



COUNTY OF ULSTER
P.O. Box 1800 - Kingston, New York 12402
REQUEST FOR PAYMENT



VENDOR NAME: Golden Hill Local Development Corporatio
ADDRESS: PO Box 1800
CITY/STATE/ZIP: Kingston NY 12402

Line	Appropriation Number	Amount
1	A4 1150 4550 0000	2,603.00
2		
3		
TOTAL		2,603.00

DESCRIPTION: _____

VENDOR #:

CONTRACT #:

Date(s)	Qty	Description of Service	Unit Price	Amount
7/16/2012		Reimbursement for Directors & Officers Liability Insurance coverage effective 6/19/2012		2,603.00
		Invoice #		
		Invoice Date		
		Amount		
			TOTAL	2,603.00

CLAIMANT'S CERTIFICATION
I certify that the above account is true and correct; that the services and disbursements charged were rendered to or for the County of Ulster on the dates stated; that no part has been paid or satisfied; and that the amount claimed is actually due.

7/17/12
DATE

James J. Harman
CLAIMANT'S SIGNATURE

Treasurer
TITLE

SPACE BELOW FOR COUNTY USE

DEPARTMENTAL APPROVAL
The above services or materials have been rendered or furnished to the County of Ulster and received by us for the County. The charges are correct and do not exceed budgetary appropriation.

APPROVED FOR PAYMENT
I hereby approve this claim and order it paid from the appropriations indicated above.

DATE AUTHORIZED OFFICIAL

DATE OFFICE OF THE COMPTROLLER

PRINT NAME AND TITLE

PRINT NAME AND TITLE



Frank H. Reiss Inc
475 Washington Avenue
PO Box 3967
Kingston, NY 12402
Phone : 845-338-4656 Fax : 845-338-4113

INVOICE # 24567		Page 1
ACCOUNT NO. GOLDE-9	CSR PP	DATE 06/19/12
PRODUCER David V Palmer CPCU, CIC, CSR		
AMOUNT PAID	AMOUNT DUE \$ 2,603.00	

**Golden Hill Local Development
Corp
PO Box 1800
Kingston, NY 12401**

*** PLEASE RETURN TOP PORTION WITH REMITTANCE ***

Itn #	Due Date	Trn Type	Description	Amount
INVOICE #	24567			
612111	06/19/12	MEM D&OL	Directors & Officers	\$ 2,603.00
Invoice Balance:				\$ 2,603.00

Make all checks payable to Frank H Reiss Inc.
- Invoices are due and payable upon receipt - Thank you!



Frank H. Reiss Inc
 475 Washington Avenue
 PO Box 3967
 Kingston NY 12402
 Phone: 845-338-4656 Fax: 845-338-4113

STATEMENT

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ACCOUNT NO. GOLDE-9	CSR PP	STATEMENT AS OF 07/02/2012
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**Golden Hill Local Development
 Corp
 PO Box 1800
 Kingston, NY 12401**

Trn	Due Date	Policy	Description	Amount
			Balance Forward:	0.00
NEW	06/21/12	23060403	New Directors & Officers Liab	2,353.00
CFE	06/21/12	23060403	Service Fee Directors&Officers	150.00
AFE	06/21/12	23060403	Agency fee Directors&Officers	100.00
			Balance Due:	2,603.00

****Account Balance July 2, 2012 - THANK YOU FOR PAYMENT****

AFF #:

Confirmation of Placement of Coverage

DATE (MM/DD/YYYY)

06/18/2012

PRODUCER Frank H Reis Inc 475 Washington Ave Kingston, NY 12401		COMPANY National Union Fire Insurance Co. of Pittsburgh, Pa.		CONFIRMATION # 23060403	
PHONE (A/C, No, Ext):		FAX (A/C, No): (845) 338-4113		DATE EFFECTIVE 06/15/2012	TIME 12:01
PRODUCER ID: 954640 INSURED Golden Hill Local Development Corporation 240 Fair Street Kingston, NY 12401		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including location) Nonprofit - overseeing sale of medical center (Golden Hill Health Care Center)		DATE EXPIRATION 06/15/2013	TIME 12:01 AM NOON
Total Policy Premium \$ 2,353.00					

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
			BODILY INJURY (Per person)	
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT		\$
			OTHER THAN AUTO ONLY:	
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
			AGGREGATE	
		SELF INSURED RETENTION		\$
Directors and Officers		Limit of Liability		\$ 1,000,000
				\$
		Retention		\$ 10,000
SPECIAL CONDITIONS/ OTHER COVERAGES				

Authorized Representative
 Managing General Agent Confirming Coverage