

Village of



Mamaroneck

Village Hall at The Regatta

P.O. Box 369

123 Mamaroneck Avenue

Mamaroneck, N.Y. 10543

<http://www.villageofmamaroneck.org>

OFFICE OF
JERRY BARBERIO
VILLAGE MANAGER

Tel (914) 777-7703

Fax (914) 777-7760

09/15/2020

To: Mayor and Board of Trustees

Re: Westchester Volleyball

Please be advised that the above mentioned agreement is being filed for the record with the Clerk- Treasurer.

Respectfully submitted,

A handwritten signature in blue ink, appearing to be "Jerry Barberio", is written over a large, stylized blue circular mark.

Jerry Barberio
Village Manager

JB:cw

CC: Clerk -Treasurer

VILLAGE OF MAMARONECK
123 Mamaroneck Avenue
Mamaroneck, New York 10543
(914) 777-7703

SERVICE AGREEMENT 2020

The undersigned hereby agrees to provide the following services to the Village of Mamaroneck as an independent contractor (Westchester Volleyball NY Inc. /WVBNY) as set forth below. Contractor further agrees that Contractor shall be responsible for obtaining their own General Liability, Workers' Compensation and Disability insurance and shall indemnify and hold harmless and defend the Village, its officers, agents, employees, and volunteers from any claim arising out of Contractor's activities on behalf of the Village of Mamaroneck under this Service Agreement. Said General Liability insurance shall be in an amount not less than \$1,000,000 for each occurrence with a company satisfactory to the Village of Mamaroneck. The General Liability insurance shall be endorsed to provide coverage to, as additional insured, the Village of Mamaroneck, its officers, agents, employees, and volunteers. For all insurance coverage required, there shall be a waiver of subrogation in favor of the Village of Mamaroneck, its officers, agents, employees, or volunteers and a primary non-contributory clause. The Village of Mamaroneck reserves the right to amend the above insurance requirements based on the insurance exposure/risk derived from the specific work the Contractor/Vendor is performing. Should Contractor fail to perform their duties as outlined below, the Village may terminate the Agreement.

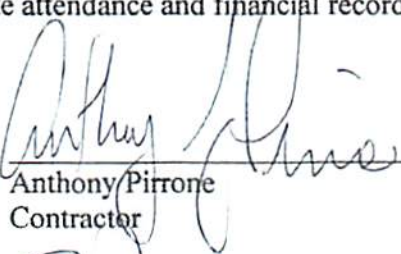
Program:	Juniors 1-Day Grass Tune Up Volleyball Camp
Location:	Harbor Island Park – Pavilion Field
Schedule Hours:	Session 1-9:00AM-12:00PM Session 2- 1:00PM-3:00PM
Date:	Sunday, September 27, 2020
Notes:	Individual or distanced group training or activities only. Organized no/low contact group training permitted. Participants are girls entering into 6 th -8 th grades. Maximum amount of participants per session is 45. Maximum amount of coaches per session is 5. Participants and coaches combined may not exceed 50.
Fees:	The fee for each player per session is \$75.00 with an additional \$25.00 registration fee with AVP America. Fees were determined by the Contractor and the Village of Mamaroneck and will be made payable to Village of Mamaroneck prior to the first night of activities.
Salary / pricing:	Village will receive 20% of total gross income. Contractor will receive 80% of total gross income.

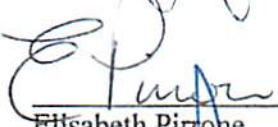
Name: Westchester Volleyball NY Inc. /WVBNY
d/b/a Anthony and Elisabeth Pirrone
(Westchester Volleyball NY Inc. is a New York corporation)


Address: 400 Mt. Pleasant Avenue, 3B
Mamaroneck, NY 10543

Responsibilities: Oversee all aspects of Grass Volleyball Camp; recruit participants; supervise conduct of practices and rules of the park and beach; make sure that the program is conducted in a safe and appropriate manner; make decision to cancel program or event in conjunction with the Village of Mamaroneck Recreation Department due to inclement weather; keep and provide the Village of Mamaroneck with accurate attendance and financial records. Provide tee shirts to all competitors.

9/9/2020
Date


Anthony Pirrone
Contractor


Elisabeth Pirrone
Contractor


Jerry Barberio
Village Manager

Alexandra Cirrincione

Subject: FW: COI
Attachments: WVBNY COI_Mamaroneck 2020 .pdf; Women's Men's Doubles Service Agreement 2020.doc; Junior Beach Doubles Service Agreement 2020.doc; Adult Grass Service Agreement 2020.doc

From: RJ Impastato [RJ.Impastato@FoaSon.com] <RJ.Impastato@FoaSon.com>
Sent: Thursday, March 12, 2020 4:30 PM
To: Alexandra Cirrincione <acirrincione@vomny.org>
Subject: FW: COI

Hi there....certificate looks fine.



RJ Impastato, Executive Vice President - Municipality Division
Foa & Son Corporation | International Insurance Brokers Since 1861
400 Columbus Avenue, Valhalla, NY 10595-3313 USA | Direct +1 (914) 773-4321 x1232 | Mobile +1 (914) 980-3801

This email and any attachments are Confidential Documents. If you believe that you are not the intended recipient, then pursuant to applicable law please immediately notify the sender by reply email, and permanently delete these Confidential Documents.

From: Alexandra Cirrincione <acirrincione@vomny.org>
Sent: Thursday, March 12, 2020 3:51 PM
To: RJ Impastato [RJ.Impastato@FoaSon.com] <RJ.Impastato@FoaSon.com>
Subject: FW: COI

Hello RJ,

Please let me know if volleyball is good to go. Thank you!

-Allie



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2020

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).

PRODUCER Dempsey & Siders Agency Inc 6725 Miami Avenue, Suite 102 Cincinnati OH 45243-3158		CONTACT NAME: Lisa Ernst PHONE (A/C, No, Ext): (513) 936-4110 FAX (A/C, No): (513) 891-4281 E-MAIL ADDRESS: lernst@dempsey-siders.com	
INSURED EAS Enterprises LLC / AOS Group LP dba AVP AVP First / AVP Academies / AVP America / AVP Next 17760 Newhope Street, Suite A Fountain Valley CA 92708		INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Company A+XV NAIC # 10120 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20-21 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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL SUBS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Liability GENT. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y Y	S18ML01690201	02/06/2020	02/06/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> HAPD <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		S18ML01690201	02/06/2020	02/08/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM / UIM \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		S18EX01074201	02/06/2020	02/06/2021	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Event Name: "Men's 2's, Women's 4's & 2's, Coed 4's, the Coed 6's & Rec Coed 6's"

Promoter/Organizer: Westchester Volleyball NY (WVBNY)

Description: Beach & Grass Volleyball Leagues, Clinics & Tournaments

Dates: May 6 - August 16, 2020

Location: Harbor Island Park, Mamaroneck, NY

The Village of Mamaroneck, its officers, agents, employees & volunteers are named as additional insureds for general liability, in regards to the above referenced events, on a primary & non-contributory basis, with a waiver of subrogation and 30-day notice of cancellation included, but only when required by written contract or agreement, to the extent provided by policy forms ECG20600 - Blanket Additional Insureds By Written Agreement, ECG24520 - Primary & Noncontributory & ECG04704 - GL Enhancement Endorsement - Waiver of Subrogation. ATIMA

CERTIFICATE HOLDER**CANCELLATION**

The Village of Mamaroneck
Attn: Village Manager
123 Mamaroneck Avenue
Mamaroneck

NY 10543

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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