Board will appoint a new hearing officer or substitute member of the committee for review by you. This process shall continue until the Board deems any objection by you unreasonable or you fail to object in a timely manner or at all.

After the hearing officer determines the facts of the incident in relation to each charge, he will render a written opinion within one week of the hearing. At the hearing, you will have the following rights:

- (a) To be present during the entire hearing and all discussions, except the discussion of the committee regarding its review of the witnesses statements to determine the facts;
- (b) To ask questions of witnesses and to present evidence to defend the charges;
- (c) To bring legal counsel to the proceeding, who may assist in asking questions of witnesses or with presenting evidence;

(d) To be advised by the Board in writing of its final determination before it is presented to the membership.

The officer's failure to render his opinion in a timely manner will provide you no rights, recourse or relief from the charges. Should you wish to appeal, you may do so to the Board of Directors. None of the members of the Board who were witnesses to the events will participate in the decision or the discussion of the Board. If the entire Board is a witness, the statement of facts shall go to the membership as a whole.

Based upon the statement of facts, the Board will determine whether the charges against you should be sustained, modified or dismissed.

(2) On _____ [date] the membership will be asked to vote on the recommendation for either (1) No discipline; (2) Suspension for an additional period to total with the present suspension no more than one year; (3) Permanent removal from membership. In order to be removed from membership, the membership must vote by 2/3 in attendance in favor of dismissal.

During your period of this suspension, you may not exercise any rights of membership, including but not limited to: attending any drills, parades, emergencies, social functions, rescues, trainings, meetings of any sort, wearing or displaying any member uniform, badge or identification.

Should you desire, you may notify us in writing that you wish to plead guilty to the charges. Such notice must be signed by you and must specify each charge to which you plead guilty.

Should you have any questions about the process, or should you dispute the process, you must notify us in writing at least two days before the scheduled hearing and must outline each part of the process which you dispute. Regardless of your dispute, you will be required to appear at the hearing. Should you not appear, witnesses will be presented and the hearing will be conducted without you. Should you be unable to appear, you must notify the president within twenty-four hours of receiving this notice and provide a new date for the hearing at which you are able to appear. You must also provide us with the reasons for your inability to attend. We will notify you whether we accept those reasons or whether you must attend regardless.

Attached to this document are the charges against you which will be addressed at the hearing. You are not to discuss this matter or your suspension with any of the members or the members of the Board of Directors.

,President

PINSKY

LAW GROUP, PLLC

4311 East Genesee Street
Syracuse, New York 13214
(315) 428-8345
(315) 475-8230 (fax)

August 1, 2025

To Whom It May Concern:

This law firm represents the Natural Bridge Volunteer Ambulance, Inc., an applicant for an expansion of its Ambulance Service Certificate (a/k/a Certificate of Need) for the Towns of Diana and Pitcairn which used to be served by a now defunct ambulance corps.

AFTER READING THIS LETTER, WE ARE ASKING THAT YOU SEND A LETTER OF SUPPORT (OR OPPOSITION) REGARDING THE APPLICATION, TO:

Pinsky Law Group, PLLC
Re: Natural Bridge Volunteer Ambulance, Inc.
4311 East Genesee Street
Syracuse, New York 13214

PLEASE SEND THIS LETTER NO LATER THAN SEPTEMBER 2, 2025

If you could explain that there is (or is not) need for these services, it would be helpful as well. We will then present that letter with our application.

This letter contains a significant amount of information that is being provided to the Regional Council, to the public and to you as an interested provider, interested party or municipality in or serving in the Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County). As you may know, the ambulance corps serving these territories has ceased providing services as of mid-2024.

Although this letter contains well more information than Natural Bridge Volunteer Ambulance, Inc. is required to provide, we believe that we should provide you as much information as possible.

We thank you for your attention to this most important application.

VERY TRULY YOURS,

PINSKY LAW GROUP, PLLC

By:

Bradley M. Pinsky

DETAILED NARRATIVE

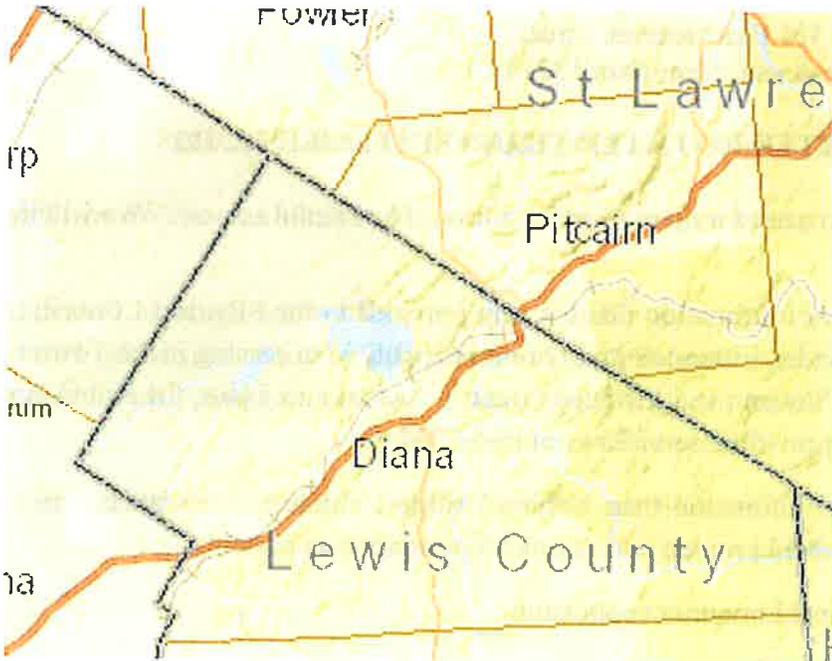
Natural Bridge Volunteer Ambulance, Inc. desires to provide Basic Life Support transporting ambulance services for the Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County) (the “Expansion Territory”). The Public Health Law requires that Natural Bridge Volunteer Ambulance, Inc. apply to expand its operating authority as we are responding frequently to this location. Therefore, we are requesting letters from stakeholders as part of our application. Unfortunately, the local ambulance in that territory ceased providing services in mid-2024 and we are caused to respond to that territory frequently. Therefore, the law requires that we hold an Ambulance Service Certificate which includes this territory.

Presently, the Ambulance Service Certificate for the Natural Bridge Ambulance includes the following territory:

The Village of Carthage and the Natural Bridge Fire District.

Natural Bridge operates one (1) ambulance. We have thirty-five (35) volunteers. Among them eight (8) EMT-Basics. We respond annually to 180-200 BLS calls each year in the Expansion Territory. We have an average respond time of 15 minutes and an average response rate of ninety-four (94%) percent.

We look to add the following territory: Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County)



The goal of this application is for Natural Bridge Volunteer Ambulance, Inc. to be authorized to continue to provide a reliable emergency transporting ambulance service to the Expansion Territory. Our application will support but will not negatively affect any other ambulance service in the area as no other services which hold a Certificate for this territory respond frequently to the area. As will be demonstrated below, Natural

Bridge Volunteer Ambulance has been actively responding to and transporting the Expansion Territory's patients and can demonstrate need for such services.

Public Need

Natural Bridge Volunteer Ambulance is required to provide the definition of need and to demonstrate that need exists for Natural Bridge Volunteer Ambulance's ambulance services in the Expansion Territory. The State EMS Council and the Department of Health defined public need as follows:

“The Demonstrated absence, reduced availability or an inadequate level of care in ambulance or emergency medical service availability to a geographical area which is not readily correctable through the reallocation or improvement of existing resources.” Variables in considering “public need” include: geography, population (size, density, projections), level of care (existing, available), quality, reliability and response patters of existing services, type of service (emergency, non-emergency), special needs, service effectiveness, cost and operation, and other local factors.

This letter is intended to address these issues.

LACK OF AVAILABLE AMBULANCES CREATES NEED

The primary role of any emergency ambulance service is to serve the emergency medical needs of the public. Unfortunately, St. Lawrence and Lewis County's, if not the entire state, are in short supply of emergency ambulance services.

Need exists

The following reflects the number of transports from the Expansion Territory.

2025 (January – July 30)

YEAR	Total Basic Life Support Transports
2025 to date	150
2024	160

Present and Proposed Territory

Natural Bridge Volunteer Ambulance's proposed territory is described as follows: “The entirety of the Town of Diana (Lewis County), and the Town of Pitcairn (St. Lawrence County)”. The Present Territory is the Village of Carthage and the Natural Bridge Fire District.

I. Impact upon existing ambulance and or emergency medical services in the proposed area

Positive impact on the community

Natural Bridge Volunteer Ambulance's ambulance service will have a positive impact throughout Jefferson County by providing a reliable ambulance service for the Expansion Territory in a reasonable amount of time considering the vast area covered.

Present providers

There are no other transporting (emergency) ambulance providers that hold an Ambulance Service Certificate for the Expansion Territory and who are actively serving the Expansion Territory:

However, some ambulance services have county-wide certificates which would include the Village/Hamlet, being:

Lewis County Search and Rescue (Lewis County)

Gouverneur Rescue (St. Lawrence County)

No negative impact on other providers

There will be no negative impact on any other providers which hold operating authority in all or some of the Expansion Territory. Natural Bridge Volunteer Ambulance is not looking to displace any of the private services, fire departments or volunteer ambulance services which serve this territory. To our knowledge, this territory is currently lacking in a designated ambulance service provider who is located in close proximity to the Village/Hamlet. It is hard to imagine that any other ambulance service will lose income, members, or employees from Natural Bridge Volunteer Ambulance's provision of 911 ambulance services. No other ambulance service will be negatively impacted.

Response Time

Natural Bridge Volunteer Ambulance has an average respond time of fifteen (15) minutes to calls in the Expansion Territory.

Staffing/Contracting

Natural Bridge Volunteer Ambulance will staff a total of one (1) ambulance available to respond to the Expansion Territory with at least one basic EMT and a driver on each.

Call volume for past 12 months and anticipated for next 12 months

We will operate 24/7. We project that we will transport on average, 180-200 patients per year in the Expansion Territory. This is based upon our present statistics for 2024 and 2025.

Mutual Aid

We will participate in the mutual aid system for Jefferson County.

Quality Assurance

We maintain our own Quality Assurance Program. All calls that meet mandatory reporting to the Regional EMS Council will be sent in a timely fashion. All calls requiring review by the Medical Director are also done at the earliest possible time.

Protocols

Natural Bridge Volunteer Ambulance adopts and adheres to all state and regional basic life support protocols. Natural Bridge Volunteer Ambulance maintains all required policies by the Department of Health, Bureau of Emergency Medical Services. Natural Bridge Volunteer Ambulance frequently reviews its best practices in an effort to continuously improve its already high quality of services.

Ability and quality of existing services

This application does not seek to displace any other service. Natural Bridge Volunteer Ambulance will fill a significant gap in ambulance services for the Expansion Territory, just as it has been doing since about May 2024.

No Financial Impact or any adverse impact on existing services

Natural Bridge Volunteer Ambulance will not stop any other service from operating in their primary operating territories for 911 calls and will not attempt to interfere with existing transport contracts being reliably served by any other ambulance service.

II. EMS System in the Area

These entities are listed above (Lewis County Search and Rescue/ Gouverneur Rescue)

The following hospital is affected:

- Samaritan Medical Center, Watertown, NY
- Carthage Area Hospital, Carthage, NY

Natural Bridge Volunteer Ambulance participates in the Natural Bridge Volunteer Ambulance Mutual Aid Plan.

Natural Bridge Volunteer Ambulance will participate in 911 response services and will provide mutual aid support services as requested.

Projected Response Times for the next 12 months

Response time is on average, less than fifteen (15) minutes to calls in the Expansion Territory.

Communication System Interface

Natural Bridge Volunteer Ambulance will utilize 911 services and will communicate with 911 on frequency 151.415 and has cell phone, pager and 911 radio capability. We will have the ability to speak with the hospital via phone and radio.

The positive and negative impact on the community

There will only be a positive impact on emergency medical services, the hospital and the community through the effective and efficient transport of patients within the Expansion Territory. There will be no negative impact on patient care, and no other ambulance service will be negatively impacted in the area. Without Natural Bridge Volunteer Ambulance providing services, response time for patient care and transports will suffer.

Economic improvements from Natural Bridge Volunteer Ambulance's operation in the proposed territory

The primary benefit will be the availability of an ambulance service in the Expansion Territory.

Appendix 1 – Guidelines for Establishing Ambulance Services

Population of jurisdiction requesting the ambulance service, including tourism and traffic flow.

- Town of Diana: 1709 (2010 Census)
- Town of Pitcairn: 864 (2020 Census)

Does each area have a large enough population base to support a new ambulance service?

Yes, the Expansion Territory has a significant patient population to justify the addition of an ambulance service.

How many calls for service and how many emergency calls are made in the proposed area?

Approximately 1 per day

Average response time for calls and emergency calls to Expansion Territory

Fifteen (15) minutes.

Quality of existing services and how to present conditions affect public convenience

In the absence of the Natural Bridge Volunteer Ambulance, existing services who actually hold an Ambulance Service Certificate would not be adequate for the purpose of serving the Expansion Territory with a prompt response time. The mere fact that we are presently transporting approximately 200 patients per year must establish need.

Mutual aid ambulance agreements exist

A mutual aid service is not a replacement for holding an Ambulance Service Certificate. Mutual aid can assist when one agency has a Certificate and then the other areas support infrequent need for services. Mutual aid will not be displaced and is already in place for such territory.

Would the employees of the proposed service have a sufficient level of clinical experience for maintaining emergency care?

Yes, all employees presently have adequate experience to perform these transport services.

Would opportunities exist for personnel to maintain their level of skill. If an additional ambulance service were added, would the dilution of service calls between the ambulance services cause decay in skills due to inactivity?

Providers of other services would not see a decrease in their skills as there are more than enough calls in other agency's territories. However, these calls are primarily basic life support calls which require less skill than the average 911 emergency, though certainly some skill.

Are the existing communications capabilities adequate for maintaining medical control and directing paramedics?

Yes. We have radio and phone communications as well as radio communication with 911 and other providers and hospitals.

How will the ambulance service be financed? Are the financial resources available to the proposed service sufficient for maintaining a full time service?

Funding is sufficient to support this increase in calls, as Natural Bridge Volunteer Ambulance is supported through our other calls to our primary territories. Of course, we have been responding to the territory without any funding issues for more than the past twelve (12) months. However, this additional call volume does assist in increasing our funding as we bill patients and their insurances for our services.

How will the ambulance service be organized and administered? Is management capable of performing its duties?

Natural Bridge Volunteer Ambulance is a not-for-profit corporation, which is managed by a Board of Directors and an internal administrative staff, with oversight from its Medical Director. The corporation has more than adequate experience operating a business as it has provided ambulance services for decades.

What will be the total cost of the new ambulance service? Are the benefits that the proposed area receive worth the expense?

There are no additional costs separate from our primary services to our present primary territories. There are no additional costs to the residents.

Does public opinion in the proposed area favor the establishment of Natural Bridge Volunteer Ambulance?

Public opinion presumably is favorable to us, as we have not received any negative comments to the services we have been providing. However, this is the point of this letter, being to receive comments and opinions.

Does local government planning agencies favor establishment of a new ambulance service.

The local governments appear to approve of Natural Bridge Volunteer Ambulance provision of ambulance services as their residents need these services. We hope that this letter will serve to encourage positive responses from the local government leaders in the form of support letters. All opposition and support will be shared with the regional council.

Are there any viable alternatives other than licensing a new ambulance service.

The present system is not working, as there is no current ambulance service whose territory includes the Expansion Territory.

Therefore, we believe this application supports need.

We therefore ask that you send a letter of support to our attention on behalf of our client, or feel free to submit a letter of concern.

Agency/Legal Name	Address1	Address2	City	Stat	Zip
EMS Agencies					
Alexandria Bay Vol Fire Dept, Chief	PO Box 623	110 Walton St	Alexandria Bay	NY	13607
Belleville Fire Dept, Chief	7981 NYS Route 289		Belleville	NY	13611
Black River Ambulance Squad, Chief	PO Box 314	121 LeRay St	Black River	NY	13612
Calcium Fire Dept, Chief	PO Box 272	24527 Sanford Corners Rd	Calcium	NY	13616
Cape Vincent Ambulance Squad, Inc., Chief	PO Box 609	241 E Broadway St	Cape Vincent	NY	13618
Carthage Area Rescue Squad, Chief	PO Box 714	200 Riverside Dr	Carthage	NY	13619
Carthage Volunteer Fire Dept, Chief	658 S James St		Carthage	NY	13619
Chaumont Fire Dept, Chief	PO Box 329	11385 NYS 12E	Chaumont	NY	13622
Deferiet Fire Dept, Chief	PO Box 157	101 Riverside Dr	Deferiet	NY	13628
Evans Mills Volunteer Ambulance Service, Chief	PO Box 113	8733 Factory St	Evans Mills	NY	13637
Felts Mills Fire Dept, Chief	PO Box 155	30743 NYS Rte 3	Felts Mills	NY	13638
Fort Drum Emergency Medical Serv, Chief	11050 Mt. Beveledere		Fort Drum	NY	13602
Fort Drum Fire and Emergency Rescue, Chief	P10710 S Riva Ridge Loop		Fort Drum	NY	13602
Glen Park Vol. Fire Dept, Chief	630 Main St, Glen Park		Watertown	NY	13601
Great Bend Fire Dept, Chief	32768 NYS Rte 26		Great Bend	NY	13643
Guilfoyle Ambulance Service, Chief	PO Box 88	438 Newell St	Watertown	NY	13601
Henderson Fire Dept, Chief	Po Box 3	8939 NYS Rte 178	Henderson	NY	13650
Indian River Ambulance Service, Chief	6.5 Sand Street		Philadelphia	NY	13673
Lorraine Fire Dept, Chief	PO Box 89	20876 Co Rte 189	Lorraine	NY	13659
Natural Bridge Vol. Ambulance, Chief	PO Box 263	27570 High St	Natural Bridge	NY	13665
Northpole Fire Dept, Chief	22334 US 11		Watertown	NY	13601
Redwood Vol. Fire Dept, Chief	PO Box 191		Redwood	NY	13679
Rutland Fire Dept, Chief	28502 State Rte 126		Black River	NY	13612
Sackets Harbor Fire Company, Chief	PO Box 171	112 N Broad St	Sackets Harbor	NY	13685
Smithville Fire Dept, Chief	13727 Co Rte 63		Adams	NY	13605
South Jefferson Rescue Squad, Chief	PO Box 126	38 Main St	Adams	NY	13605
Thousand Islands Emergency Rescue Serv, Chief	PO Box 524	885 Graves St	Clayton	NY	13624
Town of Watertown Ambulance Serv, Chief	PO Box 170	18791 Co Rte 155	Watertown	NY	13601
Watertown City Fire Dept, Chief	224 S Mlasey Street		Watertown	NY	13601
Wellesley Island Vol. Fire Company, Chief	PO Box 250		Wellesley Island	NY	13640
Beaver Falls Fire Dept, Chief	PO Box 456		Beaver Falls	NY	13305
Constableville Ambulance, Chief	PO Box 438		Constableville	NY	13325
Harrisville Rescue Squad, Chief	PO Box 595		Harrisville	NY	13648
JS Koster Hose Company, Chief	PO Box 652		Port Leyden	NY	13433

Lewis County Search and Rescue, Chief	PO Box 247	Lowville	NY 13367
The Village of Lyons Falls Fire Dept, Chief	PO Box 520	Lyons Falls	NY 13368
Turin Vol. Ambulance Company, Chief	4239 State Rte 26	Turin	NY 13473
West Leyden Vol. Ambulance Company, Chief	PO Box 205	West Leyden	NY 13489
Brier Hill Fire Dept, Chief	2704 State Highway 37	Brier Hill	NY 13614
Canton Rescue Squad, Chief	77 Riverside Drive	Canton	NY 13617
City of Ogdensburg Fire Dept, Chief	718 Ford Street	Ogdensburg	NY 13669
Clarkson University EMS, Chief	8 Clarkson Ave	Potsdam	NY 13699
Colton Fire Dept, Chief, Corp., Chief	PO Box 229	Colton	NY 13625
Cranberry Lake Vol. Fire Dept, Chief	PO Box 549	Cranberry Lake	NY 12927
Degrasse, Clare & S. Russell Vol. Fire Dept, Chief	PO Box 597	Russell	NY 13684
Edwards Vol. Fire Dept, Chief First Responders, Chief	PO Box 29	Edwards	NY 13635
Gouverneur Fire Company, Inc., Chief	PO Box 268	Gouverneur	NY 13642
Gouverneur Vol. Rescue Squad, Chief	PO Box 164	Gouverneur	NY 13642
Hammond Fire and Rescue, Chief	PO Box 202	Hammond	NY 13646
Helena Fire Dept, Chief, inc., Chief	P.O. Box 82	Helena	NY 13649
Hermon Vol. Fire Dept, Chief	PO Box 177	Hermon	NY 13652
Heuvelton Vol. Fire Dept, Chief	95 State Street	Heuvelton	NY 13654
Lisbon Vol. Fire Corp., Chief	PO Box 160	Lisbon	NY 13658
Madrid Rescue Squad, Chief	PO Box 129	Madrid	NY 13660
Massena Fire Dept, Chief	34 Andrews St	Massena	NY 13662
Massena Vol. Emergency Unit, Chief	341 E Orvis St	Massena	NY 13662
Morristown Vol. Fire Company, Chief	PO Box 4	Morristown	NY 13664
Norfolk Vol. Rescue Squad, Chief	PO Box 519	Norfolk	NY 13667
North Lawrence Volunteer Fire Dept, Chief	PO Box 158	North Lawrence	NY 12967
Ogdensburg Vol. Rescue Squad, Chief	PO Box 172	Ogdensburg	NY 13669
Parishville Vol. Fire Company, Chief	PO Box 264	Parishville	NY 13672
Pierrepont Vol. Fire Dept, Chief	62 Old County Rte 29	Canton	NY 13617
Potsdam Campus Rescue (SUNY), Chief	9010 Barrington Dr	Potsdam	NY 13676
Potsdam Vol. Rescue Squad, Chief	PO Box 700	Potsdam	NY 13676
Rensselaer Falls Vol. Rescue Squad, Chief	PO Box 164	Rensselaer Falls	NY 13680
Seaway Valley Ambulance, Chief	202 North Main St	Massena	NY 13662
St. Lawrence University First Responders, Chief	76 Park Street	Canton	NY 13617
Star Lake Vol. Fire Dept, Chief	PO Box 22	Star Lake	NY 13690
SUNY Canton EMS, Chief	34 Cornell Drive	Canton	NY 13617

Tri-Town Vol. Rescue Squad, Chief	PO Box 238	900 State Hwy 11 C	Brasher Falls	NY 13613
Waddington Rescue Squad, Chief	PO Box 331		Waddington	NY 13694
West Potsdam Vol. Fire Company, Chief	801 County Rte 34		Potsdam	NY 13676
West Stockholm Fire Dept, Chief	PO Box 257	Co Rte 57	West Stockholm	NY 13696
Fire Districts				
Adams Center Fire District, Chairperson	13401 North St		Adams	NY 13605
Rodman Fire District, Chairperson	21495 County Rte 69		Rodman	NY 13682
Smithville Fire District, Chairperson	13727 County Rd 63		Adams	NY 13605
Henderson Fire District, Chairperson	8939 NY 178		Henderson	NY 13650
Cape Vincent Fire District, Chairperson	241 E Broadway ST		Cape Vincent	NY 13618
Orleans Fire District, Chairperson	20558 Sunrise Ave		Lafargeville	NY 13656
Redwood Fire District, Chairperson	43676 Stine Rd		Redwood	NY 13679
Plessis Fire District, Chairperson	26038 County Rte 3		Plessis	NY 13675
Theresa Fire District, Chairperson	400 Mill St		Theresa	NY 13691
Evans Mills Fire District, Chairperson	8615 Leray St		Evans Mills	NY 13637
Philadelphia Fire District, Chairperson	2 Van Buren St		Antwerp	NY 13608
Champion/Great Bend Fire District, Chairperson	32768 State Rte 26		Carthage	NY 13619
Calcium Fire District, Chairperson	24527 Co Rd 138		Calcium	NY 13616
Rutland Fire District, Chairperson	28502 NY 126		Black River	NY 13612
Carthage/Wilna Fire District, Chairperson	685 S James St		Carthage	NY 13619
Natural Bridge Fire District, Chairperson	27570 High St		Natural Bridge	NY 13665
Town of Clayton Fire District, Chairperson	855 Graves Street		Clayton	NY 13624
Town of Watertown Fire District, Chairperson	22825 CO RT 67		Watertown	NY 13601
Town of Brownville Joint Fire District, Chairperson	PO Box 2		Brownville	NY 13615
Dekalb-Richville Fire District, Chairperson	PO Box 51	71 Main St	Richville	NY 13681
Hammond Fire District, Chairperson	PO Box 247		Hammond	NY 13646
Morley Fire District, Chairperson	7220 CR 27		Canton	NY 13617
Cranberry Lake Fire District, Chairperson	7115 State Rte 3		Cranberry Lake	NY 12927
Colton Fire District, Chairperson	80 Riverside Dr		Colton	NY 13625
Edwards Fire District, Chairperson	115 New St		Edwards	NY 13635
Fine Fire District, Chairperson	96 HWY 58		Fine	NY 13648
Star Lake Fire District, Chairperson	4078 ST Rte 3		Star Lake	NY 13690
Hopkinton Fire District, Chairperson	2876 SH 11B		Hopkinton	NY 12940
Lisbon Fire District, Chairperson	7002 Co Rd 10		Lisbon	NY 13658
Madrid Fire District, Chairperson	10 Church St		Madrid	NY 13660

Brier Hill Fire District, Chairperson	2680 NY 37	Brier Hill	NY 13614
Morristown Fire District, Chairperson	200 Morris St	Morristown	NY 13664
Norfolk Fire District, Chairperson	1 Furnace St	Norfolk	NY 13667
Parishville Fire District, Chairperson	25 Rutman Rd	Parishville	NY 13672
Brasher-Winthrop Consolidated Fire District, Chairperson	708 NY 11C	Winthrop	NY 13697
West Stockholm Fire District, Chairperson	143 Co Rd 57	West Stockholm	NY 13696
Beaver Falls Fire District, Chairperson	9583 Main St	Beaver Falls	NY 13305
New Bremen Fire District, Chairperson	8154 NY 812	Lowville	NY 13367
EMS Medical Directors			NY
Alexandria Bay Vol. Fire Dept, Med. Dir.	PO Box 623	Alexandria Bay	NY 13607
Belleville Fire Dept, Med. Dir.	7981 NYS Rte 289	Belleville	NY 13611
Black River Ambulance Squad, Med. Dir.	PO Box 314	Black River	NY 13612
Calcium Fire Dept, Med. Dir.	PO Box 272	Calcium	NY 13616
Cape Vincent Ambulance Squad, Med. Dir.	PO Box 609	Cape Vincent	NY 13618
Carthage Area Rescue Squad, Med. Dir.	PO Box 714	Carthage	NY 13619
Carthage Volunteer Fire Dept, Med. Dir.	658 S James St	Carthage	NY 13619
Chaumont Fire Dept, Med. Dir.	PO Box 329	Chaumont	NY 13622
Deferiet Fire Dept, Med. Dir.	PO Box 157	Deferiet	NY 13628
Evans Mills Volunteer Ambulance Serv, Med. Dir.	PO Box 113	Evans Mills	NY 13637
Felts Mills Fire Dept, Med. Dir.	PO Box 155	Felts Mills	NY 13638
Fort Drum Emergency Medical Serv, Med. Dir.	11050 Mt Beveledere	Fort Drum	NY 13602
Fort Drum Fire and Emergency Rescue, Med. Dir.	P10710 S Riva Ridge Loop	Fort Drum	NY 13602
Glen Park Vol. Fire Dept, Med. Dir.	630 Main Street, Glen Park	Watertown	NY 13601
Great Bend Fire Dept, Med. Dir.	32768 NYS Rte 26	Great Bend	NY 13643
Guilfoyle Ambulance Service, Med. Dir.	PO Box 88	Watertown	NY 13601
Henderson Fire Dept, Med. Dir., Inc	PO Box 3	Henderson	NY 13650
Indian River Ambulance Service, Med. Dir.	6.5 Sand Street	Philadelphia	NY 13673
Lorraine Fire Dept, Med. Dir.	PO Box 89	Lorraine	NY 13659
Natural Bridge Vol. Ambulance, Med. Dir.	PO Box 263	Natural Bridge	NY 13665
Northpole Fire Dept, Med. Dir.	22334 US 11	Watertown	NY 13601
Redwood Vol. Fire Dept, Med. Dir.	PO Box 191	Redwood	NY 13679
Rutland Fire Dept, Med. Dir.	28502 State Rte 126	Black River	NY 13612
Sackets Harbor Fire Company, Med. Dir.	PO Box 171	Sackets Harbor	NY 13685
Smithville Fire Dept, Med. Dir.	13727 Co Rte 63	Adams	NY 13605
South Jefferson Rescue Squad, Med. Dir.	PO Box 126	Adams	NY 13605

Thousand Islands Emergency Rescue Service, Med Dir.	PO Box 524	885 Graves St	Clayton	NY 13624
Town of Watertown Ambulance Service, Med. Dir.	PO Box 170	18791 Co Rte 155	Watertown	NY 13601
Watertown City Fire Dept, Med. Dir.	224 S Massey St		Watertown	NY 13601
Wellesley Island Vol. Fire Company, Med. Dir.	PO Box 250		Wellesley Island	NY 13640
Beaver Falls Fire Dept, Med. Dir.	PO Box 456		Beaver Falls	NY 13305
Constableville Ambulance, Med. Dir.	PO Box 438		Constableville	NY 13325
Harrisville Rescue Squad, Med. Dir.	PO Box 595		Harrisville	NY 13648
JS Koster Hose Company, Med. Dir.	PO Box 652		Port Leyden	NY 13433
Lewis County Search and Rescue, Med. Dir.	PO Box 247		Lowville	NY 13367
The Village of Lyons Falls Fire Dept, Med. Dir.	PO Box 520		Lyons Falls	NY 13368
Turin Vol. Ambulance Company, Med. Dir.	4239 State Rte 26		Turin	NY 13473
West Leyden Vol. Ambulance Company, Med. Dir.	PO Box 205		West Leyden	NY 13489
Brier Hill Fire Dept, Med. Dir.	2704 State Highway 37		Brier Hill	NY 13614
Canton Rescue Squad, Med. Dir.	77 Riverside Drive		Canton	NY 13617
City of Ogdensburg Fire Dept, Med. Dir.	718 Ford Street		Ogdensburg	NY 13669
Clarkson University EMS, Med. Dir.	8 Clarkson Ave		Potsdam	NY 13699
Colton Fire Dept, Med. Dir., Corp.	PO Box 229		Colton	NY 13625
Cranberry Lake Vol. Fire Dept, Med. Dir.	PO Box 549	State Route 3	Cranberry Lake	NY 12927
Degrasse, Clare & S. Russell Vol. Fire Dept, Med. Dir.	PO Box 597	115 New Street	Russell	NY 13684
Edwards Vol. Fire Dept, Med. Dir. First Responders	PO Box 29		Edwards	NY 13635
Gouverneur Fire Company, Inc., Med. Dir.	PO Box 268		Gouverneur	NY 13642
Gouverneur Vol. Rescue Squad, Med. Dir.	PO Box 164	1024 US RT 11	Gouverneur	NY 13642
Hammond Fire and Rescue	PO Box 202	300 Lake St	Hammond	NY 13646
Helena Fire Dept, Med. Dir., Inc.	PO Box 82	1175 State Hwy 37C	Helena	NY 13649
Hermon Vol. Fire Dept, Med. Dir.	PO Box 177		Hermon	NY 13652
Heuvelton Vol. Fire Dept, Med. Dir.	95 State Street		Heuvelton	NY 13654
Lisbon Vol. Fire Corporation, Med. Dir.	PO Box 160		Lisbon	NY 13658
Madrid Rescue Squad, Med. Dir.	PO Box 129	2 Depot St	Madrid	NY 13660
Massena Fire Dept, Med. Dir.	34 Andrews St		Massena	NY 13662
Massena Vol. Emergency Unit, Inc., Med. Dir.	341 E Orvis St		Massena	NY 13662
Morristown Vol. Fire Company, Med. Dir.	PO Box 4		Morristown	NY 13664
Norfolk Vol. Rescue Squad, Med. Dir.	PO Box 519	7 Sedwick St	Norfolk	NY 13667
North Lawrence Volunteer Fire Dept, Med. Dir.	PO Box 158	9 Co Rte 52	North Lawrence	NY 12967
Ogdensburg Vol. Rescue Squad, Med. Dir.	PO Box 172		Ogdensburg	NY 13669
Parishville Vol. Fire Company, Med. Dir.	PO Box 264	6 Catherine St	Parishville	NY 13672

Pierrepont Vol. Fire Dept, Med. Dir.	62 Old County Rte 29	Canton	NY 13617
Potsdam Campus Rescue (SUNY), Med. Dir.	9010 Barrington Drive	Potsdam	NY 13676
Potsdam Vol. Rescue Squad, Med. Dir.	PO Box 700	Potsdam	NY 13676
Rensselaer Falls Vol. Rescue Squad	PO Box 164	Rensselaer Falls	NY 13680
Seaway Valley Ambulance, Med. Dir.	202 North Main Street	Massena	NY 13662
St. Lawrence University First Responders, Med. Dir.	76 Park Street	Canton	NY 13617
Star Lake Vol. Fire Dept, Med. Dir.	PO Box 22	Star Lake	NY 13690
SUNY Canton EMS, Med. Dir.	34 Cornell Drive	Canton	NY 13617
Tri-Town Vol. Rescue Squad, Med. Dir.	PO Box 238	Brasher Falls	NY 13613
Waddington Rescue Squad, Med. Dir.	PO Box 331	Waddington	NY 13694
West Potsdam Vol. Fire Company, Med. Dir.	801 County Rte 34	Potsdam	NY 13676
West Stockholm Fire Dept, Med. Dir.	PO Box 257	West Stockholm	NY 13696
County EMS organizations			
Jefferson Co EMS Advisory Board, Chair	531 Meade St	Watertown	NY 13601
Lewis Co EMS Advisory Board, Chair	5252 Stowe St	Lowville	NY 13367
St. Lawrence Co EMS Advisory Board, Chair	48 Court St	Canton	NY 13617
County EMS Coordinators			
Jefferson County EMS Coordinator	531 Meade St	Watertown	NY 13601
Lewis County EMS Coordinator	5252 Stowe St	Lowville	NY 13367
St. Lawrence County EMS Coordinator	48 Court St	Canton	NY 13617
Hospital CEO's			
Carthage Area Hospital, CEO	1001 West St	Carthage	NY 13619
River Hospital, CEO	4 Fuller St	Alexandria Bay	NY 13607
Samaritan Medical Center, CEO	830 Washington St	Watertown	NY 13601
Lewis County Health System, CEO	7785 N State St	Lowville	NY 13367
Claxton Hepbern Medical Center, CEO	214 King St	Ogdensburg	NY 13669
Canton-Potsdam Hospital, CEO	50 Leroy St	Postdam	NY 13676
Gouverneur Hospital, CEO	77 West Barney St	Gouverneur	NY 13642
Clifton-Fine Hospital, CEO	1014 Oswegatchie Trail Rd	Clifton Fine	NY 13690
Massena Hospital, CEO	1 Hospital Dr	Massena	NY 13669
Emergency Department Directors			
Carthage Area Hospital, ED Director	1001 West St	Carthage	NY 13619
River Hospital, ED Director	4 Fuller St	Alexandria Bay	NY 13607
Samaritan Medical Center, ED Director	830 Washington St	Watertown	NY 13601
Lewis County General, ED Director	7785 N State St	Lowville	NY 13367

Claxton Hepbern Medical Center, ED Director	214 King St	Ogdensburg	NY	13669
Canton-Potsdam Hospital, ED Director	50 Leroy St	Postdam	NY	13676
Gouverneur Hospital, ED Director	77 West Barney St	Gouverneur	NY	13642
Clifton-Fine Hospital, ED Director	1014 Oswegatchie Trail Rd	Clifton Fine	NY	13690
Massena Hospital, ED Director	1 Hospital Dr	Massena	NY	13669
Municipalities Jefferson County				
Town of Adams, Supervisor	3 South Main St	Adams	NY	13605
Town of Alexandria, Supervisor	46372 Co Rt 1	Alexandria Bay	NY	13607
Town of Antwerp, Supervisor	PO Box 658	Antwerp	NY	13608
Town of Brownville, Supervisor	16431 Star School Rd	Dexter	NY	13634
Town of Cape Vincent, Supervisor	PO Box 680	Cape Vincent	NY	13618
Town of Champion, Supervisor	10 N Broad St	West Carthage	NY	13619
Town of Clayton, Supervisor	405 Riverside Dr	Clayton	NY	13624
Town of Ellisburg, Supervisor	PO Box 113	Ellisburg	NY	13636
Town of Henderson, Supervisor	12105 Town Barn Road	Henderson	NY	13650
Town of Hounsfield, Supervisor	18774 Co Rt 66	Watertown	NY	13601
Town of Leray, Supervisor	8650 Leray St	Evans Mills	NY	13637
Town of Lorraine, Supervisor	20876 Co Rt 189 Suite 2	Lorraine	NY	13659
Town of Lyme, Supervisor	PO Box 66	Chaumont	NY	13662
Town of Orleans, Supervisor	PO Box 103	Lafargeville	NY	13656
Town of Pamela, Supervisor	25859 NYS Route 37	Watertown	NY	13601
Town of Philadelphia , Supervisor	33019 US Route 11	Philadelphia	NY	13673
Town of Rodman, Supervisor	PO Box 523	Rodman	NY	13682
Town of Rutland, Supervisor	28411 NYS 126	Black River	NY	13612
Town of Theresa, Supervisor	215 Riverside Ave	Theresa	NY	13691
Town of Watertown, Supervisor	22867 Co Rt 67	Watertown	NY	13601
Town of Wilna, Supervisor	414 State St	Carthage	NY	13619
Town of Worth, Supervisor	3376 Co Rt 95	Lorraine	NY	13659
Village of Adams, Mayor	3 S Main St	Adams	NY	13685
Village of Alexandria Bay, Mayor	11 Walton St	Alexandria Bay	NY	13607
Village of Antwerp, Mayor	PO Box 620	Antwerp	NY	13608
Village of Black River, Mayor	107 Jefferson Place	Black River	NY	13612
Village of Brownville, Mayor	PO Box 118	Brownville	NY	13615
Village of Cape Vincent, Mayor	PO Box 337	Cape Vincent	NY	13618
Village of Carthage, Mayor	120 S Mechanic St	Carthage	NY	13619

Village of Chaumont, Mayor	PO Box 297	Chaumont	NY 13622
Village of Clayton, Mayor	PO Box 250	Clayton	NY 13624
Village of Deferiet, Mayor	PO Box 206	Deferiet	NY 13628
Village of Dexter, Mayor	PO Box 620	Dexter	NY 13634
Village of Ellisburg, Mayor	PO Box 116	Ellisburg	NY 13636
Village of Evans Mills, Mayor	PO Box 176	Evans Mills	NY 13673
Village of Glen Park, Mayor	642 Main St	Glen Park/Watertown	NY 13601
Village of Mannsville, Mayor	PO Box 153	Mannsville	NY 13661
Village of Philadelphia, Mayor	PO Box 70	Philadelphia	NY 13673
Village of Sackets Harbor, Mayor	PO Box 335	Sackets Harbor	NY 13685
Village of Theresa, Mayor	PO Box 153	Mannsville	NY 13691
Village of West Carthage, Mayor	61 High St	Carthage	NY 13619
City of Watertown, Mayor	245 Washington St	Watertown	NY 13601
Municipalities St. Lawrence County			
Town of Brasher, Supervisor	PO Box 358	Brasher Falls	NY 13613
Town of Canton, Supervisor	60 Main St	Canton	NY 13617
Town of Clare, Supervisor	172 Dean Rd	Russell	NY 13684
Town of Clifton, Supervisor	PO Box 685	Cranberry Lake	NY 12927
Town of Colton, Supervisor	94 Main St	Colton	NY 13625
Town of Dekalb, Supervisor	PO Box 133	Dekalb Jct	NY 13630
Town of Depeyster, Supervisor	PO Box 9	Depeyster	NY 13633
Town of Edwards, Supervisor	PO Box 24	Edwards	NY 13635
Town of Fine, Supervisor	4078 State Hwy 3	Star Lake	NY 13690
Town of Fowler, Supervisor	87 Little York Rd	Gouverneur	NY 13642
Town of Gouverneur, Supervisor	248 W Barney St	Gouverneur	NY 13642
Town of Hammond, Supervisor	PO Box 219	Hammond	NY 13646
Town of Hermon, Supervisor	PO Box 28	Hermon	NY 13652
Town of Hopkinton, Supervisor	7 Church St	Hopkinton	NY 12965
Town of Lawrence, Supervisor	11403 US Hwy 11	N Lawrence	NY 12967
Town of Lisbon, Supervisor	6963 CR 10	Lisbon	NY 13658
Town of Louisville, Supervisor	14810 SH 37	Massena	NY 13662
Town of Macomb, Supervisor	6663 St Hwy 58	Hammond	NY 13646
Town of Madrid, Supervisor	3529 CR 14	Madrid	NY 13660
Town of Massena, Supervisor	60 Main St Rm 4	Massena	NY 13662
Town of Morristown, Supervisor	2908 St Hwy 37	Ogdensburg	NY 13669

Town of Norfolk, Supervisor	PO Box 481	Norfolk	NY	13667
Town of Oswegatchie, Supervisor	51 State St	Heuvelton	NY	13654
Town of Parishville, Supervisor	PO Box 155	Parishville	NY	13672
Town of Piercefield, Supervisor	PO Box 155	Piercefield	NY	12973
Town of Pierrepont, Supervisor	864 St Hwy 68	Canton	NY	13617
Town of Pitcairn, Supervisor	10 Edwards Rd	Harrisville	NY	13648
Town of Potsdam, Supervisor	18 Elm St	Potsdam	NY	13676
Town of Rossie, Supervisor	38386 CR 25	Antwerp	NY	13608
Town of Russell, Supervisor	PO Box 628	Russell	NY	13684
Town of Stockholm, Supervisor	540 SH 11C	Winthrop	NY	13697
Town of Waddington, Supervisor	46 A Maple St	Waddington	NY	13694
Village of Canton, Mayor	60 Main St	Canton	NY	13617
Village of Gouverneur, Mayor	33 Clinton St	Gouverneur	NY	13642
Village of Hammond, Mayor	PO Box 188	Hammond	NY	13646
Village of Heuvelton, Mayor	51 State St	Heuvelton	NY	13654
Village of Massena, Mayor	60 Main ST Rm 12	Massena	NY	13662
Village of Norwood, Mayor	3 River Rd	Norwood	NY	13668
Village of Potsdam, Mayor	PO Box 5168	Potsdam	NY	1E+05
Village of Rensselaer Falls, Mayor	PO Box 1	Rensselaer Falls	NY	13680
Village of Richville, Mayor	PO Box 285	Richville	NY	13681
Village of Waddington, Mayor	27 Brookview Dr	Waddington	NY	13694
City Of Ogdensburg, Mayor	330 Ford St	Ogdensburg	NY	13669
Municipalities Lewis County				
Town of Croghan, Supervisor	9882 State Rte 126	Castorland	NY	13620
Town of Denmark, Supervisor	3707 Roberts Rd	Carthage	NY	13619
Town of Diana, Supervisor	PO Box 460	Harrisville	NY	13648
Town of Greig, Supervisor	5186 Greig Rd	Greig	NY	13345
Town of Harrisburg, Supervisor	3620 O'Brien Rd	Lowville	NY	13367
Town of Lewis, Supervisor	PO Box 218	West Leyden	NY	13489
Town of Leyden, Supervisor	6638 Rugg Rd	Boonville	NY	13309
Town of Lowville, Supervisor	5533 Bostwick St	Lowville	NY	13367
Town of Lyonsdale, Supervisor	3364 Pearl St	Port Leyden	NY	13433
Town of Martingsburg, Supervisor	6371 East Martingsburg Rd	Lowville	NY	13367
Town of Montague, Supervisor	6353 Salmon River Rd	Lowville	NY	13367
Town of New Bremen, Supervisor	8420 State Rte 812	Lowville	NY	13367

Town of Osceola, Supervisor	1426 Osceola Rd	Camden	NY	13316
Town of Pinckney, Supervisor	587 County Rte 194	Copenhagen	NY	13626
Town of Turin, Supervisor	5137 Old St Rt 12	Lyons Falls	NY	13368
Town of Watson, Supervisor	6971 Number Four Rd	Lowville	NY	13367
Town of West Turin, Supervisor	5438 Kessler Rd	Boonville	NY	13309
Village of Castorland, Mayor	PO Box 104	Castorland	NY	13620
Village of Constableville, Mayor	PO Box 433	Constableville	NY	13325
Village of Copenhagen, Mayor	PO Box 237	Copenhagen	NY	13626
Village of Croghan, Mayor	PO Box 391	Croghan	NY	13327
Village of Lowville, Mayor	5535 Bostwick St	Lowville	NY	13367
Village of Lyons Falls, Mayor	PO Box 368	Lyons Falls	NY	13368
Village of Port Leyden, Mayor	PO Box 582	Port Leyden	NY	13433
Village of Turin, Mayor	6312 East Main St	Turin	NY	13473

4311 East Genesee Street
Syracuse, NY 13214

NSS

Adams Center Fire District,
Chairperson
13401 North St
Adams, NY 13605



\$ 000.74
First-Class - Int'l
08/01/2025
034B 0081832696

MIXIE 146 DE 1 0008/13/25
RETURN TO SENDER
NO SUCH STREET
UNABLE TO FORWARD
BC: 13214212111 *1713-09724-02-31

NSS

Degrasse, Clare & S. Russell Vol. Fire
Dept, Med. Dir.
PO Box 597
Russell, NY 13684

MIXIE 146 DE 1 0008/05/25
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 13214212111 *1613-01517-02-31

Degrasse, Clare & S. Russell Vol. Fire
Dept, Chief
PO Box 597
Russell, NY 13684

NSS

MIXIE 146 DE 1 0008/05/25
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
*1637-02304-09-25

Syracuse, NY 13214

First-Class Mail
08/01/2025
ZIP 13214
034B 0081332696



Town of Watertown Ambulance
Service Medical Dept
PO Box 155
187
Watertown, NY 13601

NIXIE 146 SE 1 2208/06/25
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF
13214212111 *1713-00485-02-27
13214212111

Town of Worth, Supervisor
3376 Co Rt 95
Lorraine, NY 13659

FRNK

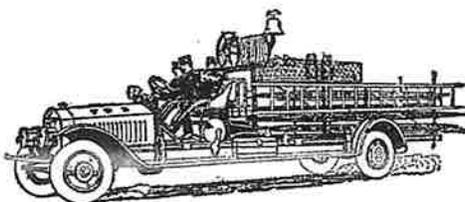
NIXIE 146 7E 1 2208/06/25
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK
13214212111 *1713-00485-02-27
13214212111

Town of Watertown Ambulance Serv,
PO Box 155
187
Watertown, NY 13601

NIXIE 146 DC 1 0008/06/25
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF
13214212111 *1613-07576-02-31
13214212111



BEAVER FALLS FIRE DISTRICT

9583 Main Street, PO Box 168
Beaver Falls, New York 13305

Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, NY 13214

August 8, 2007

RE: Natural Bridge CON – Letter of Support

Gentlemen and Ladies,

The Beaver Falls Fire District is in receipt of the letter from Pinsky Law Group outlining the application for an increase in the Certificate of Need for the Natural Bridge Volunteer Ambulance to include the towns of Dianna and Pitcarin.

This was discussed at our District meeting on 8/6/25. Given the well-documented case for need, and the apparent absence of dissent from adjacent provider agencies, we are in support of the proposal.

Also, this was discussed at the fire company level (the Beaver Falls Volunteer Fire Dept, Inc.) meeting on 8/7/25. They operate the Beaver Falls Ambulance (not a separate entity from the fire department) and hold CONs for the towns of Croghan and New Bremen, and contract with those towns to provide ambulance service therein. Be advised that the fire company is in support of the proposal as well.

Good luck with your application.

Ricky D. Hunkins

Ricky D. Hunkins

Chairman,
Beaver Falls Fire District

cc: Natural Bridge Volunteer Ambulance, Inc.
Laurie Ferguson, President, Beaver Falls Volunteer Fire Department

Board of Directors

Mrs. Trisha Amato, Pres.
Mr. Michael Howard, VP
Mrs. Rae Anne LaFave, Tres.
Mrs. Elizabeth Culbertson
Mr. Lucas Whitmore
Ms. Brianna Daniels
Mr. Scott LaClair

Chief Executive Officer
Director of Operations
Mr. Lance Ronas, EMT-P, CCEMTP, CIC

Indian River
Ambulance Service
Quality, Compassionate Care When It's Needed Most

6.5 Sand St.
Philadelphia, New York 13673
Phone: 315-642-8000
Fax: 315-642-8001

August 11, 2025

To Whom It May Concern,

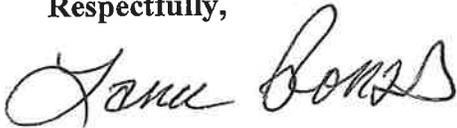
Please accept this letter of response to the application for Natural Bridge Volunteer Ambulance, Inc (NBVA) to expand its Ambulance Service Certificate to include the Towns of Diana and Pitcairn.

Today's EMS environment is difficult to navigate, and many ambulance services are becoming defunct due to lack of workforce, funding or both, as is the case in the towns of Diana and Pitcairn. With these communities no longer covered by an agency with authority to operate within 18 miles of the epicenter of this coverage area Natural Bridge is closer at 10 miles.

With a workforce of 35 volunteers this addition to NBVA coverage area will give their staff a boost in call volume which will enhance their individual skillsets. Another positive for this application.

I fully support the application to expand Natural Bridge Volunteer Ambulance, Inc. Ambulance Service Certificate to include Towns of Diana and Pitcairn.

Respectfully,



**Lance Ronas, EMTP, CCEMTP, CIC
Chief Executive Officer
Director of Operations
Indian River Ambulance Service, Inc.**

Town Supervisor
Rodney Votra
supervisor@parishvilleny.us

Town Clerk
Connie Maguire
clerk@parishvilleny.us

Town of Parishville

PO Box 155
1772 State Hwy. 72
Parishville, NY 13672
Phone: (315) 265-2131

Highway Supervisor
Steve Hart
Highway@parishvilleny.us

Town Justice
Frank Sisto
fsisto@nycourts.org

Town Council
Kari Tremper / Conrad Cook
Tom Demo / Kurstin Jacot

August 11, 2025

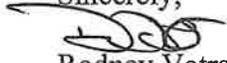
Subject: Notification of Support for Natural Bridge Volunteer Ambulance, Inc. Expansion

To Whom It May Concern,

The Town of Parishville has recently received notification that Natural Bridge Volunteer Ambulance, Inc. has submitted an application to expand its services to the Towns of Diana and Pitcairn. Upon reviewing the information provided by the Pinsky Law Group, PLLC, it is clear that there is a demonstrated need for ambulance services in these communities.

Please be advised that the Town of Parishville has no objections to this proposed expansion.

Sincerely,



Rodney Votra
Town Supervisor
Town of Parishville

TOWN OF PITCAIRN

Town Hall & Garage

10 Edwards Rd
Phone 315-543-2111
Fax 315-543-9577

<u>Town Council</u>	<u>Supervisor</u>	<u>Town Clerk</u>	<u>Hwy. Superintendent</u>
Paul Jackson	Allison Houghton	Chelsea L. Thomas	Jerry McIntosh
Ann Hall	10 Edwards Rd	10 Edwards Rd	10 Edwards Rd
David Sullivan	Harrisville, NY 13648	Harrisville, NY 13648	Harrisville, NY 13648
Dora McIntosh	315-543-2111 Ext 3	315-543-2111 Ext 11	315-543-2111 Ext 22
	Fax 315-543-9577	Fax 315-543-7723	Fax 315-543-9577

August 12, 2025

To Whom It May Concern:

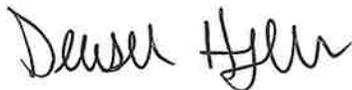
I am writing on behalf of the Natural Bridge Volunteer Ambulance, Inc. It has been brought to my attention that the Certificate of Need for the Town of Pitcairn is in review for the expansion of our township and an adjacent town. As town Supervisor for the Town of Pitcairn, this certificate is vital to our town's needs and the services we provided for our members.

When our local Rescue Service faced a hard time due to limited members and volunteers, we were faced with a decision no township wants to encounter. We met with local adjacent rescue services with the aim of finding coverage for our area. We invited three adjacent service providers to our meeting. One of which did not show, another who stated they had no interest in taking over our location, and Natural Bridge whom, without question, stepped right in and stated they would do all to help our town.

Natural Bridge is the closest Ambulance Service to the town of Pitcairn (15 minutes). With 864 members we need a reliable department to be able to meet our needs. Natural Bridge has done nothing short of this since 2024.

I ask you as a concerned resident and Town Supervisor to accept my letter as a notation of the need in which Natural Bridge is for our community. Obtaining the Certificate of Need would not only be a tremendous benefit to our town members but the vitalization for our community.

Sincerely,



Allison Houghton
Pitcairn Town Supervisor
10 Edwards Rd
Harrisville, NY 13648
Office: 315-543-2111 x3
Fax: 315-543-9577

Morristown Fire & Rescue Co. No. 1, Inc.

200 Morris Street / P.O. Box 4
Morristown, NY 13664
www.morristownfirerescue.com

Jay Moore
Fire Chief
315-323-9069

Kevin Koerick
1st Asst. Chief
315-276-8254

Bryan VanArnum
2nd Asst. Chief
315-323-2755

August 8, 2025

Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, NY 13214

Re: Natural Bridge Volunteer Ambulance, Inc.

To who it may concern:

I have received the notice from Natural Bridge Volunteer Ambulance, Inc. notifying us of their intention to expand their Operating Territory through the Certificate of Need process.

I (We) have evaluated their request to add the following municipalities to their operating territory and they are as follows: the towns of Pitcairn and Diana.

I (We) understand that they are going through this process to align their official operating territory with the reality of their current operations and that they do not anticipate a significant increase in call volume.

I (We) support Natural Bridge Volunteer Ambulance, Inc. request based on the need to secure emergency medical services in our area.

Please do not hesitate to contact me at 315-323-9069 or email jaymore1@yahoo.com with any questions.

Sincerely,



James 'Jay' Moore
Fire Chief



Councilman
Allen Bango II
Councilman
Lonnie Phipps

Zachary J. Smith - Supervisor
Joseph Langs - Highway Superintendent
(315) 543-2315
Andrea Paterson - Town Clerk/Tax Collector
(315) 543-0030
P.O. Box 460
Harrisville, NY 13648

Councilman
Carl Pierce
Councilwoman
Kelly Ritz

Date: August 13, 2025

To: Pinsky Law Group, PLLC
RE: Natural Bridge Volunteer Ambulance, Inc.
4311 East Genesee Street
Syracuse, New York 13214

To Whom It May Concern,

On behalf of the Town of Diana, Hamlet of Harrisville, Lewis County, New York, and at the request of the Town of Diana Supervisor, Zachary Smith, I am writing this letter of support for the Natural Bridge Volunteer Ambulance, Inc.

The Natural Bridge Volunteer Ambulance service is vital to our Town of Diana and Hamlet of Harrisville residents. Our Volunteer Ambulance service stopped services in 2024. Without the Natural Bridge Volunteer Ambulance Inc. services, our community would be left without ambulance services and medical assistance in times of emergency. They are vital to the well being and care of our residents in time of medical need. Without their services the Hamlet of Harrisville and Town of Diana residents would be without ambulance services that could reach us in a timely manner. The Natural Bridge Volunteer Ambulance, Inc. saves lives and gives our residents peace of mind that there will be someone coming when a call is made for medical assistance.

Respectfully,

Andrea M. Paterson
Town of Diana Clerk/Tax Collector
apaterson@townofdiana.com
315-543-003

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Village of Glen Park

Mayor Stephen Macaulay
Trustee Shane Wisner
Trustee Joan Postorino
Trustee Larry J Brown
Trustee Robert Pauly

642 Main Street
Glen Park, New York 13601-1067
Website: www.glenparkny.com
Email: glenpark@twcny.ny.us

Village Office
Phone 315-782-2143

Open Tuesday 9-12
Open Friday 9-12

August 5, 2025

Pinsky Law Group, PLLC
4311 East Genesee St.
Syracuse, NY 13214

Re: Natural Bridge Volunteer Ambulance, Inc.

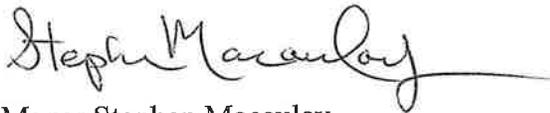
To Whom It May Concern;

The Village of Glen Park would like to express our support for the Natural Bridge Volunteer Ambulance, Inc. in their efforts to expand services into the Town of Diana, Lewis County and Town of Pitcairn, St. Lawrence County.

Due to the vast geographical distance of this area the response time for the next available ambulance service would be greatly lengthen. The Natural Bridge Volunteer Ambulance would greatly improve the response time for the residents of those towns. With volunteers on the decline, it is a credit to this volunteer ambulance service to be able to cover the medical needs of the two towns on top of their current jurisdiction of the Village of Carthage and the Natural Bridge Fire District.

We support the application of the certificate of need for the Towns of Diana and Pitcairn.

Sincerely,



Mayor Stephen Macaulay

VILLAGE OF DEXTER, NEW YORK
Incorporated 1855

PO Box 62
509 Liberty Street
Dexter, New York 13634
Phone: 315-639-6260
Fax: 315-639-3121
mayordexter@villageofdexterny.com
Hearing Impaired Assistance
TDD: 1-800-662-1220

To: Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, New York 13214

From: James R. Eves, Mayor
Board of Trustees
PO Box 62
Dexter, New York 13634

Subject: Natural Bridge Volunteer Ambulance, Inc.

Dear Mr. Bradley Pinsky

The Village of Dexter shows its full support in the Natural Bridge Volunteer Ambulance, Inc.'s efforts in the application for expansion of its ambulance Service to the Town's of Diana and Pitcairn.

The goal of this application is to be authorized to continue to provide a reliable emergency transporting ambulance service to this expansion territory. Both St. Lawrence and Lewis Counties annual number of transports can without a doubt demonstrate a public need for emergency ambulance services, a service that is in very short supply across the entire state of New York.

I firmly believe that an expansion of the Natural Bridge Volunteer Ambulance Service will only bring positive impacts on the community it serves. This application does not seek to displace any other service, leaving no negative impressions upon any other providers.

I urge you to continue to pursue the expansion of the Natural Bridge territory. It only makes sense where upon they are ready and fully equipped to provide a prompt response time and quality experience for their community members during unexpected emergency situations.

Thank you for your attention to this matter, and please feel free to reach out if there is any way I can assist in advancing this endeavor.

Respectfully,


James R. Eves
Mayor

*This is an Equal Opportunity Provider & Employer. Discrimination is prohibited by Federal Law.
Discrimination may be filed with the USDA, Director of Civil Rights, Washington, DC 20250.*



Village of Brownville

P.O. Box 118 • 216 Brown Boulevard
Brownville, New York 13615

Tel: 315-782-7650 • Fax: 315-786-1178
TDD 711 or 1-800-662-1220

August 14, 2025

Pinsky Law Group, PLLC
Re: Natural Bridge Volunteer Ambulance, Inc.
4311 East Genesee Street
Syracuse, New York 13214

Subject: Letter of Support – Expansion of Ambulance Service Certificate

To Whom It May Concern:

On behalf of the Village of Brownville NY, I am writing in strong support of the application by **Natural Bridge Volunteer Ambulance, Inc.** to expand its Ambulance Service Certificate to include the Town of Diana (Lewis County) and the Town of Pitcairn (St. Lawrence County).

Since mid-2024, these communities have been without a dedicated ambulance corps. Natural Bridge Volunteer Ambulance has stepped in to fill this critical gap, providing reliable Basic Life Support transporting ambulance services with an average response time of 15 minutes and a 94% response rate. Their 35 volunteers, including eight EMT-Basics, have consistently demonstrated the capacity, commitment, and professionalism required to meet the needs of this region.

Granting this expansion will ensure continued timely and effective emergency medical response for the residents of the Expansion Territory. It will not negatively affect other providers, as no other service with a Certificate is actively serving this area. In fact, it will strengthen public safety, improve patient outcomes, and enhance the region's emergency medical readiness.

I urge the approval of this application so that Natural Bridge Volunteer Ambulance may continue to provide these essential services to the residents of the Town of Diana and the Town of Pitcairn.

Sincerely,



Pat Connor

Mayor

Village of Brownville NY

TOWN OF EDWARDS



PO BOX 24 • 161 MAIN STREET • EDWARDS, NEW YORK 13635
Phone 315-562-3400 • Fax 315-562-2010 • Email townofedwards@tds.net

Town Supervisor
Jeffery Shippee 315- 640-0650
Town Clerk
Deborah Bullock 315-562-3400
Secretary to the Supervisor
Sharee Lanphear 315-562-3704

Town Council
Jan Lennox 315-562-8264
Dianne Hurley 315-562-4375
Michele Robillard 315-212-2003
Micheale Webb 315-212-5291
Highway Superintendent
Duane Sykes 315-562-3265

August 21, 2025

Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, NY 13214

To Whom It May Concern:

The Town of Edwards fully supports the expansion of the Natural Bridge Volunteer Ambulance, Inc. There is a significant need for ambulance services throughout the North Country.

While the Natural Bridge Volunteer Ambulance, Inc. may not directly serve the Town of Edwards, the neighboring Towns of Pitcairn and Diana would greatly benefit from this expansion. By increasing coverage in those areas, the strain on our own ambulance service provider-often dispatched to calls in Pitcairn and Diana-would be reduced. This, in turn, would help ensure more timely and consistent emergency response for the residents of Edwards.

We appreciate your consideration of this important initiative and positive impact it will have on our region's emergency medical services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deborah Bullock".

Deborah Bullock
Edwards Town Clerk

"The institution is an equal opportunity provider and employer"



214 King Street | Suite C | Ogdensburg, New York 13669
315.713.5237

Richard Duvall
President and CEO
North Star Health Alliance
214 King Street
Ogdensburg, NY 13669
August 20, 2025

Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, NY 13214

Re: Letter of Support – Natural Bridge Volunteer Ambulance Service Certificate Expansion

Dear Mr. Pinsky,

On behalf of North Star Health Alliance and our affiliate hospitals, we are pleased to offer our strong support for the Natural Bridge Volunteer Ambulance Corps in its application to expand its Ambulance Service Certificate (Certificate of Need) to include the Towns of Diana and Pitcairn.

With the closure of the previous ambulance service in these areas, there is an urgent and undeniable public need for dependable emergency medical coverage to safeguard the health and safety of residents. In rural communities, timely access to pre-hospital care is critical, as even small delays in response can significantly impact patient outcomes.

North Star Health Alliance has likewise recognized the critical public need for enhanced ambulance services and is actively pursuing its own Ambulance Certificate of Need to strengthen EMS coverage in St. Lawrence and Jefferson Counties. This shared effort highlights just how urgent and widespread the demand for reliable emergency medical care has become across our region. We commend Natural Bridge Volunteer Ambulance Corps for stepping up to address this gap in service and for taking the necessary steps to formalize its coverage area.

North Star Health Alliance and its affiliates fully support this application and urge its approval in recognition of the significant public need it addresses.

Sincerely,

Richard Duvall
President and CEO
North Star Health Alliance

10/12/20



POTSDAM VOLUNTEER RESCUE SQUAD INC.

*Hope
is on the
Way*

August 12, 2025

Pinsky Law Group, LLC
4311 East Genesee Street
Syracuse, New York 13214

To Whom It May Concern:

The Members of Potsdam Rescue would like to express our Support in Natural Bridge Volunteer Ambulance, in the expansion of their territory to include both township of Diana and Pitcairn.

The Local ambulance in that territory ceased providing services in 2024. Natural Bridge Volunteer Ambulance has currently been providing service exceeding 150 calls to date in those territories.

The expansion of Natural Bridge Volunteer Ambulance will have no effect on us, and will have a positive impact throughout Jefferson County by providing a reliable ambulance service for those townships

Regards,

Charles Merriman, President
Potsdam Volunteer Rescue Squad, Inc.



Councilman
Allen Bango II
Carl Pierce
Lonnie Phipps

Zachary J. Smith - Supervisor
Joseph Langs - Highway Superintendent

Councilwoman
Kelly Ritz

(315) 543-2315
Andrea Paterson - Town Clerk/Tax Collector
(315) 543-0030
P.O. Box 460
Harrisville, NY 13648

To:

8/28/2025

Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, NY 13214

Re: Enclosed Petition – Natural Bridge Rescue Squad Certificate of Need

To Whom it may concern,

As Supervisor of the Town of Diana, I am writing to provide you with the enclosed petition, adopted and circulated by our community, in support of granting the Natural Bridge Rescue Squad a Certificate of Need (CON) to provide emergency medical services within the Towns of Diana and Pitcairn.

This matter is of urgent importance to our residents, as the disbandment of the Harrisville Rescue Squad left a gap in reliable EMS coverage. Natural Bridge Rescue has stepped up to serve our community, demonstrating consistent dependability, faster response times, and strong community engagement. The petition signed by local residents, reflects broad support for their continued service.

We respectfully request your legal guidance in ensuring that this petition, along with any supporting documentation, is properly submitted and considered by the New York State Department of Health and the appropriate Regional Emergency Medical Services Council.

Please advise us on the most effective next steps to present this petition and strengthen our position during the pending CON hearing. Thank you for your assistance and for your continued support of the Town of Diana.

Sincerely,

Zachary J Smith, Town of Diana Supervisor

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Councilman
Allen Bango II
Carl Pierce
Lonnie Phipps

Zachary J. Smith - Supervisor
Joseph Langs - Highway Superintendent

Councilwoman
Kelly Ritz

(315) 543-2315
Andrea Paterson - Town Clerk/Tax Collector
(315) 543-0030
P.O. Box 460
Harrisville, NY 13648

Enclosure: Community Petition of Support – Natural Bridge Rescue Squad CON

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Name	City	State	Postal Cod	Country	Signed On
Zachary Smith				United States	8/26/2025
Dylan Baker	Harrisville	NY	13648	United States	8/26/2025
Becka Swanson	Harrisville	NY	13648	United States	8/26/2025
Alicia Mera	Harrisville	NY	13648	United States	8/26/2025
Brittany Moore	Watertown	NY	13601	United States	8/26/2025
Chrishelle Marolf	Harrisville	NY	13648	United States	8/26/2025
Stacey Bowen	Harrisville	NY	13648	United States	8/26/2025
Rebecca Moore	Harrisville	NY	13648	United States	8/26/2025
Cheryl Schroy	Gouverneur	NY	13642	United States	8/26/2025
Scott D. Conklin	Lake Bonaparte	NY	12522	United States	8/26/2025
Tennille Schmitt	New York	NY	10118	United States	8/26/2025
Heather Tuttle	New York	NY	10118	United States	8/26/2025
Codey Swanson	Cohoes	NY	12047	United States	8/26/2025
William Barse	Morristown	NY	13664	United States	8/26/2025
Corey Peabody	Harrisville	NY	13648	United States	8/26/2025
John LaDuc	Harrisville	NY	13648	United States	8/26/2025
LoryAnn Church	New York	NY	13648	United States	8/26/2025
Rachel Laso	Evans Mills	NY	13637	United States	8/26/2025
Amy Marrocco	Carthage	NY	13619	United States	8/26/2025
Jenni Durham	New York	NY	13648	United States	8/26/2025
Georgiana Murphy	Harrisville	NY	13648	United States	8/26/2025
Karen Meeker	New York	NY	13665	United States	8/26/2025
Delene Wood	New York	NY	10118	United States	8/26/2025
Jeneen LaBeau	Harrisville	NY	13648	United States	8/26/2025
Jill Fraser	Harrisville	NY	13648	United States	8/26/2025
Naura Christman	Harrisville	NY	13648	United States	8/26/2025
Kimberley Young	Syracuse	NY	13215	United States	8/26/2025
Brittani Bickel	Star Lake	NY	13690	United States	8/26/2025
Andrea Paterson	Albany	NY	12203	United States	8/26/2025
Jereme Paterson	Harrisville	NY	13648	United States	8/26/2025
Nathan Weaver	Ogdensburg	NY	13669	United States	8/26/2025
Beverly Mealus	Harrisville	NY	13648	United States	8/26/2025
Abby LaPlatney	Harrisville	NY	13648	United States	8/26/2025
Juanita Billand	Harrisville	NY	13648	United States	8/26/2025
Cheyenne Cole	Gouverneur	NY	13642	United States	8/26/2025
Bailey Clarke	Natural Bridge	NY	13665	United States	8/26/2025
Henry Fraser	Gouverneur	NY	13642	United States	8/26/2025
Karen Bellinger	Harrisville	NY	13648	United States	8/26/2025
Zachary Smith	Sherburne	NY	13460	United States	8/26/2025
Heather Harper	Gouverneur	NY	13642	United States	8/26/2025
Gene Spencer	New York	NY	10010	United States	8/26/2025
Steven Roberts	Harrisville	NY	13648	United States	8/26/2025
Jessica Frerichs	Harrisville	NY	13648	United States	8/26/2025

Suzanne Young	Harrisville	NY	13648	United States	8/26/2025
Jennifer Schrodt	Harrisville	NY	13648	United States	8/26/2025
Rose Michelle	Harrisville	NY	13648	United States	8/26/2025
Lucas Schrodt	Harrisville	NY	13648	United States	8/26/2025
Colby Hughto	Harrisville	NY	13648	United States	8/26/2025
Thomas Harper	Carthage	NY	13619	United States	8/26/2025
Steven Calloway	Copenhagen	NY	13626	United States	8/26/2025
Tracy Raven	Harrisville	NY	13648	United States	8/26/2025
Mary LaPlatney	Harrisville	NY	13648	United States	8/26/2025
Helen Cole	Harrisville	NY	13648	United States	8/26/2025
Teresa Phipps	Natural Bridge	NY	13665	United States	8/26/2025
Donna Langs	Harrisville	NY	13648	United States	8/26/2025
Leland Arnold	Wappingers Fal	NY	12590	United States	8/26/2025
Dale Best	Harrisvill	NY	13648	United States	8/26/2025
Richard Kahn	Harrisville	NY	13648	United States	8/26/2025
Lindsay Best	New York	NY	10118	United States	8/26/2025
Jeanne Parks	Lowville	NY	13367	United States	8/26/2025
Karen Clark.	Harrisville	NY	13648	United States	8/26/2025
Brandon Lesperan	Harrisville	NY	13648	United States	8/26/2025
Ann Hall	Harrisville	NY	13648	United States	8/26/2025
Desiree Morgan	Carthage	NY	13619	United States	8/26/2025
Anna Seymour	Harrisville	NY	13648	United States	8/26/2025
Brandy Kelley	Harrisville	NY	13648	United States	8/26/2025
Tara Ellis	Harrisville	NY	13648	United States	8/26/2025
Linda Kloster	Harrisville	NY	13648	United States	8/26/2025
Erin Miller	Burnt Hills	NY	13648	United States	8/26/2025
Amanda Ethier	Star Lake	NY	13690	United States	8/26/2025
troy spencer	Albany	NY	12206	United States	8/26/2025
brenda backus	harrisville	NY	13648	United States	8/26/2025
Lonnie Phipps	Natural Bridge	NY	13665	United States	8/26/2025
Christopher Eisel	Watertown	NY	13601	United States	8/26/2025
Amanda Jackson	Harrisville	NY	13648	United States	8/26/2025
Kelly Ritz	Harrisville	NY	13648	United States	8/26/2025
Linda LaParr	Harrisville	NY	13648	United States	8/26/2025
Chelsi Getman	Harrisville	NY	13648	United States	8/26/2025
Kelsey Partheymul	Castorland	NY	13620	United States	8/26/2025
Jason Baker	Natural Bridge	NY	13665	United States	8/26/2025
Julie Roy	Watertown	NY	13601	United States	8/26/2025
Maureen Cowie	Harrisville	NY	13648	United States	8/26/2025
Kathleen Manches	Harrisville	NY	13648	United States	8/26/2025
Heidi Baker	Natural Bridge	NY	13665	United States	8/26/2025
Cheryl Face	Carthage	NY	13619	United States	8/26/2025
Kyleigh Clement	Albany	NY	12207	United States	8/26/2025
Tyler B	KC Metro	MO	64030	United States	8/26/2025

Tammy Hubbard	Gouverneur	NY	13642	United States	8/26/2025
Mary Ritz	New York	NY	10118	United States	8/26/2025
Crystal Kerr	Harrisville	NY	13648	United States	8/26/2025
Deborah Sullivan	Harrisville	NY	13648	United States	8/26/2025
Patty Forbes	Theresa	NY	13691	United States	8/26/2025
Alivia Hall	Harrisville	NY	13648	United States	8/26/2025
Lori Habermann	Harrisville	NY	13648	United States	8/26/2025
Cinda Bush	Lowville	NY	13367	United States	8/26/2025
Lance Armor		HI		United States	8/26/2025
Joanna Mancheste	Natural Bridge	NY	13665	United States	8/26/2025
Diane Peebles	Natural Bridge	NY	13665	United States	8/26/2025
Carole Moore	Harrisville	NY	13648	United States	8/26/2025
Cadence Atkinson	Harrisville	NY	13648	United States	8/26/2025
Arianna Weir	Harrisville	NY	13648	United States	8/26/2025
Kendra Goldthrite	Carthage	NY	13619	United States	8/26/2025
Liza Atkinson	Harrisville	NY	13648	United States	8/26/2025
Allan Bowen	Brockport	NY	14420	United States	8/26/2025
Christine Buckley	Harrisville	NY	13648	United States	8/26/2025
McKenzie Clarke	Natural Bridge	NY	13665	United States	8/26/2025
Stacey Shippee	Harrisville ny	NY	13648	United States	8/26/2025
Michael J Muldova	Harrisville	NY	13648	United States	8/26/2025
Sandy Weaver	Harrisville	NY	13648	United States	8/26/2025
RiKayla Brown	Alexandria	VA	22314	United States	8/26/2025
Aris Bango	Harrisville	NY	13648	United States	8/26/2025
Patricia Frerichs	Gouverneur	NY	13642	United States	8/26/2025
Patricia ^o Kiggins	Gouverneur	NY	13642	United States	8/26/2025
Penny Evans	Harrisville	NY	13648	United States	8/26/2025
Kevin Wallace	Harrisville	NY	13648	United States	8/26/2025
Cassidy LaBeau	Carthage	NY	13619	United States	8/26/2025
Amanda Soper	Monroe	NY	10950	United States	8/26/2025
Pamela Eastman	Harrisville	NY	13648	United States	8/26/2025
Jennien Seymour	Harrisville	NY	13648	United States	8/26/2025
Alicia Swanson	Potsdam	NY	13676	United States	8/26/2025
Paul Hooper	Harrisville	NY	13648	United States	8/26/2025
Jena Soper	Harrisville	NY	13648	United States	8/26/2025
Cori Brouty	Syracuse	NY	13202	United States	8/26/2025
Kara Mouser	Birmingham	NY	13648	United States	8/26/2025
Aul Jackson	Albany	NY	12206	United States	8/26/2025
Autumn Rivers	Harrisville	NY	13648	United States	8/26/2025
Al and Terri Mallett	Watertown	NY	13601	United States	8/26/2025
Breyanna Warvel	Schenectady	NY	12309	United States	8/26/2025
Cathi Ford	Harrisville	NY	13648	United States	8/26/2025
Darcy Fuller	Harrisville	NY	13648	United States	8/26/2025
Pat and Tom Best	Gouverneur	NY	13642	United States	8/26/2025

Donna Stone	Harrisville	NY	13648	United States	8/26/2025
Amanda Johnson	Harrisville	NY	13648	United States	8/26/2025
Elaine Murray	Theresa NY	NY	13691	United States	8/26/2025
Shirley Sullivan	Edwards	NY	13652	United States	8/26/2025
Margeaux Davis	Harrisville	NY	13648	United States	8/26/2025
Karen Shaw	Harrisville	NY	13648	United States	8/26/2025
Morgan McIntosh	Harrisville	NY	13648	United States	8/26/2025
Carol Reader	Harrisville	NY	13648	United States	8/26/2025
Krista Rice	Pitcairn	NY	13648	United States	8/26/2025
Trevor Luther	Harrisville	NY	13648	United States	8/26/2025
Megan Gadbow	Natural Bridge	NY	13665	United States	8/26/2025
Sharon Wohnsiedl	Harrisville Na1	NY	13648	United States	8/26/2025
Grace Thomas	Harrisville	NY	13648	United States	8/26/2025
Kelly Render	Harrisville	NY	13648	United States	8/26/2025
Teri Streeter	Carthage	NY	13619	United States	8/26/2025
Sarah Miller	Harrisville	NY	13648	United States	8/26/2025
Judy Bailey	Carthage	NY	13619	United States	8/26/2025
Bonnie Davenport	New York	NY	10118	United States	8/26/2025
Delinda LaRock	Parish	NY	13131	United States	8/26/2025
Kelly Pacella	Carthage	NY	13619	United States	8/26/2025
Alyssa Grove	Natural Bridge	NY	13665	United States	8/26/2025
Kylee Best Best	Harrisville	NY	13648	United States	8/26/2025
Jamie Martin	Harrisville	NY	13648	United States	8/26/2025
Jean Messer	Harrisville	NY	13648	United States	8/26/2025
Dana Hickey	Carthage	NY	13619	United States	8/26/2025
Miriah Edwards	Natural Bridge	NY	13619	United States	8/26/2025
Patty McMullen	Harrisville	NY	13648	United States	8/26/2025
Amanda McDonald	Silver Spring	MD	20904	United States	8/26/2025
Noah Herne	Harrisville	NY	13648	United States	8/26/2025
Shannon Der	Albany	NY	12203	United States	8/26/2025
Allison Houghton	Buffalo	NY	14219	United States	8/26/2025
Barbara Looby	Harrisville	NY	1	United States	8/26/2025
Lori Kobylanski	Harrisville	NY	13648	United States	8/26/2025
Nickolas Weir	Cohoes	NY	12047	United States	8/26/2025
Anna Arnold	Philadelphia	NY	13673	United States	8/26/2025
Diane Ward-Roger	Catskill	NY	12414	United States	8/26/2025
Jeffrey Exford	Harrisville	NY	13648	United States	8/26/2025
Jill Farr	Natural Bridge	NY	13665	United States	8/26/2025
Billie Gadbow	Harrisville	NY	13648	United States	8/26/2025
Chelsea Thomas	New York	NY	13648	United States	8/26/2025
Amanda Kimball	Fayetteville	NY	13066	United States	8/26/2025
Samuel Verbeck	Harrisville	NY	13648	United States	8/26/2025
Andreu Kelley	Harrisville	NY	13648	United States	8/26/2025
Cassandra Woodw	Harrisville	NY	13648	United States	8/26/2025

Elizabeth Wallace	Richmond	VA	23237	United States	8/26/2025
Lou Ann Gregory	Harrisville	NY	13648	United States	8/26/2025
Joanne Holly	Harrisville	NY	13648	United States	8/26/2025
JoAnne Stott	Albany	NY	12203	United States	8/26/2025
Mary Bond	Harrisville	NY	13648	United States	8/26/2025
Cory Bearor	Harrisville	NY	13648	United States	8/26/2025
Danielle Mahoney	Cato	NY	13033	United States	8/26/2025
Emily Netto	Harrisville	NY	13648	United States	8/26/2025
David Manchester	Harrisville	NY	13648	United States	8/26/2025
Michelle LaPlatney	Harrisville	NY	13648	United States	8/26/2025
Ryan Brown	Harrisville	NY	13648	United States	8/26/2025
Patricia j Morgan	Carthage	NY	13619	United States	8/26/2025
Judy McIntosh	Albany	NY	13648	United States	8/26/2025
Michele Pignone	Natural Bridge	NY	13665	United States	8/26/2025
Jessie Burns	Harrisville	NY	13648	United States	8/26/2025
Brooke Hughto	Harrisville	NY	13648	United States	8/26/2025
Debra Groszewski	Wappingers Fal	NY	12590	United States	8/26/2025
Kathleen Best	Gouverneur	NY	13642	United States	8/26/2025
Heather Wilson	Gouverneur	NY	13642	United States	8/26/2025
Nancy Ziegler	Harrisville	NY	13648	United States	8/26/2025
Jennifer Meagher	Harrisville	NY	1364	United States	8/26/2025
Haley Reed	Harrisville	NY	13648	United States	8/26/2025
Robin Brown	Ogdensburg	NY	13669	United States	8/26/2025
Vickie Backus	Harrisville	NY	13648	United States	8/26/2025
Sharon Peck	Lowville	NY	13367	United States	8/26/2025
James Williams	Harrisville	NY	13648	United States	8/26/2025
Cynthia Crowe	Albany	NY	12203	United States	8/26/2025
Lea Boylan	East syracuse	NY	13057	United States	8/26/2025
Trena Middlestate	Harrisville	NY	13648	United States	8/26/2025
Lane Netto	Harrisville	NY	13648	United States	8/26/2025
Marty Ritchings	Oswegatchie	NY	13670	United States	8/26/2025
Valerie Bell	Monroe	NY	10950	United States	8/26/2025
Laurie Watson	Harrisville	NY	13648	United States	8/26/2025
Donita Wicks	Harrisville	NY	13648	United States	8/26/2025
Melissa Martin	Albany	NY	12203	United States	8/26/2025
Carla Yaw	Harrisville	NY	13648	United States	8/26/2025
Howard Knowlton	Harrisville	NY	13648	United States	8/26/2025
Ellen Ratchford	Clifton Park	NY	12065	United States	8/26/2025
joel emerson	Harrisville	NY	13648	United States	8/26/2025
Deborah Seubert	Harrisville	NY	13648	United States	8/26/2025
Tara Baird	Silver Spring	MD	20904	United States	8/26/2025
Jamey Raote	Natural Bridge	NY	13665	United States	8/26/2025
Michelle Scalzo	Harrisville	NY	13648	United States	8/26/2025
DEBRA BEAROR	New York	NY	10118	United States	8/26/2025

Colleen Best	Silver Spring	MD	20904	United States	8/26/2025
Kristy Turck	Carthage	NY	13619	United States	8/26/2025
Andrea Mono	Harrisville	NY	13648	United States	8/26/2025
Candie Luther	Harrisville	NY	13648	United States	8/26/2025
Ashley Lesperance	Harrisville	NY	13648	United States	8/26/2025
Clarence Davis II	Albany	NY	12205	United States	8/26/2025
Debbie Christy	Potsdam	NY	13676	United States	8/26/2025
Colleen Bush	Harrisville	NY	13648	United States	8/26/2025
Mark Liberatore	Harrisville	NY	13648	United States	8/26/2025
Robert Bellinger	Harrisville	NY	13648	United States	8/26/2025
Patricia Bush	Gouverneur	NY	13642	United States	8/26/2025
Brooke Garrow	Carthage	NY	13628	United States	8/26/2025
Bethann Chisamor	Harrisville	NY	13648	United States	8/26/2025
Ashley Warner	Saint Petersburg	FL	33709	United States	8/26/2025
Darcie Belite	Natural Bridge	NY	13665	United States	8/26/2025
Brenda Richer McE	Rome	NY	13440	United States	8/26/2025
Joseph Butts	Harrisville	NY	13648	United States	8/26/2025
Raven Winters	Albany	NY	12205	United States	8/26/2025
Dale Best	Harrisville	NY	13648	United States	8/26/2025
John Martin. II	Harrisville	NY	13648	United States	8/26/2025
Bonnie Warner	Seminole	FL	33772	United States	8/26/2025
Judith Tidaback	Gouverneur	NY	13642	United States	8/26/2025
Carol Tucker	Monroe	NY	10950	United States	8/26/2025
Emma Grigg	Alden	NY	14004	United States	8/26/2025
Donna Brown	Harrisville	NY	13648	United States	8/26/2025
Amy Gardner	Eldora	NJ	8270	United States	8/26/2025
Erick Alvarado	Syracuse	NY	13207	United States	8/26/2025
Steve Backus	Harrisville	NY	13648	United States	8/26/2025
Rose Weir	Watertown	NY	13601	United States	8/26/2025
William Martle	Monroe	NY	10950	United States	8/26/2025
Carrie Hooley	Harrisville	NY	13648	United States	8/26/2025
Shelene Atkinson	Ogdensburg	NY	13669	United States	8/26/2025
Jill Carpenter	Harrisville	NY	13648	United States	8/26/2025
Diane Mooney	Harrisville	NY	13648	United States	8/26/2025
Ralph Oatman	Springfield Cen	NY	13468	United States	8/26/2025
Wendy Whitton	Gouverneur	NY	13642	United States	8/26/2025
Jessica Jenack	Harrisville	NY	13648	United States	8/26/2025
Julie Fowler	Harrisville	NY	13648	United States	8/26/2025
Heather M Andrese	Potsdam	NY	13676	United States	8/26/2025
etha cobb	Carthage	NY	13619	United States	8/26/2025
Vincent Oneil	Natural Bridge	NY	13665	United States	8/26/2025
Matt Gardner	Woodbine	NJ	8270	United States	8/26/2025
robin graves	Natural Bridge	NY	13665	United States	8/26/2025
Jack Gibson	Gouverneur	NY	13642	United States	8/26/2025

David Gregory	Lowville	NY	13367 United States	8/26/2025
mike murphy	Harrisville	NY	13648 United States	8/26/2025
Debra Rose	Harrisville	NY	13648 United States	8/26/2025
Tom Mallette	Harrisville	NY	13648 United States	8/26/2025
Michelle McCaffrey	Tampa	FL	33610 United States	8/26/2025
Shannon Finley	St Lawrence	NY	13648 United States	8/26/2025
Lisa Bango	Harrisville	NY	13648 United States	8/26/2025
Lynn Chauvin	Harrisville	NY	13648 United States	8/26/2025
Kaye Warner	Harrisville	NY	13648 United States	8/26/2025
Jessica Kobylanski	Harrisville	NY	13648 United States	8/26/2025
Carol Hooper	Gouverneur	NY	13642 United States	8/26/2025
Valerie Hayes	Brewerton	NY	13029 United States	8/26/2025
Wendy Intorcica	Carthage	NY	13619 United States	8/26/2025
Mary Mallette	Harrisville	NY	13648 United States	8/26/2025
Corey Dosztan	New York	NY	13473 United States	8/26/2025
Steve Poppe	Harrisville	NY	13648 United States	8/26/2025
Holly Rathbun	Oswegatchie	NY	13670 United States	8/26/2025
Pamela Miller	Syracuse	NY	13215 United States	8/26/2025
Pamelia Hebert	Philadelphia	NY	13673 United States	8/26/2025
Hannah Butts	Albany	NY	12205 United States	8/26/2025
Kimberly Meilleur	Harrisville	NY	13648 United States	8/26/2025
Cheryl Schmidt	Watertown	NY	13601 United States	8/26/2025
P Hitchman	Port Orchard	WA	98367 United States	8/26/2025
brian forbes	Carthage	NY	13619 United States	8/26/2025
Jodi Hayes	Star Lake	NY	13690 United States	8/26/2025
Mary Choquette	Harrisville	NY	13648 United States	8/26/2025
Logan Marolf	New Windsor	NY	12553 United States	8/26/2025
Geri Kowalczyk	Carthage	NY	13619 United States	8/26/2025
LUANN HUNT	Watervliet	NY	12189 United States	8/26/2025
Tim Bailey	Carthage	NY	13619 United States	8/26/2025
Connor Mantle	New York	NY	10028 United States	8/26/2025
Joseph Hart	Brewerton	NY	13029 United States	8/26/2025
patnode Carson	Harrisville	NY	13648 United States	8/26/2025
Michele Townsend	Harrisville	NY	13648 United States	8/26/2025
Beth Woods	Star Lake	NY	13690 United States	8/26/2025
marcel ciascai	Front Royal	VA	22630 United States	8/26/2025
Amiee Backus	Carthage	NY	13619 United States	8/26/2025
Joanne Eddy	Massena	NY	13662 United States	8/26/2025
Morgan Patnode	Harrisville	NY	13648 United States	8/26/2025
Brian Best	Harrisville	NY	13648 United States	8/26/2025
Kim Jordan	Harrisville	NY	13648 United States	8/26/2025
Amanda Graveline	Potsdam	NY	13676 United States	8/26/2025
Tammy Mcbroom	Ogdensburg	NY	13669 United States	8/26/2025
Terri Luther	West Valley City	UT	84119 United States	8/26/2025

Darcy DeLair	Natural Bridge	NY	13665	United States	8/26/2025
Joseph Burke	Adams Center	NY	13606	United States	8/26/2025
Cassandra Fraim	Harrisville	NY	13648	United States	8/26/2025
Margaret Dooley D	Watertown	NY	13601	United States	8/26/2025
Rebecca Gibson	Harrisville	NY	13648	United States	8/26/2025
Tammy McIntosh	Harrisville	NY	13648	United States	8/26/2025
Eric Lee	Carthage	NY	13619	United States	8/26/2025
Lynne Hunter	Tampa	FL	33634	United States	8/26/2025
Helen Ziegler	New York	NY	10021	United States	8/26/2025
DARRELL BEST	Gouverneur	NY	13642	United States	8/26/2025
eugene monica	calcium	NY	13616	United States	8/26/2025
Sharon Williamson	Harrisville	NY	13648	United States	8/26/2025
Shelly Carr	Harrisville	NY	13648	United States	8/26/2025
Sandi Moore	Harrisville	NY	13648	United States	8/26/2025
Taylor Booth	Watertown	NY	13601	United States	8/26/2025
chantelle Lancor	Gouverneur	NY	13642	United States	8/26/2025
Andi Kloster	Albany	NY	12205	United States	8/26/2025
James Manell	Harrisville	NY	13648	United States	8/26/2025
Kelci Bango	Evans Mills	NY	13637	United States	8/26/2025
Brenda McIntosh	Harrisville	NY	13648	United States	8/26/2025
Caitlyn Ainsworth	Croghan	NY	13327	United States	8/26/2025
Genie Weaver	Harrisville	NY	13648	United States	8/26/2025
Donald Dorchester	Carthage	NY	13619	United States	8/26/2025
Caitlin Goolden	Star Lake	NY	13690	United States	8/26/2025
Kristina Mancheste	Newburgh	NY	13648	United States	8/26/2025
Samantha Abar	Watertown	NY	13601	United States	8/26/2025
Mary Lou Dorchest	Schenectady	NY	12309	United States	8/26/2025
David Peebles	Carthage	NY	13619	United States	8/26/2025
Beth A Crane	Harrisville	NY	13648	United States	8/26/2025
Dorothy Woodwort	Marlboro	NY	12542	United States	8/26/2025
Michael Dumas	Harrisville	NY	13648	United States	8/26/2025
Lisa Langevin	Star Lake	NY	13690	United States	8/26/2025
Erik Latremore	Carthage	NY	13619	United States	8/26/2025
Diana Dailey	Harrisville	NY	13648	United States	8/26/2025
Corey Larock	Harrisville	NY	13648	United States	8/26/2025
Trudy ALLEN	Harrisville	NY	13648	United States	8/26/2025
Belinda Hubbard	Gouverneur	NY	13642	United States	8/26/2025
Sarah McCarter	Harrisville	NY	13648	United States	8/26/2025
Jaymee Reynolds	Carthage	NY	13619	United States	8/26/2025
Wendy Snyder	Lowville	NY	13367	United States	8/26/2025
Deleha Alvarado	Harrisville	NY	13648	United States	8/26/2025
Russ Bowen	New York	NY	10118	United States	8/26/2025
Alana Luther	Schenectady	NY	12309	United States	8/26/2025
Jeff Davison	Gouverneur	NY	13642	United States	8/26/2025

Tyler Boliver	Carthage	NY	13619	United States	8/26/2025
Matthew LaVancha	Raquette Lake	NY	13436	United States	8/26/2025
Angela Webster	Albany	NY	12203	United States	8/26/2025
Peter Benson	New York	NY	10118	United States	8/26/2025
Justine Schuerfeld	Harrisville	NY	13648	United States	8/26/2025
Aedon Miller	Ogdensburg	NY	13669	United States	8/26/2025
Jennifer Putnam	Carthage	NY	13619	United States	8/26/2025
Chelsea Ashcroft	Monroe	NY	10950	United States	8/26/2025
Kelsie Berry	Watertown	NY	13601	United States	8/26/2025
Debra Myers	Natural Bridge	NY	13665	United States	8/26/2025
Darcy Bowen	New York	NY	10118	United States	8/26/2025
Leanna Trombley	Harrisville	NY	13648	United States	8/26/2025
Annie Leonard	River Falls	WI	54022	United States	8/26/2025
Kasidee Sauer	Lowville	NY	13367	United States	8/26/2025
Alesia Christensen	Natural bridge	NY	13665	United States	8/26/2025
Debbie Elliott	Carthage	NY	13619	United States	8/26/2025
Deborah Smith	Carthage,	NY	13619	United States	8/26/2025
John Clark	Harrisville	NY	13648	United States	8/26/2025
Jeanne Palermo	Dayton	OH	45429	United States	8/26/2025
Rajul Raote	Richmond	VA	23223	United States	8/26/2025
Dylan Kloster	Harrisville	NY	13648	United States	8/26/2025
Lynette Fowler	Gouverneur	NY	13642	United States	8/26/2025
Jason Latremore	Natural Bridge	NY	13665	United States	8/26/2025
Cody LaComb	Albany	NY	12203	United States	8/26/2025
James Stockman	Clayton	NY	13624	United States	8/26/2025
Charles Fowler	Gouverneur	NY	13642	United States	8/26/2025
Mackenzie Gouter	Lowville	NY	13367	United States	8/26/2025
Vickie Irish	Harrisville	NY	13648	United States	8/26/2025
Lynn LaParr	Harrisville	NY	13648	United States	8/26/2025
John Allen	Carthage	NY	13619	United States	8/26/2025
Brian Schrodt	Harrisville	NY	13648	United States	8/26/2025
Merissa Cheal	Schenectady	NY	12309	United States	8/26/2025
Bonnie Turner-Jack	Harrisville	NY	13648	United States	8/26/2025
Christy Walters	Harrisville	NY	13648	United States	8/26/2025
Michael LaParr	Harrisville	NY	13648	United States	8/26/2025
Zach Palmer	Middletown	NY	10940	United States	8/26/2025
Danielle Brooks	Harrisville	NY	13648	United States	8/26/2025
Heidi Chartrand	harrisville	NY	13648	United States	8/26/2025
Sharon Franquemont	Harrisville, NY	NY	13648	United States	8/26/2025
Jane Rose	Monroe	NY	10950	United States	8/26/2025
Heidi Brown	Star lake	NY	13690	United States	8/26/2025
Aidan Leonard	Harrisville	NY	13648	United States	8/26/2025
Iris Murphy	Hampton	VA	23669	United States	8/26/2025
gerald franquemont	Gainesville	FL	32608	United States	8/26/2025

Christine Jensen	Oakland	CA	94603	United States	8/26/2025
Deborah Meyer	Tully	NY	13159	United States	8/26/2025
Shannon Clarke	Schenectady	NY	12309	United States	8/26/2025
Sarah Reed	Harrisville	NY	13648	United States	8/26/2025
Michael Hays	Gouverneur	NY	13642	United States	8/26/2025
Cynthia Stephensc	Harrisville	NY	13648	United States	8/26/2025
Nicholas Astafan	Carthage	NY	13619	United States	8/26/2025
Steve Lancor	Wappingers Fal	NY	12590	United States	8/26/2025
Mary Jo Peters	Harrisville	NY	13648	United States	8/26/2025
Karen Taylor	Carthage	NY	13619	United States	8/26/2025
Nichelle Foy	New York	NY	10021	United States	8/26/2025
Amber Rife	Star Lake	NY	13690	United States	8/26/2025
Joseph Clement	Troy	NY	12180	United States	8/26/2025
Brandi Wilsie	Carthage	NY	13619	United States	8/26/2025
Bobbie Monaghan	Albany	NY	12205	United States	8/26/2025
Roy Mcknight	Bridgeport	NY	13030	United States	8/26/2025
Katie Finley	Carthage	NY	13619	United States	8/26/2025
Kristina Boucher	Croghan	NY	13327	United States	8/26/2025
Mary Beirman	Carthage	NY	13619	United States	8/26/2025
Maica Tobias	Carthage	NY	13619	United States	8/26/2025
Diane Demo	Harrisville	NY	13648	United States	8/26/2025
Sean Hill	Marion	NY	14505	United States	8/26/2025
Echo Cole	Star Lake	NY	13690	United States	8/26/2025
Heather Sullivan	Wappingers Fal	NY	12590	United States	8/26/2025
Patrick Reed	Austin	TX	78735	United States	8/26/2025
Deborah Rice	Syracuse	NY	13261	United States	8/26/2025
Mikayla Hudson	Muncie	IN	47302	United States	8/26/2025
Phillip McHatton	Carthage	NY	13619	United States	8/26/2025
Kyra Luther	Harrisville	NY	13648	United States	8/26/2025
Amy Morse	Harrisville	NY	13648	United States	8/26/2025
Joyce Mustain	Rochester	NY	14624	United States	8/26/2025
Laurile Higgins	Harrisville	NY	13648	United States	8/26/2025
Ramona Burke	Harrisville	NY	13648	United States	8/26/2025
Lee Black	Oakboro	NC	28129	United States	8/26/2025
Michelle Watkins	Harrisville	NY	13775	United States	8/26/2025
Toby Sixberry	Watertown	NY	13601	United States	8/26/2025
Ashley Gillis	Watertown	NY	13601	United States	8/26/2025
Jessica DeLair	Natural Bridge	NY	13665	United States	8/26/2025
Kevin Gardner	Wallingford	CT	6492	United States	8/26/2025
Sarah J shaw	Fort Plain	NY	13339	United States	8/26/2025
Megan Doherty Ca	Rohnert Park	CA	94928	United States	8/26/2025
Sherry Smith	Syracuse	NY	13207	United States	8/26/2025
Rusaw Jessica	Carthage	NY	13619	United States	8/26/2025
Matthew Smith	Philadelphia	NY	13648	United States	8/26/2025

Hollie Lee	Lowville	NY	13367 United States	8/26/2025
Rita Woolegde	Natural Bridge	NY	13665 United States	8/26/2025
Ashley Aucter	Gouverneur	NY	13642 United States	8/26/2025
Judith Duncan	Dover Plains	NY	12522 United States	8/26/2025
Rieley Clarke	Natural Bridge	NY	13665 United States	8/26/2025
Edward Markushev	Huntsville	AL	35801 United States	8/26/2025
Jacklyn Harrison	Harrisville	NY	13648 United States	8/26/2025
Heidi McIntosh	Harrisville	NY	13648 United States	8/26/2025
Brooke Genter	Carthage	NY	13619 United States	8/26/2025
Steven Bechler	Cleveland	NY	13042 United States	8/26/2025
Kate Yaw	Gouvernuer	NY	13642 United States	8/26/2025
Mike Carter	Lake Bonaparte	NY	13648 United States	8/26/2025
Denie English	Estancia	NM	87016 United States	8/26/2025
Patricia Rose	Harrisville	NY	13648 United States	8/26/2025
Faith Rogers	Gouverneur	NY	13642 United States	8/26/2025
Mia Shampine	Harrisville	NY	13648 United States	8/26/2025
Stephanie Nunez	Van Nuys	CA	91405 United States	8/26/2025
Stacey Conlin	Harrisville	NY	13648 United States	8/26/2025
Brian Draper	Carthage	NY	13619 United States	8/26/2025
Carol Book	York	PA	17406 United States	8/26/2025
William Smart	Hurricane	UT	84737 United States	8/26/2025
Holly Countryman	Chaumont	NY	13622 United States	8/26/2025
Cindy Percoski	Carthage	NY	13619 United States	8/26/2025
Jean LaVancha	Harrisville	NY	13648 United States	8/26/2025
Lisa Trombley	Harrisville	NY	13648 United States	8/26/2025
Kc Marchione	Harrisville	NY	13648 United States	8/26/2025
Robert Malbouf	Lowville	NY	13367 United States	8/26/2025
Becky Guyette	Harrisville	NY	13648 United States	8/26/2025
Barbara Rice	Harrisville	NY	13648 United States	8/26/2025
Anna Widrick	Theresa	NY	13691 United States	8/26/2025
Barb Halko	Copenhagen	NY	13636 United States	8/26/2025
Nancy roth	Carthage	NY	13619 United States	8/26/2025
Dylan Maney-Turne	Watertown	NY	13601 United States	8/26/2025
Dianne Boyea	Harrisville	NY	13648 United States	8/26/2025
Nancy Spears	Davenport	IA	52804 United States	8/26/2025
Kyliegh Brouty	Lowville	NY	13367 United States	8/26/2025
Tammy Rabideau	Gouverneur	NY	13642 United States	8/26/2025
The Earl Family	Harrisville	NY	13648 United States	8/26/2025
Jerry Mouse Martin	Estero	FL	33929-017 United States	8/26/2025
Brian Smith	Lowville	NY	13367 United States	8/26/2025
Alexandra Thomas	Altmar	NY	13302 United States	8/27/2025
Rosa Toledo	Stafford	VA	22556 United States	8/27/2025
David Kuhl	Beaver Falls	NY	13305 United States	8/27/2025
Elizabeth Murray	Gouverneur	NY	13642 United States	8/27/2025

J F		NY		United States	8/27/2025
jane hooper	Gouverneur	NY	13642	United States	8/27/2025
John Stott	Gouverneur	NY	13642	United States	8/27/2025
Tina Langdon	Charlotte	NC	28211	United States	8/27/2025
Bridgette Haley	Gouverneur	NY	12203	United States	8/27/2025
James LaParr	Harrisville, NY	NY	13648	United States	8/27/2025
Nichole French	Greenville	SC	29609	United States	8/27/2025
Eugene Kramer	Syracuse	NY	13207	United States	8/27/2025
Brandon Mehl	Lyons Falls	NY	13368	United States	8/27/2025
Betsy Ring	Chaumont	NY	13622	United States	8/27/2025
A Martin	Garland	TX	75044	United States	8/27/2025
DeAnna Mehl	Lyons falls	NY	13368	United States	8/27/2025
Lindsey Cean	Fulton	NY	13069	United States	8/27/2025
Desirae Hogrefe	Carthage	NY	13619	United States	8/27/2025
Ronald Collamore	Lincoln	NE	68502	United States	8/27/2025
Adam bauman	Watertown	NY	13601	United States	8/27/2025
Dale Rice	Potsdam	NY	13676	United States	8/27/2025
David Wooledge	Natural Bridge	NY	13665	United States	8/27/2025
Sarah Walling	Castleton On H	NY	12033	United States	8/27/2025
david bango	harrisville	NY	13648	United States	8/27/2025
Tina Alberry Bracke	Harrisville	NY	13648	United States	8/27/2025
Jenalyn Savage	Newburgh	NY	12550	United States	8/27/2025
Tyler Shorman	Carthage	NY	13619	United States	8/27/2025
Vicki Ashley	Gouverneur	NY	13642	United States	8/27/2025
Brooke McDonald	Utica	NY	13502	United States	8/27/2025
Tracey Alexander	Carthage	NY	13619	United States	8/27/2025
Ashlynn Reynolds	Carthage	NY	13619	United States	8/27/2025
Judy Bartlett	Lumberton	NC	28358	United States	8/27/2025
Megan Olmstead	Lowville	NY	13367	United States	8/27/2025
Sara Garrison	Carthage	NY	13619	United States	8/27/2025
Melinda Kinnaird	Hot Springs Nat	AR	71913	United States	8/27/2025
Brandi Roes	Beaver falls	NY	13305	United States	8/27/2025
April Dudo	Gouverneur	NY	13642	United States	8/27/2025
Joseph Martin	Philadelphia	NY	13673	United States	8/27/2025
Ginny Gibson	New York	NY	10118	United States	8/27/2025
Rachel Sweeney	Carthage	NY	13619	United States	8/27/2025
Jessica Franquem	Lincoln	CA	95648	United States	8/27/2025
Barbara A Jensen	Harrisville	NY	13648	United States	8/27/2025
James Forero	Boca Raton	FL	33433	United States	8/27/2025
Tracy Wormwood	Carthage	NY	13619	United States	8/27/2025
Lindsey Mashaw	Carthage	NY	13619	United States	8/27/2025
Mikey Sanchez	Mcallen	TX	78501	United States	8/27/2025
Margaret Nicholso	Silver Spring	MD	20906	United States	8/27/2025
ronald hall	Natural Bridge	NY	13665	United States	8/27/2025

Christine Bond	Carthage	NY	13619	United States	8/27/2025
Tem Nervios	San Francisco	CA	94134	United States	8/27/2025
Wendy Kilbourn	New York	NY	13648	United States	8/27/2025
Julie Lawless	Harrisville	NY	13648	United States	8/27/2025
Caitlin Lesperance	Harrisville	NY	13648	United States	8/27/2025
Moon Melinda	Natural bridge	NY	13665	United States	8/27/2025
Kylie Gadbaw	Carthage	NY	13619	United States	8/27/2025
Angelia Fowler	Harrisville	NY	13648	United States	8/27/2025
Heather Saumier	Watertown	NY	13601	United States	8/27/2025
Jason Lesperance	Wappingers Fal	NY	12590	United States	8/27/2025
Brandy Streeter	Philadelphia	NY	13673	United States	8/27/2025
Mia Clark	Harrisville	NY	13648	United States	8/27/2025
Michael Malbeuf	Harrisville	NY	13648	United States	8/27/2025
Harold Rice	Gouverneur	NY	13642	United States	8/27/2025
Michael Long	Ames		50011	United States	8/27/2025
Deneen Homer	Dexter	NY	13634	United States	8/27/2025
Thomas Dier	Harrisville, NY	NY	13648	United States	8/27/2025
Delilah Wilson	Palm Bay	FL	32907	United States	8/27/2025
Helen Leuthner	Lake Grove	NY	11755	United States	8/27/2025
Lisa Howley	Beaver Falls	NY	13305	United States	8/27/2025
Michaela Chartran	Canton	NY	13670	United States	8/27/2025
Thomas Hemingway	Albany	NY	12206	United States	8/27/2025
Shannon Looby	Harrisville	NY	13648	United States	8/27/2025
Kaleigh Boulio-Albi	Watertown	NY	13601	United States	8/27/2025
Jodi Maccue	Carthage	NY	13619	United States	8/27/2025
Kimberly Reynolds	Carthage	NY	13619	United States	8/27/2025
Darlene Sixberry	Wappingers Fal	NY	12590	United States	8/27/2025
Rocky Ohnemus	Norfork	AR	72658	United States	8/27/2025
Sara Ward	Kill Devil Hills	NC	27948	United States	8/27/2025
Violet Christman	Carthage	NY	13619	United States	8/27/2025
LaMonte Ward	OVERTON	TX	75684	United States	8/27/2025
Phillip Raven	Harrisville	NY	13648	United States	8/27/2025
Faith Parks	Lowville	NY	13367	United States	8/27/2025
Eva Russell	Carthage	NY	13619	United States	8/27/2025
Peggy Halladay	Lowville	NY	13367	United States	8/27/2025
Quintin Reid	Albany	NY	13619	United States	8/27/2025
Gabrielle Tulip	Ogdensburg	NY	13669	United States	8/27/2025
Darcy Rubin	Los Angeles	CA	90027	United States	8/27/2025
Emma Gracey	Croghan	NY	13327	United States	8/27/2025
Heather Hickey	Carthage	NY	13619	United States	8/27/2025
Jeanna Everard	Carthage	NY	13619	United States	8/27/2025
Aaron Peck	Natural Bridge	NY	13665	United States	8/27/2025
B Trainham	Lowville	NY	13367	United States	8/27/2025
Tina Taylor	Harrisville	NY	13648	United States	8/27/2025

Connie Zink	Harrisville	NY	13648 United States	8/27/2025
John Austin	Watertown	NY	13601 United States	8/27/2025
Lynn Cole	Castorland	NY	13620 United States	8/27/2025
Lindsey Fox	Kansas City	MO	64119 United States	8/27/2025
Joanne Dickinson	Monroe	NY	10950 United States	8/27/2025
janet smith	Carthage	NY	13619 United States	8/27/2025
Mikayla Kuhl	Beaver Falls	NY	13622 United States	8/27/2025
Tyler Hanavan	Sackets Harbor	NY	13685 United States	8/27/2025
Denise Sandvil	Carthage	NY	13619 United States	8/27/2025
William Rice	Buffalo	NY	14217 United States	8/27/2025
Melody Sanborn	Syracuse	NY	13110 United States	8/27/2025
Christopher Knapp	Watertown	NY	13601 United States	8/27/2025
Robin Conklin	Dover Plains	NY	12522 United States	8/27/2025
Donna Hughes	Gouverneur	NY	13642 United States	8/27/2025
Rod Waite	Carthage	NY	13619 United States	8/27/2025
John McKnight	Carthage	NY	13619 United States	8/27/2025
Ken W	Qns	NY	11372 United States	8/27/2025
Elaine burt	gouverneur	NY	13642 United States	8/27/2025
Marianne Dicob	Harrisville	NY	13648 United States	8/27/2025
Linda Burns	Albany	NY	12203 United States	8/27/2025
John Richkus	Jersey City	NJ	7307 United States	8/27/2025
Trudy Williams	Syracuse	NY	13210 United States	8/27/2025
Becky Wood	Gouverneur	NY	13642 United States	8/27/2025
Robert Bango	HARRISVILLE	NY	13642 United States	8/27/2025
Tiffany Miller	Lowville	NY	13367 United States	8/27/2025
Hannah Gregory	Castorland	NY	13620 United States	8/27/2025
Vicki Kuan	Watertown	NY	13601 United States	8/27/2025
Michelle Schaffer	Fredericksburg	VA	22407 United States	8/27/2025
Madison johnson	New York	NY	10118 United States	8/27/2025
Joseph Johnson	Harrisville	NY	13648 United States	8/27/2025
Rodney Johnson	Harrisville	NY	13648 United States	8/27/2025
Jeremiah Johnson	New York	NY	10118 United States	8/28/2025
Alexis Johnson	Harrisville	NY	13648 United States	8/28/2025
jodee altmire	Carthage	NY	13619 United States	8/28/2025
Jody Hall	Carthage	NY	13619 United States	8/28/2025
Pamela Zehr	Carthage	NY	13619 United States	8/28/2025
Sherry Perrault	Star Lake	NY	13690 United States	8/28/2025
JIMMY JACKSON	Gouverneur	NY	13642 United States	8/28/2025
Persephone Hayes	Carthage	NY	13619 United States	8/28/2025
Jon Inwood	Brooklyn	NY	11226 United States	8/28/2025
Jax Jameson	Manhattan	NY	1005 United States	8/28/2025
Susan Mead	Bordentown	NJ	8505 United States	8/28/2025
Carol Brown	Lowville	NY	13367 United States	8/28/2025
Jessica Sullivan	Gouverneur	NY	13642 United States	8/28/2025

Marletha Hughto	Harrisville	NY	13648 United States	8/28/2025
Patti Foley	Harrisville	NY	13648 United States	8/28/2025
Thomas Woodcock	Natural Bridge	NY	13665 United States	8/28/2025
Danielle Jessmer	Harrisville	NY	13648 United States	8/28/2025

COMMUNITY PETITION OF SUPPORT

Town of Diana & Town of Pitcairn

In Support of Natural Bridge Rescue Squad Certificate of Need

We, the undersigned residents, property owners, and community members of Harrisville, NY (including the Towns of Diana and Pitcairn), respectfully petition the New York State Department of Health to grant a Certificate of Need (CON) to Natural Bridge Rescue Squad for the provision of emergency medical services to our community.

Reasons for Petition

- The Harrisville Rescue Squad disbanded, leaving the community without stable EMS coverage.
- The Natural Bridge Rescue Squad has stepped in, staging at the Harrisville Fire Department multiple days per week and responding to calls reliably from both Natural Bridge and Harrisville.
- This has provided the most dependable and stable emergency medical coverage in the last two years.
- Response times from Natural Bridge (14 miles from Pitcairn) are significantly shorter than Lewis County Search and Rescue's Croghan base (24 miles from Pitcairn).
- Lewis County Search and Rescue has proposed coverage at an estimated cost of \$160,000 annually, which would raise property taxes. Natural Bridge Rescue is volunteer-based, cost-effective, and deeply rooted in the community.

Petition Request

We, the undersigned, respectfully request that the New York State Department of Health:

- Approve the Certificate of Need (CON) for Natural Bridge Rescue Squad to continue providing EMS services in Harrisville, NY (Towns of Diana and Pitcairn).
- Recognize Natural Bridge Rescue as the most reliable, cost-effective, and community-focused provider of EMS services for our residents.

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Signature Section

Name | Address | Signature

SCOTT LANLOR	HARRISVILLE	Scott Lanlor
DAVID BAKER	STAR LAKE	David B
Ryenne Wohnsiedler	Harrisville	Ryenne Wohnsiedler
CODY Gotman	Harrisville	Cody Gotman
Sue Pine	Harrisville	Sue Pine
Brian Mantle	Harrisville	Brian Mantle
Jill Fraser	Harrisville	Jill Fraser
El Ackroyd	Harrisville	El Ackroyd
Valerie Ackroyd	Harrisville	Valerie Ackroyd
Wale Ackroyd	Harrisville	Wale Ackroyd
Russell C. Lancaster	Harrisville	Russell Lancaster
Rebecca Lancaster	Harrisville	Rebecca Lancaster
Paul Muzawal	Harrisville	Paul Muzawal
Carl S. Gilbertson	Harrisville	CARL S. GILBERTSON
Darren E. Hall	Harrisville	DARREN E. HALL
Ann Hall	Harrisville	Ann Hall
Alec Fraser	Harrisville	Alec Fraser

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Signature Section

Name | Address | Signature

EDWARD SCHUER FELD

7805 STATE RT 3 HARRISVILLE NY 13648

Edward Schuerfeld

Lewis Graves

7805 State Route 3 Harrisville NY 13648

Lewis Graves

Robert Graves

7805 STATE RT 3 harrisville NY 13648

Robert Graves

Kathleen Evans

Kathleen Evans

14366 N. Shore Rd Ext

Harrisville, NY

JUSTINE SCHUERFELD 7805 STATE RT 3

HARRISVILLE NY 13648 JUSTINE SCHUERFELD

KOON DAVIS 6539 STATE ROUTE 3

NATURAL BRIDGE NY 13665

REBECCA GRAVES 6539 STATE ROUTE 3 NATURAL BRIDGE NY

13665

Rebecca Graves

JANETTE DRYE 406 ST. HUY 812 HARRISVILLE, NY. JANETTE DRYE

JTB DRYE 406 ST. HUY 812 HARRISVILLE NY. JTB DRYE

HEALTH JR 6577 STATE ROUTE 3 APT 1 NATURAL BRIDGE NY 13665

Richard Jablonick

11

Handwritten text, possibly a title or header, including the word "Lecture" and "No. 11".

Handwritten text, possibly a signature or name, including the word "Lecture".

COMMUNITY PETITION OF SUPPORT

Town of Diana & Town of Pitcairn

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Signature Section

Name | Address | Signature

- Shawn Sixberry 237 Stone Rd Harrisville Shawn Sixberry
- Cory Cullen Jayville Rd. Pictavia Cory Cullen
- Chara Yaw 14530 Hands Flat Rd Harrisville Chara Yaw
- FRANCY TAD 14385 Maple ST Harrisville
- Joshua DiCesare 220 County Route 26 Harrisville Joshua DiCesare
- Jeff Hance 8210 Main St Apt 3. Harrisville Jeff Hance
- Rob Bernhard 8268 Locust St. Harrisville, NY Rob Bernhard
- Rob Shaves Harrisville Pt 3
- Andrew Kibler Harrisville 812 Andrew Kibler
- Fred Piers 1434. Stw 3 Harrisville NY 13648
- Beverly Francee 14307 Diwa Dr. Harrisville NY 13648
- Quinton Walters 753 State Highway 812. Harrisville NY 13648
- Nyan Weaver 542 St. Highway 812, Harrisville NY Nyan Weaver
- Lori Kubacki 8725 N Shore Rd Harrisville, NY Lori Kubacki
- Mike Kubacki 8725 N Shore Rd Harrisville, NY Mike Kubacki
- Theresa Dowling 14487 Hands Flat Rd Harrisville NY
- John Matthe 624 St Hwy 812 Harrisville NY 13648
- Gavin Bernhard 8268 Locust Street Gavin Bernhard
- ROBERT ALEXANDER 401 Smyville Rd Harrisville, NY 13648
- John LaDuc 8248 main st. Harrisville, NY 13648



COMMUNITY PETITION OF SUPPORT

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- Lewis County Search and Rescue has proposed coverage at an estimated cost of \$160,000 annually, which would raise property taxes. Natural Bridge Rescue is volunteer-based, cost-effective, and deeply rooted in the community.

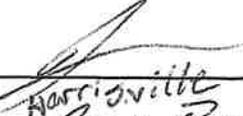
Petition Request

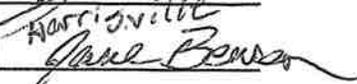
We, the undersigned, respectfully request that the New York State Department of Health:

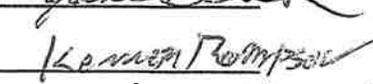
- Approve the Certificate of Need (CON) for Natural Bridge Rescue Squad to continue providing EMS services in Harrisville, NY (Towns of Diana and Pitcairn).
- Recognize Natural Bridge Rescue as the most reliable, cost-effective, and community-focused provider of EMS services for our residents.

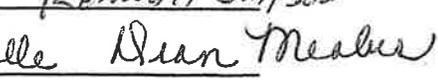
Signature Section

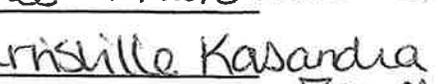
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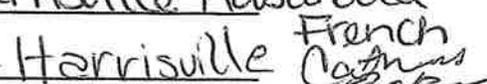
John Rose 1062 State Hwy 812, Harrisville, NY 

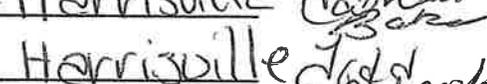
Jane Benson 8292 Cas. State R 3 ^{Harrisville} 

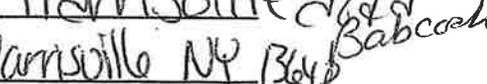
Ken Thompson 13594 Middle Branch Rd ^{Harrisville} 

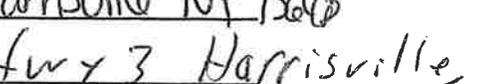
Duan Mealus 335 Harrison Rd. Harrisville 

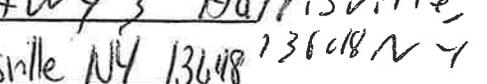
Kassandra French 177 Stone Rd Harrisville 

Catherine Babcock 422 Stone Rd. Harrisville ^{French} 

Todd Babcock 422 Stone Rd Harrisville ^{Catherine Babcock} 

Sara Atkinson 61 Atkinson Rd Harrisville NY ^{Todd Babcock} 

Helea Cole 562 State Hwy 3 Harrisville, NY 

Cassie Woodward 889 St Hwy 812 Harrisville NY 13648 ^{13648 NY} 

Mark DeZure 70 Box 42 Harrisville NY 13648 

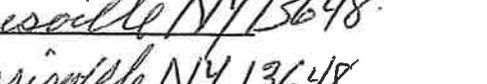
Jan Haluska 97 Atkinson Rd Harrisville NY 13648 

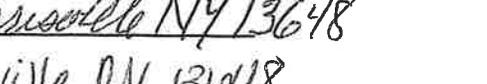
Vicki Long 14306 Mill St Harrisville, NY 

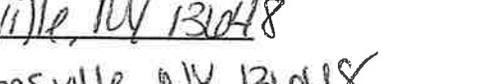
Edward Jenack 406 State Highway 3 Harrisville NY 

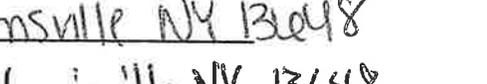
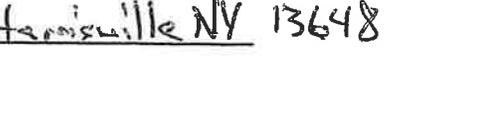
John C Dally 220 Co 24 Harrisville NY 13648 

Cindy M Etherton 1411 St Hwy 3 Harrisville NY 13648 

Justin P. Haggley 1411 St Hwy 3 Harrisville NY 13648 

Chelsea Thomas 11 Osborne Rd. Harrisville, NY 13648 

Chantelle Lancer 97 Edwards Rd Harrisville NY 13648 

D.  178 Stone Rd. Harrisville NY 13648 

Numb. Bellin 12104 STATE RT. 812 HARRISVILLE
 Michele Taylor 7776 NYS RT 3 Harrisville NY 13648
 George Fowler 120 ORE BED Rd Harrisville 13648
 Mike Church 286 OSBORNE RD Harrisville, NY 13648
 Cody Walters 7849 MARSHY RD Harrisville NY 13648
 Edna Hurst 13648 CHURCH ST. Harrisville NY 13648
 Josh J. Smp 14306 M, 11 St Harrisville, NY 13648
 Mike Wis 246 STONE RD Harrisville, NY 13648
 Jonathan Dusharm ^{Jonathan Dusharm} P.O. Box Harrisville, NY 13648
 Lure Z Meales PO BOX 302 Harrisville 13648
 Carter K. Ellis 392 Stone Rd. / Harrisville, N. Y. 13648
 Charles Orr 7866 MARSHY RD Harrisville NY 13648
 Nathan Weaver 116 CR 23A Harrisville NY 13648
 Bruce Weaver 116 CR 23A Harrisville NY 13648
 Jimmy Dusharm 8598 Wood Rd Harrisville, NY 13648

(Additional pages may be attached as needed.)

COMMUNITY PETITION OF SUPPORT

Town of Diana & Town of Pitcairn

In Support of Natural Bridge Rescue Squad Certificate of Need

We, the undersigned residents, property owners, and community members of Harrisville, NY (including the Towns of Diana and Pitcairn), respectfully petition the New York State Department of Health to grant a Certificate of Need (CON) to Natural Bridge Rescue Squad for the provision of emergency medical services to our community.

Reasons for Petition

- The Harrisville Rescue Squad disbanded, leaving the community without stable EMS coverage.
- The Natural Bridge Rescue Squad has stepped in, staging at the Harrisville Fire Department multiple days per week and responding to calls reliably from both Natural Bridge and Harrisville.
- This has provided the most dependable and stable emergency medical coverage in the last two years.
- Response times from Natural Bridge (14 miles from Pitcairn) are significantly shorter than Lewis County Search and Rescue's Croghan base (24 miles from Pitcairn).
- Lewis County Search and Rescue has proposed coverage at an estimated cost of \$160,000 annually, which would raise property taxes. Natural Bridge Rescue is volunteer-based, cost-effective, and deeply rooted in the community.

Petition Request

We, the undersigned, respectfully request that the New York State Department of Health:

- Approve the Certificate of Need (CON) for Natural Bridge Rescue Squad to continue providing EMS services in Harrisville, NY (Towns of Diana and Pitcairn).
- Recognize Natural Bridge Rescue as the most reliable, cost-effective, and community-focused provider of EMS services for our residents.

Signature Section

Name | Address | Signature

STEVEN ROBERTS 7 NY-3 Harrisville NY 13648 

PAUL JACKSON 37 Ch. 23 Harrisville NY 13648 

Joanna Roberts 7 NYS Hwy 3 Harrisville, NY 13648 

Tim Fowler 226 OSBORNE RD. Harrisville N.Y. 13648 

Seth Roberts 7 NY-3 Harrisville NY 

Blank lined area for additional signatures.

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Signature Section

Name | Address | Signature

~~Rosemary Palomola~~ 173 County Rte 23 Harrisville NY

NICK WEIR, 11341 MAPLE ST HARRISVILLE, ~~Harrisville~~

Antonia Phillips 109 NYS rt 3 Harrisville, NY

Mary-m Breset 88 State Hwy Harrisville, NY

Kate Garden 51 New St Edwards NY

Katelyn Sorie 372 St Hwy 3 Harrisville NY ~~Katelyn~~

Charles Orr 7866 Marshey Rd HARRISVILLE NY ~~Charles~~

Corveta Hart 50 Shawville Rd Edwards NY

Ray Hendrick 50 Showville Rd Edwards NY

Adrienne Carr 1630 Stone Rd. Gouverneur NY ~~Adrienne~~

David Thomas 262 E. Cameron Rd Harrisville NY

David Bango 8257 MAINE ST, Harrisville

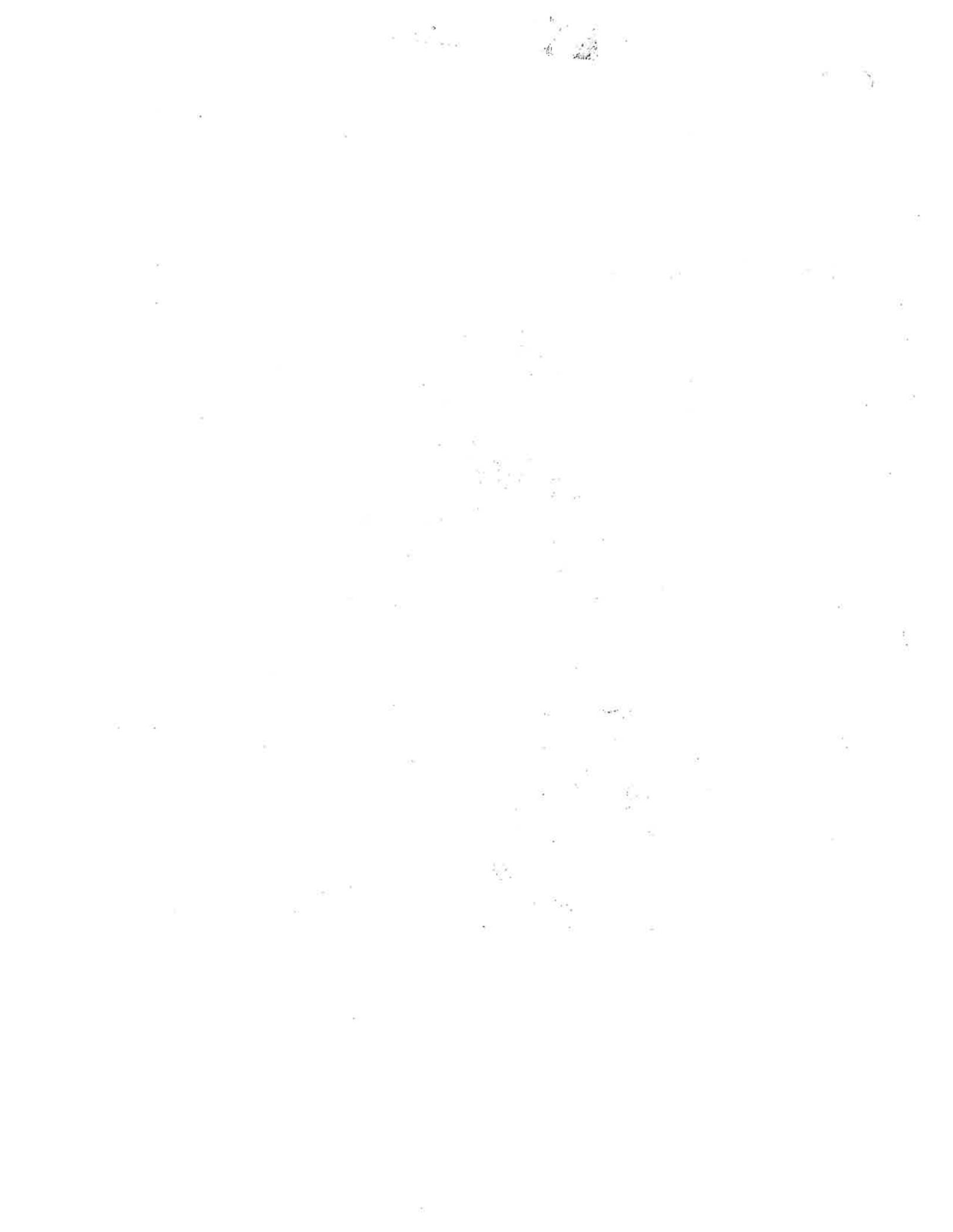
Julia LaPlatney 1191 State highway 3 Harrisville NY

Stephanie Childers Brose rd Harrisville ny

Sonya Childers 43633 Natural Bridge

McKenzie Childers evenmills

Teresa Phipps 641801d State Rd Natural Bridge NY
Lis Phipps



COMMUNITY PETITION OF SUPPORT

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HARRISVILLE VOLUNTEER FIRE DEPARTMENT, INC.

14226 CHURCH STREET
P.O. BOX 51
HARRISVILLE, NEW YORK 13648

Emergency 911

Business Phone 543-2833
FAX 543-1239

Pinsky Law Group, PLLC
4311 East Genesee Street
Syracuse, New York 13214

Re: Natural Bridge Volunteer Ambulance, Inc.

We are writing to express our unequivocal support for Natural Bridge Ambulance Service and to underscore the invaluable role it plays in safeguarding our community. As residents and firefighters of the Harrisville Fire District, we have witnessed firsthand the remarkable dedication and professionalism this team exhibits in moments of urgency. They are the closest ambulance service to us. They always respond within fifteen minutes or less to all calls in our area. Natural Bridge Ambulance Service is not just a resource; it is a critical lifeline that our community relies upon in times of need. This level of service is not only beneficial, but also vital. The highly skilled emergency medical technicians continuously demonstrate exceptional courage and expertise, ensuring prompt and effective medical care when every second counts. Their capacity to stabilize patients and transport them swiftly to medical facilities is nothing short of heroic. The capability and commitment demonstrated by these personnel are commendable and necessary for the safety of our residents. Natural Bridge Ambulance Service serves as an indispensable resource in our community. These highly trained emergency medical technicians do not merely respond to incidents; they save lives. With advanced medical equipment and protocols at their disposal, they stabilize patients in critical situations and transport them to hospitals, ensuring that individuals receive the urgent care they need. Knowing that this team is ready to spring into action, armed with advanced technology, and immense knowledge and compassion, brings peace of mind to us all. Allocating the necessary resources and funding is essential for ensuring that this extraordinary service can continue to operate at its highest level. We recognize the importance of this service and to prioritize its ongoing development and sustainability. Together, we have the power to ensure that Natural Bridge Ambulance Service continues to flourish, making a difference in the lives of countless individuals. We want to extend our heartfelt appreciation for their unwavering commitment to the safety and health of our community.

Very Truly Yours,

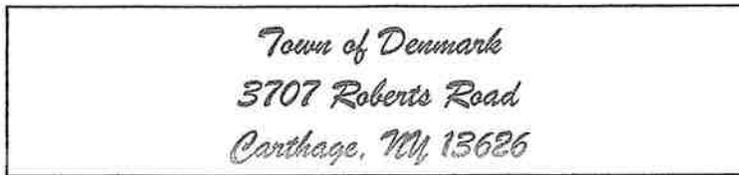
Members of:

Harrisville Volunteer Fire Department, Inc.

§Scott M. Doyle, Supervisor
(315) 493-3846 Ext: 6

Prudence L. Greene, Clerk.
(315) 493-3846 Ext: 1

Patrick Mahar, Superintendent of Highways
(315) 493-3846 Ext: 2



Council Members

Fred Wadsworth

Frank Fazio

Darlene Rowsam

Peter Jones

Pinsky Law Group, PLLC
Re: Natural Bridge Volunteer Ambulance, Inc
4311 East Genesee St.
Syracuse, NY 13214

August 18, 2025

To Whom it May Concern,

The Town of Denmark would like the following to be heard. The Town appreciates the predicament that the Town of Wilna is in regarding the Ambulance Service for its constituents. The Town has endured similar issues regarding the loss of the Fire Department that served a portion of its Town.

This Certificate of Need request is complicated by new State Law §7501A, the establishment of Emergency Medical Services as an Essential Service. Lewis County just completed a Request For Proposal (RFP) and awarded the bid to CGR Promising Solutions, out of Rochester NY. CGR now has a contract to evaluate EMS in Lewis County and make recommendations on how to develop and implement a plan that meets NY State §7501A. There are requirements in the law that Jefferson County (which encompasses Natural Bridge Ambulance and Carthage Area Rescue) will have to address. As a member of the Adhock Committee for Lewis County EMS, I think Lewis County is ahead of the curve on preparation for this law.

Timing is everything, if this request was a year from now this decision would be much easier as Lewis County would have its RFP complete. An area of concern is Natural Bridge Ambulance is categorized as Basic Life Support or BLS, not Advanced Life Support or ALS. That will cause Carthage Area Rescue to be called to most of their calls leaving a hole in Carthage's district.

The Town of Denmark would support an annual contract solution until such a time that the Lewis County acts on the recommendations of CGR Promising Solutions study. We understand that EMS is a needed service. We would not want to stand in the way of anyone being treated as quickly as possible.

We cannot support a permanent Certificate of Need until Lewis County acts on the survey being conducted by CGR.

Sincerely

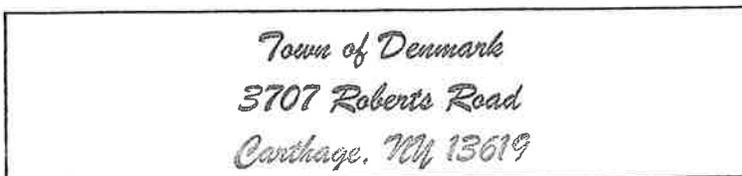
A handwritten signature in black ink, appearing to read "Scott M. Doyle", is written over a white background.

Scott M. Doyle
Town of Denmark
Supervisor

§Scott M. Doyle, Supervisor
(315) 493-3846 Ext: 6

Prudence L. Greene, Clerk.
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4311 East Genesee St.
Syracuse, NY 13214

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Sincerely

A handwritten signature in black ink, appearing to read "Scott M. Doyle", written in a cursive style.

Scott M. Doyle
Town of Denmark
Supervisor



LEWIS COUNTY SEARCH AND RESCUE, INC.

7782 West State Street, Lowville, NY 13367

Dial 911 for Emergencies 315-376-7745



Pinsky Law Group, PLLC

Re: Natural Bridge Volunteer Ambulance, Inc.

4311 East Genesee Street
Syracuse, New York 13214

Dear Mr.Pinsky;

Lewis County Search and Rescue has received your letter regarding the Natural Bridge Volunteer Ambulance's application for a New York State Department of Health (NYS DOH) Certificate of Need (CON) to operate an ambulance service in Lewis and St. Lawrence counties. Lewis County Search and Rescue does NOT support your request. There is no Need for new or additional ambulance services within Lewis County, which is Lewis County Search and Rescue's primary operating territory, and Lewis County Search and Rescue ("LCSR") believes that depleting services from Jefferson County would harm their perspective locations.

Here are some facts surrounding the purported "need" cited in the Letter of Solicitation:

1. There is no need for Natural Bridge to perform Emergency Services as a primary in the towns of Diana and Pitcairn. LCSR is capable of performing all 911 services without significant delay through our own staff and existing mutual aid plans.
2. Lewis County Search and Rescue (LCSR) corrected the lack of services in the area through reallocation of resources, and the correction of dispatch policy.
3. LCSR has the staffing, recruitment, and retention necessary to sustain operations in the Towns of Diana and Pitcairn long-term.
4. Reallocation or improvement of existing services addresses any need. We have key programs in place that will address EMS shortages. Lewis County has extended significant funding to assist with the start-up of an EMT-B program at Jefferson-Lewis BOCES. The class started this September 2024 and is currently headed into their second year. LCSR has the resources necessary to help the towns of Dianna and Pitcairn to once again staff an ambulance in the Harrisville area.

For all of the above reasons, as well as those that will be raised at the Public Hearing, LCSR opposes the request for CON to the applicant.

Very truly yours,

Josh Levesque – Chief of Operations
Lewis County Search and Rescue
7782 West State Street
Lowville, NY 13367

cc: REMSCO



VILLAGE OF LOWVILLE

5535 Bostwick Street • Lowville, New York 13367
Telephone (315) 376-2834 • Fax (315) 376-2010 • TDD 1-800-662-1220
www.villageoflowville.gov

August 26, 2025

Bradley M. Pinsky, Esq.
Pinsky Law Group, PLLC
4311 E Genesee Street
Syracuse, NY 13214

RE: Natural Bridge Voluntary Ambulance, Inc.
Effort to expand Ambulance Service Certificate a/k/a Certificate of Need

Dear Mr. Pinsky:

The Board of Trustees for the Village of Lowville reviewed your August 1, 2025 letter request to consider the Natural Bridge Volunteer Ambulance, Inc.'s request to expand its Ambulance Service Certificate a/k/a Certificate of Need to encompass the Towns of Diana and Pitcairn. The Village Board also sought public input in connection with your letter request.

This letter confirms that the Village of Lowville, opposes this request and does not support an expansion of the Certificate of Need at this time. The Village Board has also received, and reviewed a copy of an August 18, 2025 letter on behalf of the Town of Denmark that similarly opposes that request and the Village Board agrees with the logic contained therein as a legitimate basis to deny your request at this time.

Feel free to contact the Village Board for any questions you may have in this regard. Our next meeting is September 20th at 4pm at the above address.

Very truly yours

VILLAGE OF LOWVILLE

Danny Salmon, Mayor

TOWN OF MARTINSBURG

PO BOX 8

5405 CEMETERY ROAD

MARTINSBURG NY 13404

Phone:(315) 376-2299 Fax: (315) 376-8722

Email: mburg@ridgeviewtel.us

Supervisor Terrence Thisse
Town Clerk: Deanna Doviak

Highway Supt's: Tyler Jones (315) 376-2309

August 29, 2025

To: Pinsky Law Group, PLLC

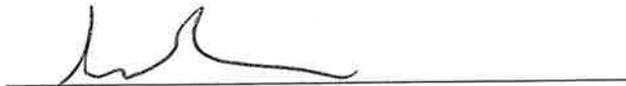
From: Town of Martinsburg

RE: Natural Bridge Volunteer Ambulance Service

To Whom It May Concern,

At our August 20, 2025, Meeting, our board discussed your letter about the expansion of its Ambulance Service. At this time, we will be opting out regarding the application for service.

Sincerely,



Town Supervisor
Terrence Thisse

Town of Watson
6971 Number Four Road
Lowville, New York 13367
Phone: (315) 376-3866
Fax: (315) 376-4247

Town Supervisor:
Jeffrey Hoch

Town Clerk:
Michelle Ward

Town Council:
Jeffrey Lyng
Vicki Roy
Shawn Freeman
Steven Stogsdill

Pinsky Law Group, PLLC
Re: Natural Bridge Volunteer Ambulance, Inc.
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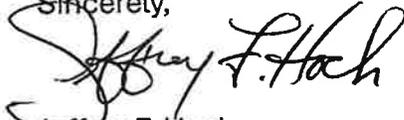
August 27, 2025

To Whom It May Concern,

The Town of Watson supports the attached statement from Town of Denmark, Supervisor Scott M. Doyle provided to Pinsky Law Group dated August 18, 2025.

Until Lewis County acts on the survey being conducted by CGR, the Town of Watson cannot consider supporting a permanent Certificate of Need to the Natural Bridge Volunteer Ambulance , Inc. for the Towns of Diana and Pitcairn.

Sincerely,

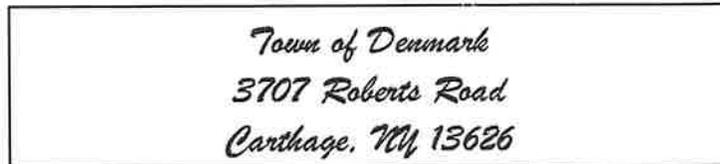


Jeffrey F. Hoch
Town of Watson
Supervisor

§ Scott M. Doyle, Supervisor
(315) 493-3846 Ext: 6

Prudence L. Greene, Clerk.
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Patrick Mahar, Superintendent of Highways
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Frank Fazio

Darlene Rowsam

Peter Jones

Pinsky Law Group, PLLC
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4311 East Genesee St.
Syracuse, NY 13214

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Town of Denmark
Supervisor