



# *a town for a lifetime* IRONDEQUOIT *New York*

## **SPECIAL TOWN BOARD MEETING**

**August 30, 2024**

**9:00 AM**

## **AGENDA**

8/28/2024 3:56 PM

### **PLEDGE OF ALLEGIANCE**

### **ROLL CALL**

### **ITEM(S) FOR BOARD ACTION**

**08STB2024-01**      **Resolution** Approving the Special Event License for I-Square, LLC Summer Concert Series, Car Shows, and Festivals

**NEXT WORKSHOP MEETING...September 9, 2024 @ 4 PM**

**NEXT REGULAR TOWN BOARD MEETING...September 17, 2024 @ 7 PM**

**EXTRACT OF MINUTES OF MEETING OF THE TOWN BOARD ADOPTING A  
RESOLUTION APPROVING THE SPECIAL EVENT LICENSE FOR I-SQUARE, LLC  
SUMMER CONCERT SERIES, CAR SHOWS, AND FESTIVALS**

At the special meeting of the Town Board of the Town of Irondequoit, Monroe County, New York held at the Town Hall, 1280 Titus Avenue, in said Town of Irondequoit, on the 30<sup>th</sup> day of August 2024 at 9:00 A.M. local time; there were:

**PRESENT:**

|                |                   |
|----------------|-------------------|
| Andraé Evans   | Town Supervisor   |
| Ann Cunningham | Town Board Member |
| Grant Malone   | Town Board Member |
| John Perticone | Town Board Member |
| Peter Wehner   | Town Board Member |

|                      |                       |
|----------------------|-----------------------|
| Brown Hutchinson LLP | Attorney for the Town |
|----------------------|-----------------------|

Town Board Member            offered the following resolution and moved its adoption:

**WHEREAS**, the Town Clerk’s Office received an application from I-Square, LLC, to conduct the 2024 Summer Concert Series, Car Shows and Festivals; and

**WHEREAS**, these events will be conducted on the premises of said business at 400-401 Bakers Park, Rochester, NY 14617; and

**WHEREAS**, the 2024 events will take place from May 2024 to December 2024; and

**WHEREAS**, the insurance has been reviewed and approved by the Town’s insurance carrier, expiring on April 4, 2025.

**NOW, THEREFORE, BE IT RESOLVED**, that the Town Board approves the Special Event License for I-Square, LLC 2023 Summer Concert Series, Car Shows and Festivals, beginning in May 2024 and running through December 2024, upon the condition that I-Square notifies all affected residents before the events.

This resolution shall take effect immediately upon its adoption.

Seconded by Town Board Member            and duly put to vote, which resulted as follows:

|                   |            |        |
|-------------------|------------|--------|
| Town Board Member | Perticone  | voting |
| Town Board Member | Wehner     | voting |
| Town Board Member | Malone     | voting |
| Town Board Member | Cunningham | voting |
| Town Supervisor   | Evans      | voting |

# I-Square Summer Series

## FOR TOWN USE ONLY: Festivals / Carnivals / Events

\$100.00 Application Fee:

Date Received:

3/28/24  
4/3/24

By:

LL

Insurance Approval:

8/16/24

see attached email 8/20/24

Fire Marshal Approval

Signature

Date

J. H. Duff  
8/26/24

Police Department Approval

Signature

Date

Capt. J. H. Duff  
08-22-24

per chief we will provide  
2 officers and 1 supervisor as  
long as there is a charge back  
to the applicant (\$1 for 1).

Community Services  
Bureau of Public Works

Signature

Date

W. J. Lee  
8/28/24

Applicant agrees  
to not close any  
Town roads without  
previous written  
consent from Town.

Security Deposit (If Applicable)

Amount Taken:

Received by:

Date Received:

Once all approved: Give a copy to Barb to put on the Board Meeting for final approval.  
When final approval is given, call applicant to tell them it's all approved and mail them a  
copy with the resolution.



# TOWN OF IRONDEQUOIT

"Where the land and waters meet." Est. 1839

## SOUND AMPLIFYING EQUIPMENT APPLICATION

NOISE LEVELS SHOULD BE KEPT AT A LEVEL AS SPECIFIED IN TOWN CODE, CHAPTER 160. NOISE EXCESSIVE NOISE WILL RESULT IN POLICE ACTION.

### Owner of Equipment

Name The House of Guitars  
Address 645 Titus Ave  
City/St/Zip Roch, NY 14617  
Telephone No. 585-344-3500

### User of Equipment

Name I-Square, LLC - Various Bands + Performers  
Address 400-401 Bakers Park  
City/St/Zip Rochester, NY 14617  
Telephone No. 585-943-1941

Location to be Used Commercial Residential

Name of Resident I-Square  
Address 400-401 Bakers Park  
Telephone No. 585-943-1941

Date and Run Date MAY 2024 - December 2024  
month day year month day year

TIME: START 10:00 AM UNTIL 9:00 PM

HAVE ALL AFFECTED RESIDENTS BEEN INFORMED? Yes

Maximum sound producing power of the sound amplifying equipment:

Wattage to be used 1000 W

Volume in decibels of sound which will be produced 15 DB

License number of sound truck (if applicable) N/A

General description of sound amplifying equipment which is to be used:

(for Town use only)

Police Dept. \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Town Clerk \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION FOR LICENSE TO CONDUCT  
FESTIVALS/CARNIVALS/EVENTS

NOTE: This application is pursuant to Town of Irondequoit Municipal Code, Chapter 194, "Special Events", attached.

If any section is not applicable to your event, please put N/A in lieu of leaving it blank.

GENERAL:

Name of Applicant: I-Square, LLC

Applicant's Address: 400 Bakers Park

Telephone Number: 585-943-1941

If Corporation, list State of Incorporation: \_\_\_\_\_

Corporation Officers' Addresses: \_\_\_\_\_

Type of Event Planned: Summer Concerts, Car Shows, Festivals

Event Site Address: 400, 401, and 500 Bakers Park

Location of Nearby Residents: (ATTACH A MAP SHOWING ALL RESIDENTIAL LOT LINES  
WITHIN 150 FEET OF EVENT SITE.)

Name of Outside Contractor (or Concessionaire): N/A

Contractor Residence Address (Local): \_\_\_\_\_

Contractor Telephone No.: \_\_\_\_\_

Contractor Business Address: \_\_\_\_\_

Contractor Business Telephone No.: \_\_\_\_\_

Names of Contractor Employees: \_\_\_\_\_

(If additional space is needed, please list on reverse side of this sheet.)

If employees housed on event site, state in what manner: \_\_\_\_\_

Type and number of contractor rides/concessions/exhibitions to be used (Locate on map):

N/A

**POWER:**

Type of electrical power to be used (house current, generator, etc.): House current

Location of generator on event site (Locate on map): N/A

Type of lighting to be used (If searchlight is planned, indicate size and site location):

N/A

**PARKING/TRANSPORTATION:**

Storage location of trailers and trucks (indicate on map): N/A

Parking location of workers and patrons' vehicles (indicate on map):

Street route to be used to transport equipment/rides to and from event site:

Nature and scope of event advertising: Social media, website

Statement of method used by applicant and/or outside contractor to supervise

parking/traffic flow: utilizing existing facilities

**SURETY:**

Applicant must file with Town Clerk, upon approval of application but prior to issuance of license, the following:

**CERTIFICATE OF LIABILITY INSURANCE** insuring the licensee and the Town of Irondequoit for a minimum of \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage Liability, including Products and Completed Operations Coverage, arising out of the licensed activity.

**NOTE:** The Town of Irondequoit must be listed on a primary and non-contributory basis.

**EVENT OPERATING SCHEDULE:** (Maximum of 5 days from 8:00 AM to 12 Midnight only.)

Equipment/rides set up start date N/A Time \_\_\_\_\_  
Event Start Date MAY 2024 Time \_\_\_\_\_  
Event Completion Date December 2024 Time \_\_\_\_\_  
Equipment/rides take down date N/A Time \_\_\_\_\_

**RESPONSIBLE PARTIES:**

Person or alternate located on event site and responsible for all event activities during its operations:

NAME Michael Nolan  
ADDRESS 500 Bakers Park  
TELEPHONE NO. 585-943-1941  
NAME Wendy Nolan  
ADDRESS 500 Bakers Park  
TELEPHONE NO. 585-943-0404

Date of Application: 3-15-24

Signature of Applicant: [Signature]

**\*PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE THE TOWN CLERK'S OFFICE WITH A COMPLETED LICENSE APPLICATION AND PROPER INSURANCE REQUIREMENTS AT TIME OF SUBMITTAL. INCOMPLETE APPLICATIONS WILL NO LONGER BE ACCEPTED.**



# TOWN OF IRONDEQUOIT

"Where the land and waters meet." Est. 1839

## INDEMNIFICATION AND CONTRIBUTION AGREEMENT

To the fullest extent permitted by law, Contractor agrees to indemnify, defend Town of Irondequoit any and all losses, claims, actions, demands, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Town of Irondequoit for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any persons, including Contractor's employees, or on account of damages to property, including loss of use thereof, arising directly or indirectly from the performance of Contractor's work or from any of the acts or omissions on the part of Contractor, its employees, agents, representatives, materialmen, suppliers, and/or subcontractors. If such indemnity is made void or otherwise indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law.

Contractor shall strictly observe and comply with all safety laws, rules and regulations (including but not limited to the Federal Occupational Safety and Health Act, the New York Labor Law, and all regulations promulgated pursuant to such laws) and to provide such protection as necessary to protect its workers and the workers of other contractors. In the event that additional safety measures are required, Contractor agrees that it will install or procure such additional safety measures at its sole expense. To the fullest extent permitted by law, Contractor shall hold harmless, indemnify and defend Town of Irondequoit against all losses, claims, fines or expenses, including but not limited to attorney's fees, resulting from the enforcement of these laws and related acts of its officers, employees, subcontractors, suppliers, and materialmen.

3-15-24  
Date

I-Square, LLC  
(Individual or Company Name)  
  
Signature  
Michael Nolan  
Print Name and Office



I-SQUARE, LLC

Making the dream of a better Irondequoit a reality

March 15, 2024

Town of Irondequoit

1280 Titus Ave

Rochester, NY 14617

## LETTER OF INTENT

Please see attached application for our 2024 concerts and events at I-Square.

We have included the application for events, sound amplification, certificates of insurance, and indemnification agreement.

Please let me know if you need anything further.

Thank You,

Mike Nolan  
Owner



I-SQUARE, LLC

Making the dream of a better Irondequoit a reality

Copy  
Original mailed  
3/20/24

March 15, 2024

Irondequoit Village Apartments

2240 Hudson Ave.

Rochester, NY 14617

## NOTICE

Hi Neighbors,

Per Irondequoit town code we are required to notify all close neighbors of our events that include amplified music. During the summer and fall of 2024 we will again be hosting events on the outdoor stage and have included a copy of the schedule with this letter.

Please distribute this letter to you tenants.

Thank You,

Mike Nolan  
Owner

# May 2024

| Sunday | Monday | Tuesday | Wednesday                              | Thursday | Friday | Saturday                                       |
|--------|--------|---------|----------------------------------------|----------|--------|------------------------------------------------|
|        |        |         | 1                                      | 2        | 3      | <sup>4</sup><br>Free Concerts<br>11am - 9:00pm |
| 5      | 6      | 7       | 8                                      | 9        | 10     | <sup>11</sup><br>Free Concerts                 |
| 12     | 13     | 14      | 15                                     | 16       | 17     | <sup>18</sup><br>Free Concerts                 |
| 19     | 20     | 21      | 22                                     | 23       | 24     | <sup>25</sup><br>Free Concerts                 |
| 26     | 27     | 28      | <sup>29</sup><br>Cruise Night<br>5-9pm | 30       | 31     |                                                |
|        |        |         |                                        |          |        |                                                |

# June 2024

| Sunday | Monday | Tuesday                                                                     | Wednesday                        | Thursday | Friday | Saturday                          |
|--------|--------|-----------------------------------------------------------------------------|----------------------------------|----------|--------|-----------------------------------|
|        |        |                                                                             |                                  |          |        | <i>Free Concerts</i>              |
| 2      | 3      | 4                                                                           | <i>5</i><br><i>Cruise Night</i>  | 6        | 7      | <i>6</i><br><i>Free Concerts</i>  |
| 9      | 10     | 11                                                                          | <i>12</i><br><i>Cruise Night</i> | 13       | 14     | <i>15</i><br><i>Free Concerts</i> |
| 16     | 17     | <i>18</i><br><i>Friday night</i><br><i>Concert Band</i><br><i>6pm - 9pm</i> | <i>19</i><br><i>Cruise Night</i> | 20       | 21     | <i>22</i><br><i>Free Concerts</i> |
| 23     | 24     | 25                                                                          | <i>26</i><br><i>Cruise Night</i> | 27       | 28     | <i>29</i><br><i>Free Concerts</i> |
| 30     |        |                                                                             |                                  |          |        |                                   |

# July 2024

| Sunday | Monday | Tuesday | Wednesday                            | Thursday | Friday | Saturday                              |
|--------|--------|---------|--------------------------------------|----------|--------|---------------------------------------|
|        | 1      | 2       | <sup>3</sup><br><i>Cruise Night</i>  | 4        | 5      | <sup>6</sup><br><i>Free Concerts</i>  |
| 7      | 8      | 9       | <sup>10</sup><br><i>Cruise Night</i> | 11       | 12     | <sup>13</sup><br><i>Free Concerts</i> |
| 14     | 15     | 16      | <sup>17</sup><br><i>Cruise Night</i> | 18       | 19     | <sup>20</sup><br><i>Free Concerts</i> |
| 21     | 22     | 23      | <sup>24</sup><br><i>Cruise Night</i> | 25       | 26     | <sup>27</sup><br><i>Free Concerts</i> |
| 28     | 29     | 30      | <sup>31</sup><br><i>Cruise Night</i> |          |        |                                       |
|        |        |         |                                      |          |        |                                       |

# August 2024

| Sunday | Monday | Tuesday | Wednesday                 | Thursday | Friday | Saturday                                                                              |
|--------|--------|---------|---------------------------|----------|--------|---------------------------------------------------------------------------------------|
|        |        |         |                           | 1        | 2      | 3<br><i>Free Concerts</i>                                                             |
| 4      | 5      | 6       | 7<br><i>Cruise Night</i>  | 8        | 9      | 10<br><i>Free Concerts</i>                                                            |
| 11     | 12     | 13      | 14<br><i>Cruise Night</i> | 15       | 16     | 17<br><i>Free Concerts</i>                                                            |
| 18     | 19     | 20      | 21<br><i>Cruise Night</i> | 22       | 23     | 24<br><i>Free Concerts</i>                                                            |
| 25     | 26     | 27      | 28<br><i>Cruise Night</i> | 29       | 30     | 31<br><i>Free Concerts</i><br><i>Arts + Music Festival</i><br><i>11:00am - 9:00pm</i> |
|        |        |         |                           |          |        |                                                                                       |

# September 2024

| Sunday | Monday | Tuesday | Wednesday                     | Thursday | Friday | Saturday                       |
|--------|--------|---------|-------------------------------|----------|--------|--------------------------------|
| 1      | 2      | 3       | <sup>4</sup><br>Cruise Night  | 5        | 6      | <sup>7</sup><br>Free Concerts  |
| 8      | 9      | 10      | <sup>11</sup><br>Cruise Night | 12       | 13     | <sup>14</sup><br>Free Concerts |
| 15     | 16     | 17      | <sup>18</sup><br>Cruise Night | 19       | 20     | <sup>21</sup><br>Free Concerts |
| 22     | 23     | 24      | <sup>25</sup><br>Cruise Night | 26       | 27     | <sup>28</sup><br>Free Concerts |
| 29     | 30     |         |                               |          |        |                                |
|        |        |         |                               |          |        |                                |

# October 2024

| Sunday | Monday | Tuesday | Wednesday                    | Thursday | Friday | Saturday                   |
|--------|--------|---------|------------------------------|----------|--------|----------------------------|
|        |        | 1       | 2<br><i>Cruise All night</i> | 3        | 4      | 5<br><i>Free Concerts</i>  |
| 6      | 7      | 8       | 9                            | 10       | 11     | 12<br><i>Free Concerts</i> |
| 13     | 14     | 15      | 16                           | 17       | 18     | 19<br><i>Free Concerts</i> |
| 20     | 21     | 22      | 23                           | 24       | 25     | 26<br><i>Free Concerts</i> |
| 27     | 28     | 29      | 30                           | 31       |        |                            |
|        |        |         |                              |          |        |                            |

# November 2024

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday                   |
|--------|--------|---------|-----------|----------|--------|----------------------------|
|        |        |         |           |          | 1      | 2                          |
| 3      | 4      | 5       | 6         | 7        | 8      | 9                          |
| 10     | 11     | 12      | 13        | 14       | 15     | 16                         |
| 17     | 18     | 19      | 20        | 21       | 22     | 23                         |
| 24     | 25     | 26      | 27        | 28       | 29     | 30<br><i>Tree Lighting</i> |
|        |        |         |           |          |        |                            |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/19/2024

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

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

|                                                                                                                         |  |                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PRODUCER</b><br>Eastern Shore Associates<br>An ISU Network Member<br>P.O. Box 480, 101 Cayuga St.<br>Fulton NY 13069 |  | <b>CONTACT NAME:</b> Julie Welch<br><b>PHONE (A/C, No, Ext):</b> (315) 598-6000<br><b>E-MAIL ADDRESS:</b> jwelch@esainsurance.com<br><b>FAX (A/C, No):</b> (315) 598-1183                  |
| <b>INSURED</b><br>I-Square LLC<br>85 Excel Drive<br>Rochester NY 14621                                                  |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Cincinnati Insurance Co<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|                                                                                                                         |  | <b>NAIC #</b><br>10677                                                                                                                                                                     |

## COVERAGES

**CERTIFICATE NUMBER:** 23-24 Master

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                   | ADDL INSD                       | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> GA210NY 0920<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                               | Y        | EPP0588541    | 09/01/2023              | 09/01/2024              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000 |
|          | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                          |                                 |          | EPP0588541    | 09/01/2023              | 09/01/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                |
|          | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                        |                                 |          | EPP0588541    | 09/01/2023              | 09/01/2024              | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000                                                                                                                                                                                   |
|          | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                     | Y/N<br><input type="checkbox"/> | N/A      |               |                         |                         | PER STATUTE<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                  |

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

Town of Irondequoit is additional insured on a primary and non contributory basis per written contract, agreement of permit per GA210NY 0920.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Irondequoit  
1280 Titus Avenue

Rochester

NY 14617

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Workers'  
Compensation  
Board**

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

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a. Legal Name and address of Insured (use street address only)</b><br><br>THE MARKET AT I-SQUARE INC<br>85 EXCEL DR<br>ROCHESTER NY 14621<br><br><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i> | <b>1b. Business Telephone Number of Insured</b><br><br>(585) 467-1840<br><br><b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b><br><br><b>1d. Federal Employer Identification Number of Insured or Social Security Number</b><br><br>46-4793131                                                                                                                                                                                                                       |
| <b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b><br><br>Town of Irondequoit<br>1280 TITUS AVE<br>ROCHESTER NY 14617-4125                                                                                                          | <b>3a. Name of Insurance Carrier</b><br>Twin City Fire Insurance Company<br>29459<br><br><b>3b. Policy Number of Entity Listed in Box "1a":</b><br>76 WEG GE5773<br><br><b>3c. Policy effective period:</b><br>04/04/2024 to 04/04/2025<br><br><b>3d. The Proprietor, Partners or Executive Officers are</b><br><input type="checkbox"/> Included. (Only check box if all partners/officers included)<br><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded. |

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

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

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Worker's Compensation contract of insurance only while the underlying policy is in effect.

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

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Sara Seier  
(print name of authorized representative or licensed agent of insurance carrier)

Approved by: Sara Seier 03/20/2024  
(Signature) (Date)

Title: Operations Manager

Telephone Number of authorized representative or licensed agent of insurance carrier: (866) 467-8730

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

C-105.2 (9-17) Form WC 88 31 21 F Printed in U.S.A.

www.wcb.ny.gov Page 1 of 2

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

## Latasha Elder

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**From:** Susan Lamanna <susanlam@paris-kirwan.com>  
**Sent:** Tuesday, August 20, 2024 3:49 PM  
**To:** Latasha Elder  
**Subject:** RE: I Square Summer Concert Series

Hi Latasha,

All looks good, thank you!

*Susan Lamanna*  
*Commercial Account Representative*  
**Paris-Kirwan Associates Inc.**  
255 East Ave, Suite 300  
Rochester, NY 14604  
585-461-6436 phone  
585-340-1714 fax  
[susanlam@paris-kirwan.com](mailto:susanlam@paris-kirwan.com)

Please note my office hours are 7:30-4:00 M-Thurs and 7:30- 2:45 on Fridays.

**From:** Latasha Elder <lelder@irondequoit.gov>  
**Sent:** Friday, August 16, 2024 12:03 PM  
**To:** Susan Lamanna <susanlam@paris-kirwan.com>  
**Subject:** I Square Summer Concert Series

Attach find a special events license for I-Square Summer Concerts.

**Latasha Elder | Town Clerk**  
Town of Irondequoit  
P: 585.467-8840 Ext. 1296 | 1280 Titus Avenue, Rochester, NY 14617