

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**



SCAN TO VALIDATE  
AND SUBSCRIBE

^ ^ ^ ^ ^ ^ ^ ^ 263667584  
READY IMAGING INC. (A CT CORP)  
PO BOX 1318  
MANCHESTER CT 06045

<p>POLICYHOLDER READY IMAGING INC. (A CT CORP) PO BOX 1318 MANCHESTER CT 06045</p>
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<p>CERTIFICATE HOLDER 1917 COMMERCE ST TOWN OF YORKTOWN 363 UNDERHILL AVE. YORKTOWN HEIGHTS NY 10598</p>
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POLICY NUMBER W2356 919-7	CERTIFICATE NUMBER 443100	POLICY PERIOD 03/26/2020 TO 03/26/2021	DATE 8/16/2020
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2356 919-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

**IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.**

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT  
ALBERT WHITING  
1 OF 1  
READY IMAGING INC.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 44904226

Town of Yorktown Building Dept.  
363 Underhill Ave.  
Yorktown Heights, NY 10598



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

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

<p>1a. Legal Name &amp; Address of Insured (use street address only)                  Ready Imaging Inc                  P.O. Box 1318                  Manchester, CT 06045</p> <p>Work Location of Insured <i>(Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured                  860-649-2755</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number                  26-3667584</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)                  Town of Yorktown Building Dept.                  363 Underhill Ave.                  Yorktown Heights, NY 10598</p>	<p>3a. Name of Insurance Carrier                  AmGUARD Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a"                  DB06847697.1</p> <p>3c. Policy effective period  <u>08/27/2020</u> to <u>08/27/2021</u></p>

4. Policy provides the following benefits:

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

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
 B. Only the following class or classes of employer's employees:

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 09/03/2020 By   
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 800-673-2465 Name and Title Vice President of Sales

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

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

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

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

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

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.**



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed 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 cancelled 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 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 Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

**Please Note: Upon the cancellation of the disability and/or paid family leave benefits 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.**

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

#### §220. Subd. 8

(a) 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 employment as defined in this article, 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 the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. 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 disability benefits to any such employee if so employed.

(b) 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 employment as defined in this article and 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 the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.



Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

Application for a Sign Permit

Application #: (Office use only) Application Fee: Date:
Received by: Sign size (Total Square feet):
Permit #: Date:

Applicant: Complete all lines legibly, in blue or black ink, except those marked "Office use only".

Name of Applicant: Ready Imaging, Inc.

Address: PO Box 1318 Manchester, CT 06045-1318

Phone: (860) 649-2755 Fax: (860) 645-0153

Project Name: Convert BP to Xtra Fuels

Project Address: 1917 Commerce St.

Tax Designation: Section Block Lot(s)

Proposed sign: 68" x 68" Sign cabinet with Xtra Fuels LED face. Sign to be installed on existing pole. NO change to height, size, or location of sign

Name of Contractor: Ready Imaging, Inc Albert E. Whiting Phone#: 860 649-2755 cell 860 573-9376

The undersigned applicant hereby agrees to comply with all applicable provisions of the Code of the Town of Yorktown, and all other Laws, Codes, Rules and Regulations applicable to the proposal.

Ready Imaging, Inc. Albert E. Whiting, President Applicant's Name (Print Clearly)

Albert E. Whiting Applicant's Signature

Drake Petroleum Co Inc Property Owner's Name (Print Clearly)

jwhite@globalp.com



800 South Street P.O. Box 9161 Waltham, MA 02454-9161 ph: 781-894-8800 fx: 781-398-9000

August 25, 2020

Town of Yorktown  
363 Underhill Avenue  
Yorktown Heights, NY 10598

RE: Sign Permit – 1917 Commerce Street, Yorktown Heights, NY

To Whom It May Concern,

Drake Petroleum Company, Inc. (“Drake”) is the owner of the property located at 1917 Commerce Street, Yorktown Heights, New York. Drake hereby authorizes Ready Imaging, Inc., to execute, submit and process applications and other applicable materials to the Town of Yorktown on behalf of Drake for the purpose of obtaining a sign permit.

Sincerely,



Andrew Slifka  
Executive Vice President