

**COUNTY OF ROCKLAND - DGS-PURCHASING**  
 BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
 Building C, Pomona NY**

**BID NUMBER: RFB-RC-2025-086**

## INVITATION TO BID

BIDDER'S NAME: **SYSTEC101 LLC**

PHYSICAL ADDRESS: **418 Broadway STE N Albany NY, 1227**

Bidders must list a physical address

MAILING ADDRESS : **418 Broadway STE N Albany NY, 1227**

(P.O. BOX NUMBER, IF APPLICABLE)

Bids for the above referenced bid number and title will be received until **3:00 PM** on September 2, 2025 at the Rockland County Purchasing Department, at the above address, at which time and place bids will be publicly opened and read. Specifications and bid forms may be downloaded at: [www.bidnetdirect.com](http://www.bidnetdirect.com). Please make note that the United States Postal Service does not deliver directly to this facility, however, other overnight couriers DO deliver directly to our facility. It is recommended that proposals be submitted in advance, at least one day prior to the specified date and time to allow for a timely receipt. LATE BIDS will NOT be considered.

TERMS: One Time Installation

DELIVERY: 50 Sanatorium Road, Building C, Pomona, NY 10970

Prices are to be quoted F.O.B. DESTINATION, FREIGHT PREPAID AND ALLOWED with deliveries to be made inside building to: As Specified

### **IMPORTANT NOTICE – Bid Distribution:**

The County of Rockland officially distributes bidding documents through the Empire State Purchasing Group's Regional Bid Notification System. Copies of bidding documents obtained from any other source are not considered official copies. Only those vendors who obtain bidding documents from the Regional Bid Notification System are guaranteed to receive addendum information, if such information is issued. **Appendix A (Revised 10/2018)– General Terms and Conditions for all Purchasing Division Contracts is a separate attachment. Bidders must download, read, and acknowledge acceptance of Appendix A on the proposal page.**

**If you have obtained this document from a source other than the Empire State Regional Bid Notification System, it is recommended that you obtain an official copy.**

#### NOTE:

The proposal of each bidder must contain the certification to non-collusive bidding as set forth in section 103-d of the General Municipal Law included in the specifications. This requirement must be strictly complied with. Filing of Affidavit of Disclosure is mandatory when submitting your bid for this project.

The undersigned reserves the right to reject any and all proposals and to accept any proposal or proposals as submitted, or as modified, which in the opinion of the undersigned will be in the best interests of the County of Rockland.

DATED: 8/8/25

COUNTY OF ROCKLAND  
 POMONA, NY  
 BY: PAUL J. BRENNAN, FNIGP, CPPO  
 DIRECTOR OF PURCHASING

**PLEASE MAKE COPY OF BID FOR YOUR RECORDS**

Any alterations to this document made by the Offeror may be grounds for rejection of the proposal, cancellation of any subsequent award, or any legal remedies available to the County of Rockland.

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## **“New Requirement” Public Work Contractor and Subcontractor Registry**

**Starting December 30, 2024**, all contractors and subcontractors submitting bids or performing construction work on public work projects or private projects covered by [Article 8 of the Labor Law](#) are required to register with the New York State Department of Labor (NYSDOL) under [Labor Law Section 220-i](#).

<https://dol.ny.gov/contractor-and-subcontractor-landing>

The law defines a “contractor” as any entity entering into a contract to perform construction, demolition, reconstruction, excavation, rehabilitation, repair, installation, renovation, alteration, or custom fabrication. The law defines “subcontractor” as any entity subcontracting with a contractor to perform construction, demolition, reconstruction, excavation, rehabilitation, repair, installation, renovation, alteration, or custom fabrication, which is subject to Article 8 of the Labor Law. Contractors are responsible for verifying that any subcontractors they work with are registered.

**Contractors need to register before submitting any new bids or commencing new work on a covered project on or after December 30, 2024. Subcontractors need to register before commencing new work on a covered project on or after December 30, 2024.** NYSDOL encourages all contractors and subcontractors to register as soon as possible to obtain a Certificate of Registration to avoid negatively impacting a bidding period or project schedule.

The Bureau of Public Work & Prevailing Wage Enforcement at the New York State Department of Labor is responsible for enforcing prevailing wage laws in New York State.

The Bureau of Public Work & Prevailing Wage Enforcement publishes the annual prevailing wage schedule every year on July 1. To find information about the prevailing wage rate for your area, or to find contact information for your local Public Works and Prevailing Wage Enforcement District Office, please visit Bureau of Public Work and Prevailing Wage Enforcement website or send an email to [labor.sm.pwask@labor.ny.gov](mailto:labor.sm.pwask@labor.ny.gov).

## **Electronic Certified Payroll Submissions in 2025**

There is a new subsection 220-j in Article 8, which will require the Department of Labor to develop a publicly accessible online database of electronic certified payroll records, which will be available no later than **December 31, 2025**.

All submissions of certified payroll records will be collected electronically through this forthcoming database, starting when the system is completed in 2025.

Please watch the NYS Department of Labor website for additional information.

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Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****BIDDER'S CHECK LIST**

Your response to our above referenced bid may be considered unresponsive and may be rejected if the following forms are not included at the time of the bid opening.

**FORMS**

- ☒ **STATEMENT OF REQUIRED DISCLOSURES, REPRESENTATIONS AND CERTIFICATIONS**
- ☒ **NYS Department of Labor: Certificate of Contractor Registration**
- ☒ **Experience / References form**
- ☒ **Equipment form**
- ☒ **Valid NYS Worker's Compensation and Disability Certificates or Attestation of Exemption**
- ☒ **Signed Proposal Page**

**BID DEPOSIT**

- ☐ **BID SECURITY**
- If required, each bid must be accompanied by a certified check made payable to the County of Rockland in the amount indicated below. In lieu of such check, the bidder may furnish a bid bond in the same amount and having as surety thereon a surety company licensed to do business in the State of New York and approved by the County Attorney. Checks or bid bonds of all formal bidders will be returned after an award has been made.
- The amount of the bid deposit required for this bid is:
- ☐ \$500.00 ☐ 5% of Total Bid ☒ Waived ☐ Other: \_\_\_\_\_
- The Contractor must furnish a **performance bond** in a sum equal to { }% of the annual contract, renewable annually for the term of the contract.
- ☐ Performance Bond is required ☒ Performance Bond is NOT required

**INSURANCE INFORMATION**

- ☒ The County of Rockland requires a current insurance certificate, with the County of Rockland listed as additional insured, to be on file in the Purchasing Department. You will be given five (5) business days from notice of award to supply this form or the award will be rescinded.

**OTHER INFORMATION/REQUIREMENTS**

- ☒ Prevailing Wages ☒ Article 8 ☐ Article 9
- ☒ Pre-Bid Meeting – See detailed Instructions under the Specification Section.
- ☐ Samples and/or Specifications as required

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## RECEIPT CONFIRMATION FORM

**PLEASE COMPLETE AND RETURN THIS CONFIRMATION FORM WITHIN 5  
WORKING DAYS OF RECEIVING BID PACKAGE TO:**

PAUL J. BRENNAN, FNIGP, CPPO

Director of Purchasing, Department of General Services

County of Rockland

Sanatorium Road, Bldg. A, Pomona, NY 10970

Tele. (845) 364-3820 Fax: (845) 364-3809 Email: Purchasing@co.rockland.ny.us

**Failure to return this form may result in no further communication or addenda regarding this Bid.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EXT: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

I have received a copy of the above noted BID.

\_\_\_\_\_ We will be submitting a Bid

\_\_\_\_\_ We will NOT be submitting a Bid – (please indicate reason)

\_\_\_\_\_

\_\_\_\_\_

**Is your firm:**☐ NYS Certified MWBE or☐ Service-Disabled Veteran Own Business

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

If a bidders meeting has been arranged for this Bid, please indicate if you plan to attend: Yes / No

rectconf.frm

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**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****SPECIFICATIONS****A Site Visit is scheduled for August 20, 2025 at 10:00 AM.****Meeting Address : 50 Sanatorium Road, Building C, Pomona, NY 10970****SCOPE**

The Rockland County Department of Social Services (DSS) seeks a qualified contractor for the installation of wireless access points and associated network equipment across three (3) floors of Building C located at 50 Sanatorium Road, Pomona NY 10970. The services required include equipment mounting, cabling, labeling, verification and documentation as detailed below.

**Key Requirements**

1. Installation of forty (40) to forty-five (45) ceiling mounted wireless access points across all three (3) floors of the building.
2. Mount, install, and label provided network equipment including but not limited to switches, routers, cables (uplink) and hardware. The County will supply Fortinet network equipment.
3. Equipment must be installed according to the attached heatmap diagrams. A walkthrough of the building is required prior to the contract award.
4. Ensure connectivity of all devices and confirm operation via a certified Fortinet technician.
5. Contractor must provide any additional hardware such as RJ-45 inserts, cables, patch panels and accompanying hardware to mount the equipment into existing network closets if required.
6. Maintain and organize network closet and provide suggestions for possible improvements.
7. Project meeting kick off must be scheduled within 15 business days of confirmed start date and a timeline must be provided.
8. There must be time designated for knowledge transfer from contractor to designated county representative.
9. All documentation must be delivered within 15 business days after project completion.

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Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****1. Equipment**

The County of Rockland will have the following equipment available for installation:

Make	Model	Quantity
Fortinet	FG-91G-BDL-950-36 Fortigate-91-G Hardware Plus 3-year Forticare Premium and Fortiguard Unified Threat Protection (UTP)	2
Fortinet	FS-124G-FPOE FortiSwitch-124G-FPOE Layer 2 FortiGate switch controller compatible PoE switch with 24x 2.5G/1G/100M RJ45 ports - 8x 802.3bt (90W) PoE and 16x 802.3af/at (30W) PoE - and 6x 10G/1G SFP+/SFP ports, and 1x RJ45 console port. Max 780W PoE output limit with smart fan/temperature control	6
Fortinet	FEX-511F FortiExtender-511F Indoor Broadband Wireless WAN Router with 1x Dual SIM 5G Sub-6GHz M.2 Module for Global Carriers, with CAT20 LTE Support. 5x GE WAN/LAN configurable RJ45 ports including 1x 802.3at POE PD port (25.5W) and 1x SFP port. Power adaptor sold separately, select region specific adapter from accessories.	2
Fortinet	FAP-431G-A Indoor Wireless AP - Tri radio (Wi-Fi-6E IEEE 802.11ax Tri-band 2.4/5/6GHz and dual 5G operation 4+4+4 4 streams 3 radios), internal antennas, 2x 5G Base-T RJ45, BT/BLE, 1x Type A USB, 1x RS-232 RJ45 Serial Port. Ceiling/wall mount kit included. For power order: 802.3bt PoE injector or AC adapter SP-FAP400-PA. SP-FAP-250-PA.	42

**Installation Requirements**

- Each wireless access point must be confirmed to have full operational connectivity to the Fortinet gateway, verified through functional testing by a certified Fortinet Technician.
- Proper tags and sites must be set up in the wireless controller for each access point.
- All existing cables need to be terminated, and new cables (including uplink cables) are to be labeled and confirmed for connectivity with the included hardware.
  - Wireless controller configuration must include appropriate tags, site designation and AP names.

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Upon completion of the access point installation the contractor must provide documentation detailing at minimum:

1. Inventory of equipment installed and the current status.
  - Access Point Name
  - MAC Address
  - Serial Numbers
  - Acknowledgement of device connectivity
  - Location/Floor/Room
2. Photos of installed devices
3. Confirmation of certified Fortinet Technician sign-off

**Installation Location**

All equipment and wiring will be installed at 50 Sanatorium Road, Building C, Pomona, NY 10970. A County representative will ensure that the contractor has access to building(s) and room(s) required for successful completion of the installation.

Specific access point locations are shown on the attached Heatmap Diagrams. The network closet locations are as follows:

- 1<sup>st</sup> Floor – Room 180 and Room 116
- 2<sup>nd</sup> Floor – Room 244
- 3<sup>rd</sup> Floor gets connectivity from 2<sup>nd</sup> Floor
- The main network closet for the WiFi should be on the 2<sup>nd</sup> Floor.
- The extender location should be the best 5G signal possible and needs to be surveyed.

The County of Rockland will ensure all equipment will be at the designated site prior to the contractor's arrival. The County will validate the site readiness prior to the dispatch of any personnel to perform the installation.

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The **County** and the **Contractor** will work collaboratively for the successful completion of the installation.

The **Contractor** will provide a Project Manager to oversee the project scope, schedule and budget. The project manager must provide status updates, resource management, risk management, and mitigation strategies throughout the project.

The **contractor** will provide a field technician that will be responsible for all aspects of the installation of the hardware.

The **County** will provide access to the workspace, building access, and general IT requests related to the effort of the completion of the installation. Requests must be made during kickoff meeting.

The **County** will assign project and resource coordination to support the effort as well as authority to make decisions and acceptance at the project completion.

The **County** ensures that they will perform a full working backup prior to the commencement of the services, and the contractor will not be responsible for any lost data.

**Requirements and Qualifications**

The Contractor must show that they have maintained an organization capable of performing the work specified herein. The Contractor shall submit the following information with proposal:

- Present address of the main operating office of his/her organization.
- a minimum of three (3) years of experience in the installation of access points for sites similar in size and scope to the work specified herein.
- A minimum of three (3) references in which similar installation services have been provided. Contractor shall have on staff personnel experienced in the installation as required under these specifications. Personnel shall have a minimum 3 years of experience.



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- On or about the premises and adjacent areas, the Contractor shall ensure that all apparatus, storage of materials, and activities of workmen be confined to the limits indicated by law, ordinances, permits and the direction of the authorized County of Rockland representative, and shall not encumber or permit the premises or adjacent areas to be encumbered with such materials or apparatus.
- The work site shall be kept in an orderly and safe fashion so as not to interfere with the progress of the work or the County facility.
- The Contractor shall be responsible for repairing and replacing anything damaged by his operations, within fifteen (15) days after notification by the authorized County of Rockland representative that damage has occurred.
- It shall be the responsibility of the Contractor to report, to the authorized County of Rockland representative, any damages found prior to any work at this site.

**CLEAN UP**

The Contractor shall at all times keep the premises and adjacent areas free from accumulations of waste material or rubbish. At the completion of the work, he/she shall remove, from and about the premises, including adjacent areas, all rubbish, tools and surplus materials used for work and shall have the area "Broom Clean" and ready for use. In case of a dispute, County of Rockland may remove rubbish and clean up, then may charge the Contractor either by deduction of amounts unpaid to the Contractor, or by other means as determined to be fair and equitable by the authorized

**SITE DAMAGE**

- Any damage to buildings, equipment, utilities, finished surfaces, or the property of the County of Rockland resulting from the performance of this contract shall be repaired by the Contractor at the Contractor's expense at no cost to the County of Rockland. Completed repairs shall be accepted and approved by the authorized representative of the County of Rockland.

**PRICING FOR LABOR AND MATERIAL**

The Contractor shall be paid for each repair job as authorized by Rockland County upon submission of properly executed invoices. Invoices shall be submitted according to these requirements:

- **Labor Charges:** Contractor shall submit an hourly labor price as per attached pricing schedule, for twenty- four hours, seven days a week service calls as may be required at all Rockland County government facilities. The invoice must list specifically the number of man-hours worked. The Contractor's labor charges

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must correspond to the rates, which he will supply with the bid.

Detailed description of all completed service work must accompany all invoices.

Contractor shall bid a labor rate in dollars per man-hour for a technician to make required repairs, replacements, and troubleshooting.

The bidder agrees and hereby certifies that all labor charges contained in the invoices and vouchers shall be only those that were required and necessary to complete the work.

Invoices for labor must be billed to the next quarter hour of actual time worked (example: 8:00 AM to 9:10 AM would be billed at 1 hour and 15 minutes). Invoices rounded to the next full hour will not be approved for payment.

The County of Rockland shall not pay for Lunch breaks and any additional company approved break times. The County will only pay for the time working on-site.

This is a Prevailing Wage solicitation. Awarded contractor shall provide certified payrolls with each invoice as per the NYS Department of Labor Prevailing Wage Law.

- **Material Costs:** The invoice must list specifically all parts, which the Contractor has purchased

from other sources and the cost to him/her for each. Receipts for all materials purchased which cost more than

\$100.00 must be submitted with each invoice. The bidder agrees and hereby certifies that all parts and materials which he/she purchases shall be at the lowest price available at the time considering the prevailing conditions and circumstances for which it is required that the purchase be made. No invoices will be paid without this documentation.

- **Markup:** The Contractor shall add a fixed percentage above described material charges to the invoice for payment. The percent markup must correspond to the figure entered in the proposal page of this bid. Mark

up not to exceed 10%. Bidder shall enter a % mark-up between 0%-10% on the proposal pages. There shall be no mark-up on freight.

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paragraphs, he/she must submit a list of those items and corresponding charges or schedule with his bid. There shall be no additional charge for delivery or mileage. No other costs except those placed in the bid proposal at the time the bid is submitted shall be evaluated, considered or deemed acceptable charges by the County of Rockland.

**Approval and Payment**

The contractor shall receive a purchase order from the Purchasing Department prior to commencing any work.

Invoices must be accompanied by documentation and verification as noted in the bid.

**Award**

The award will be made to a lowest responsive, responsible bidder meeting all requirements set forth in the bid documents.

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**INDEPENDENT CONTRACTOR:** The CORPORATION / CONTRACTOR/ AGENCY / CONSULTANT, is an independent contractor and covenants and agrees that it, its agents, servants and/or employees, will neither hold itself/themselves out as, nor claim to be an employee, servant or agent of the COUNTY, and that it, its agents and employees will not make claim, demand or application to or for any right or privilege applicable to an officer or employee of the COUNTY including, but not limited to, Worker's Compensation coverage, unemployment insurance benefits, Social Security Coverage or retirement membership or credit.

**ROCKLAND COUNTY'S INSURANCE REQUIREMENTS:**

**GENERAL LIABILITY:** Prior to commencing work, the CONTRACTOR or CONSULTANT must, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of the contract or purchase order which must include, but not be limited to the coverage that is selected on the attached matrix. Insurance must be obtained from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better. Upon failure to furnish, deliver and maintain such insurance, the agreement, contract award or purchase order may be declared suspended, discontinued or terminated or canceled. If at any time any of the policies required herein must be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy must be or become unsatisfactory to the County, the CONTRACTOR OR CONSULTANT must upon notice to that effect from the County, promptly obtain a new policy and submit same with a certificate for approval by the County.

**Forced Placed Insurance.** If CONTRACTOR OR CONSULTANT does NOT provide the County of Rockland with evidence of the insurance coverage required by this Agreement, the County may purchase insurance (at Contractor's or Consultant's sole expense) to protect the County's interests. This insurance may, but need not, protect Contractor's or Consultant's interest. If the County purchases insurance under this Section, Contractor or Consultant will be responsible for the cost of that insurance, including interest and any other charges the County may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The cost of insurance under this Section may be more than the cost of insurance that Contractor or Consultant may be able to obtain on its own.

In relation to purchases that are not a result of a County Bid, RFP or Contract; Vendors who cannot provide the coverage limits on the attached matrix may provide the County with an ACORD Certificate detailing the coverage limits they currently have in place and the County will review such certificates on a case-by-case basis to determine if sufficient coverage is in place in relation to the perceived risks associated with the proposed purchase.

**COVERAGES – (SEE ATTACHED MATRIX)**

An ACORD Certificate of Insurance will confirm that the required policies have been issued to the named insured; for the policy period indicated. The ACORD Certificate is to be provided to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order. Please NOTE: the Certificate of Insurance must be updated to give the County of Rockland immediate notice of the following:

1. Dilution of the limits of insurance shown on the Certificate of Insurance by more than 20% as a result of the payment of claims or expenses;
2. The downgrading of any insurer listed on the Certificate of Insurance by AM Best to less than an "A" rating;
3. The receipt, from any listed insurer, of a notice of cancellation before the expiration date thereof or non-renewal will be delivered in accordance with the policy provisions;
4. The receipt, from any listed insurer, of any failure of the named insured to comply with an insurance policy term or condition.

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The ACORD Certificate of Insurance must contain a Description of Operations and include any exclusions or special provisions added by endorsement that in any way restrict coverage. The Contract Number and/or Purchase Order Number and the name of the department requiring the insurance should be stated under the description. The description must also contain a statement to the effect that "The following are named as Additional Insured's under General Liability and (if required) Automobile Liability, Excess Umbrella Liability, and Professional Liability (if applicable) on a primary basis, and on the broadest form available through the listed insurers with respect to this Contract or Purchase Order: **The County of Rockland, its employees, elected officials and affiliated municipal entities.** The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted the County of Rockland as an additional insured.

**WORKERS COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57:** The Vendor must procure, pay for, and maintain during the entire term of the contract such insurance as will protect both the owner and the vendor from claims under worker's compensation acts and amendments thereto and from any other claims for property damage and for personal injury including death, which may arise from operations under this contract, whether such operations by the Vendor or by any other party directly or indirectly employed by the Vendor. Vendors must provide copies of the required certificate to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order.

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A. Be legally exempt from obtaining workers' compensation insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

The Contractor must prove that they are in compliance with §57 of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form C-105.2 or U-26.3** – (All private insurance carriers and their licensed insurance agents are authorized to use the Form C-105.2 as their Certificate of NYS Worker's Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of Workers Compensation Insurance). Upon obtaining a permit, license or contract from a government agency Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board's Bureau of Compliance to obtain this form.
- **Self-Insured Form SI-12** – Certificate of Worker's Compensation Self-Insurance or Form GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance). Upon obtaining a permit, license or contract from a government agency. Board-approved self-insurers must obtain this form from Board's Self-Insurance Office.
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation Insurance) (Effective 12/1/08) Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage. These exemption forms can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence must contain the Solicitation Number and Title.

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**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8):**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A. Be legally exempt from obtaining disability benefits insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer.

The Vendor must prove that they are in compliance with Section 220(8) of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form DB-120.1** – Certificate of Disability Benefits Insurance (the businesses insurance carrier will send this form to the County upon request).
- **Self-Insured Form DB-155** – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence must contain the Solicitation Number and Title.

**Please note that ACORD forms are NOT acceptable proof of New York State Workers Compensation or Disability benefits insurance coverage.**

NY State Department of Labor requirements for Workmen's Compensation and Disability forms. Online address: <http://www.wcb.ny.gov>

**EMPLOYERS LIABILITY** with minimum statutory requirements**All policies of the Contractor or Consultant must be endorsed to contain the following clauses:**

(a) Insurers must have no right to recovery or subrogation against the County of Rockland (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so affected must protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Rockland is named as an insured, must not apply to the County of Rockland.

**All contractual insurance requirements in any contract between the Contractor or Consultant and the County must contain the following clauses:**

(a) The insurance companies issuing the policy or policies must have no recourse against the County of Rockland (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(b) Any and all deductibles in the above described insurance policies must be assumed by and be for the account of, and at the sole risk of, the Contractor or Consultant.

**SEE FOLLOWING PAGE FOR INSURANCE COVERAGE MATRIX**

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086**

	<b>VENDOR CLASSIFICATION</b>	Commodities Delivered by Vendor	Commodities Delivered by Common Carrier	Purchase or Lease of Equipment and/or Maintenance and repair of equipment	Lease / Use of Facilities or Ground / Prop to Others W/out Liquor	Lease / Use of Facilities or Ground for Filming	Maintenance & Repair of Buildings & Property
	<b>CHECK APPROPRIATE BOX (cont'd on next page)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Type of Insurance</b>						
<b>A</b>	<b>Commercial General Liability (CGL) Each Occurrence</b>						<b>(1)</b>
	General Liability	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Personal & Adv. Injury	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Med. Expense Any One Person	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Damage to Rented Premises	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	General Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
	Products-Comp / Op Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
<b>B</b>	<b>Auto Liability – Incl BI and PD (AL)</b>			<b>(2)</b>	<b>(2)</b>	<b>(2)</b>	<b>(2)</b>
	Combined Single Limit per accident						
	Any Auto	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
	Or						
	All Owned	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
	All Hired	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
	All Non-Owned	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
<b>C</b>	<b>Excess / Umbrella Liability</b>						
	Each Occurrence	XXXXX	XXXXX	\$1,000,000	\$1,000,000	\$10,000,000	\$5,000,000
	Aggregate	XXXXX	XXXXX	\$1,000,000	\$1,000,000	\$10,000,000	\$5,000,000
<b>D</b>	<b>Workers Compensation and Employers Liability</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
	Each Accident	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
<b>E</b>	<b>Disability Benefits</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>	<b>(3)</b>
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
<b>F</b>	<b>Other-Professional Liability or errors and Omissions or Malpractice</b>						
	Per Claim						
<b>Opt</b>	<b>Owners and Contractors Protection</b>						
	Each Occurrence						
	Aggregate						
	<b>3rd Party Property Damage</b>					\$1,000,000	
<b>*</b>	<b>All Other Insurance as Required by Law</b>						
	<b>Rockland County to be named as Additional Insured on these coverage's</b>	<b>GL-AL</b>		<b>GL-AL</b>	<b>GL-AL- EXCESS</b>	<b>GL-AL- EXCESS</b>	<b>GL-AL- EXCESS</b>

**Cont'd on next page**



**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086**

(1) The per occurrence and Aggregate limits for specified coverage should apply on a per location or per project basis.

(2) Automobile Liability Coverage is required IF an automobile is used in the execution of their contract. A vendor using a third party for shipment or transport does not require Automobile Liability Insurance.

(3) An ACORD form is NOT acceptable proof of NYS Workers Compensation (WC) or Disability Benefits (DBL) Insurance coverage. For WC, secure form C-105.2 or U-26.3. For DBL, secure form DB.120.

Workers Compensation/Employers Liability, and NYS Disability are not required of: a) a business that is owned by one individual, is not a corporation, and does not have any other employees, b) a self-employed individual, c) an out of state employer with no NYS employees. IN EACH CASE, the employer must file Form CE-200, Certificate of Attestation of Exemption, with the NYS Workers Compensation Board certifying that they are not required to obtain NYS specific Workers Compensation Insurance or NYS statutory Disability Benefits.

(3a) For vendors of commodities that have no locations or employees in the State of New York, and the commodities are going to be shipped from out of State to our location via common carrier evidence of Workers Compensation and Disability or the New York Attestation are not required. If the vendor does have locations in New York State and the particular product is manufactured or shipped from out of State, we should still get evidence of New York State Workers Compensation and Statutory Disability.

(4) A consultant is someone who gives expert or professional advice. Consultants are ordinarily hired on an independent contractor basis. Therefore, the County is not liable to others for the acts or omissions of the consultant. A consultant is an individual who possesses special knowledge or skills and provides that expertise the County for a fee. Consultants help find and implement solutions to a wide variety of problems, including those related to business, marketing, manufacturing, strategy, organization structure, environmental compliance, health and safety, technology, and communications. Some consultants are self-employed, independent contractors who offer specialized skills in a certain field; other consultants work for large consulting firms, that offer expertise in a wide range of business areas; and still other consultants hail from academia. Specialists in various professional fields that work with the general public and have greater than average expertise in particular areas, for example lawyers, doctors, pharmacists and insurance agents, require additional coverage for someone who is injured as a result of their negligent acts or omissions. Therefore, Professional Liability Insurance is required if commercially available for your profession.

**SAMPLE ACORD CERTIFICATES:** Sample ACORD Certificates detailing the required insurance coverage are included in each Invitation to Bid or Request for Proposal. These are provided as for informational purposes only to County Vendors and their Insurance Brokers to assist you in obtaining the correct insurance required for County contracts. Please note that the attached certificates reflect the standard types and limits of insurance the County requires most often. The requirements of each proposal may differ in which case the proposal's specific requirements must prevail. Please review the insurance requirements of your proposal carefully with your broker.

**Exceptions:** The limits shown in the matrix and samples will generally be required for service providers involved in low-risk activities. Higher limits may be required for service providers performing potentially high-risk activities.



**COUNTY OF ROCKLAND - DGS-PURCHASING**

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TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****INFORMATION TO BIDDERS****OBLIGATION OF BIDDERS**

Before submitting a bid, bidder must become fully familiar with the work to be done. Prior to submitting bid, each bidder is encouraged to visit the site:

A Site Visit is scheduled for August 20, 2025 at 10:00 AM. Location: 50 Sanatorium Road Building C Pomona, NY 10970

A Contractor must not plead misunderstanding or deception because of estimates of quantities, character, location, or other conditions surrounding the same. Permission will not be given to withdraw, or modify, or explain any proposal or bid after it has been opened.

The proposal must specify the costs, in the manner hereafter described for which the items will be supplied according to the specifications, together with a unit price for each of the separate items as called for. Any proposal must be deemed informal which does not contain prices set opposite to each of the several items for which there is a quantity exhibited in the itemized proposal.

**AWARD OF CONTRACT**

Award of contract will be made to the lowest responsible qualified bidder whose proposal must comply with all of the provisions required to render it formal. The County or the Director of Purchasing reserves the right to waive any informality or to reject any or all proposals and may advertise for new proposals, if the best interest of the county will be served. The County or the Director of Purchasing may require any or all bidders to present evidence of experience, ability and financial standing as well as a statement as to the equipment which the bidder will have available for the executing of this contract. The county reserves the right to award this contract either on an item-by -item basis or as a total award of all items in combination.

The Director of Purchasing reserves the right to reject a materially or mathematically unbalanced bid or to make "NO AWARD" on individual listings or sub-items if individual bid prices are deemed to be unbalanced or excessive or if an error in the solicitation becomes evident. In such case, ranking and evaluation of bids may be made on remaining items. Award may be made on the remaining items. The acceptance or rejection of an unbalanced bid must be at the sole discretion of the County.

**INSURANCE & BONDS**

The bidder whose proposal is accepted will be required to furnish bonds and evidence of insurance within five days from date of Notice of Award. In case of failure or refusal on the part of the bidder to furnish bonds, if required, within the set period, the amount of deposit may be forfeited to the county and the contract may be awarded to the next lowest responsible bidder. Upon the notification of award and approval of the bond, the deposit will be returned to the proposer. The deposit of persons other than the one to whom and award is made will be returned to the person or persons making the proposal immediately after the contract and bonds have been executed.

**NONRESTRICTIVE USE OF BRAND NAME OR EQUAL SPECIFICATIONS**

The use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics desired and are not intended to limit or restrict competition.

**FORM OF PROPOSAL**

All proposals must be made upon forms furnished by the Director of Purchasing of the County of Rockland and must be contained in sealed envelopes addressed to PAUL J. BRENNAN, CPPO, Director of Purchasing, County of Rockland, DGS - Purchasing, Bldg. A, 6th Floor, 50 Sanatorium Road, Pomona, NY 10970. Form of proposal as issued by the county must be completely filled in, in ink or typing. No bid will be accepted which contains any changes, additions, omissions or erasures.

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****EXPERIENCE & EQUIPMENT**

Bidder must submit with the proposal a Certificate of Experience for the past three (3) years. Bidder to list equipment owned or leased necessary for the execution of this contract. Certificate of Experience and Certificate of Equipment are included in these documents, if applicable.

**AMERICANS WITH DISABILITIES**

"The County of Rockland is committed to full compliance with the Americans with Disabilities Act. To that end, the County is committed to creating an accessible environment for all. To request accommodations that you may require, please call Ann Marie Curley at (845) 364-3820. Please request these accommodations four (4) business days in advance so that we can seek to meet your needs."

**LICENSE:**

In accordance with Local Law #11 of 1967, Licensing of Electricians and Local Law #17 of 1974, Licensing of Plumbers, HVAC and Refrigeration, and subsequent amendments, the contractor must possess a valid license at the time of execution of the contract.

**CHANGES**

If changes in the work are required, they will be directed in writing by field order. In the event a change requires adjustment in costs, the following methods may be used:

- a. Agreed upon lump sum.
- b. Verified cost for time and materials, plus a mark-up of 10% overhead and 10% profit.
- c. Processed with work and review at later date.
- d. In no event may the contractor stop the work due to an inability to arrive at an agreed upon method of billing but must proceed "under protest."

**EXCULPATORY CLAUSE**

The Contractor agrees to make no claim for damages for delay in the performance of this contract occasioned by any act of omission to act of the County or any of its representatives, and agrees that any such claim must be fully compensated for by an extension of time to complete performance of the work as provided herein.

**NOTICE TO BIDDER****APPENDIX A**

Appendix A, General Terms and Conditions for Department of General Services Purchasing Division Contracts, **a separate attachment to this solicitation**, is hereby expressly made a part of this Bid Document as fully as if set forth at length herein. **Please retain this document for future reference.**

***Bidders must download, read, and acknowledge acceptance of Appendix A on the proposal page.***

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY**

**BID NUMBER: RFB-RC-2025-086**

**VENDORS NAME:** \_\_\_\_\_

**NON-BIDDER'S RESPONSE**

For the purpose of facilitating your firm's response to our invitation to bid, the County of Rockland is interested in ascertaining reasons for prospective bidder's failure to respond to "Invitations to Bid". If your firm is not responding to this bid, please indicate the reason(s) by checking any appropriate item(s) below and return this form to the above address.

We are **not** responding to this "Invitation to Bid" for the following reason(s):

- ☐ Items or materials requested not manufactured by us or not available to our company.
- ☐ Our items and/or materials do not meet specifications.
- ☐ Specifications not clearly understood or applicable (too vague, too rigid, etc.).
- ☐ Quantities too Small.
- ☐ Insufficient time allowed for preparation of bid.
- ☐ Incorrect address used. Our correct mailing address is: \_\_\_\_\_  
\_\_\_\_\_
- ☐ Our branch / division handles this type of bid. We have forwarded this bid on to them but for the future the correct name and mailing address is: \_\_\_\_\_  
\_\_\_\_\_
- ☐ **OTHER:** \_\_\_\_\_  
\_\_\_\_\_

**Thank you for your participation in this bid.**

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086**

**ALL QUESTIONS PERTAINING TO THIS SOLICITATION MUST BE SUBMITTED IN  
WRITING.**

Questions shall be emailed to [purchasing@co.rockland.ny.us](mailto:purchasing@co.rockland.ny.us) and addressed to Paul J. Brennan, FNIGP, NIGP-CPP, CPPO, Director of Purchasing. The Solicitation Number must appear in the subject line of the email communication. All questions must be submitted within five (5) business days prior to the scheduled close date and time of the solicitation.

## COUNTY OF ROCKLAND - DGS-PURCHASING

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY

BID NUMBER: RFB-RC-2025-086

## STATEMENT OF REQUIRED

## DISCLOSURES, REPRESENTATIONS AND CERTIFICATIONS

**Note: ALL Sections on the following pages must be completed and this Statement must be signed  
before a Notary**

Name of the Reporting Entity:

SYSTEC101

Address:

418 Broadway STE N Albany NY 12227

Remit to Address if different from above:

FID No.:

47-1644654

Name of Individual Completing this form:

Murat Yildirim

Title/Position:

Owner

Telephone Number: (

970) 646-2706

Telefax Number:

EMAIL address:

my@systec101.com

EMAIL address for Purchase Orders to be sent (this is mandatory)

my@systec101.com

Is your firm:

☐

NYS Certified MWBE or

☐

Service-Disabled Veteran Own Business

SIGNATORY FIRST &amp; LAST NAME

Murat Yildirim

SIGNATORY TITLE

Owner

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****Section A. AFFIDAVIT OF NON-COLLUSION****(This form must be initialed and included with bid package)**

I hereby attest that I am the person responsible within my firm for the final decision as to the prices(s) and amount of this bid or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

I further attest that:

1. The price(s) and amount of this bid have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition with any other contractor, bidder or potential bidder.
2. Neither the price(s), nor the amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder on this project, and will not be so disclosed prior to bid opening.
3. No attempt has been made or will be made to solicit, cause or induce any firm or person to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or any intentionally high or non-competitive bid or other form of complementary bid.
4. The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary bid.
5. My firm has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by an firm or person to refrain from bidding or to submit a complementary bid on this project.
6. My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any project, in consideration for my firm's submitting a complementary bid, or agreeing to do so, on this project.
7. I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's bid on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, act or other conduct inconsistent with any of the statements and representations made in this affidavit.

The person signing this bid, under the penalties of perjury, affirms the truth thereof.

INITIAL: **MY**

COUNTY OF ROCKLAND - DGS-PURCHASING

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY

BID NUMBER: RFB-RC-2025-086

**Section B. DISCLOSURE OF POLITICAL CONTRIBUTIONS PURSUANT TO CHAPTER 323 OF THE ROCKLAND COUNTY CODE**

1. The reporting entity is (check one):

☐

An Individual

☐

A Partnership

☒

A Corporation

☐

Municipality or Agency

☐

Not-for-profit Organization

**Note:** Pursuant to Chapter 323 of the Rockland County Administrative Code , contracts with other municipal bodies or agencies or nonprofit organizations are *excluded* from disclosure Please proceed to Section C.

2. The reporting entity (check one):

☒

Will enter into a contract with the County of Rockland, in excess of \$10,000.00,  
which **did** / **did not (circle one)** result from public bidding.

Is currently under a contract with the County of Rockland in excess of \$10,000.00

3. The reporting entity, its members, directors, policymaking officers, or majority shareholders, have directly or indirectly made the following contributions to the persons or organizations listed below. List all contributions having a value in excess of \$200.00 per year made to any political party or any individual or any committee for an individual running for public office in County of Rockland or in a district in which County of Rockland is located, for a period of 3 years prior to the date of subscribed below.

**Note:** Answer "none" or list each contribution separately (if necessary, use additional sheets)

Name of Contributor	Relationship to Reporting Entity	Contribution Made To	Date of Contribution	Value and Nature of Contribution
---------------------	----------------------------------	----------------------	----------------------	----------------------------------

None

COUNTY OF ROCKLAND - DGS-PURCHASING

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

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BID NUMBER: RFB-RC-2025-086

**Section C. DISCLOSURE OF SUPPLIER RESPONSIBILITY STATEMENT**

**If none apply enter "None" on each line**

1. List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contract, or subcontract, or in the performance of such contract or subcontract.

None

2. List any convictions of any person, subsidiary, or affiliate of this company for offenses such as embezzlement, theft, fraudulent schemes, etc. or any other offense indicating a lack of business integrity or business honesty which affect the responsibility of the contractor.

None

3. List any convictions or civil judgments under state or federal antitrust statutes.

None

4. List any violations of contract provisions such as knowingly (without good cause) to perform, or unsatisfactory performance, in accordance with the specifications of a contract.

None

5. List any prior suspensions or debarments by any government agency.

None

6. List any contracts not completed on time.

None

7. List any documented violations of federal or state labor laws, regulations or standards, or occupational safety and health rules.

None

INITIAL: M Y



**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****Section D. AFFIRMATIVE ACTION PLAN CERTIFICATION**

1. The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, states the following: (please check one box in both (a) and (b))

a.) The above-named Reporting Entity ☐ DOES or ☒ DOES NOT employ fifteen (15) or more employees AND

b.) The above-named Reporting Entity

☐ DOES transacts a minimum of \$50,000 per annum business with the County of Rockland.

(i) IF SO, based on this above information, a copy of the Reporting Entity's Affirmative Action Plan OR

EEO (Equal Employment Opportunity) Policy is attached to this Form.

☒ DOES NOT transacts a minimum of \$50,000 per annum business with the County of Rockland.

**Section E. BUSINESS DEALINGS IN NORTHERN IRELAND-MACBRIDE PRINCIPLES**

1. The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies the following, in accordance with Article 5 of the County of Rockland Procurement Policy: (check one)

a.) The above-named Reporting Entity and any individual or legal entity in which the Reporting Entity holds a 10% or greater ownership interest and any individual or legal entity that holds a 10% or greater ownership in the contract, either: (check, as applicable)

(i) ☒ has NO business operations in Northern Ireland

OR

(ii) ☐ must take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to the nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and must permit independent monitoring of their companies with such Principles.

**COUNTY OF ROCKLAND - DGS-PURCHASING**  
 BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
 Building C, Pomona NY**

**BID NUMBER: RFB-RC-2025-086**

## **Section F. CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT**

Pursuant to State Finance Law §165-a, on August 10, 2012 the Commissioner of the Office of General Services (OGS) posted a prohibited entities list of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law) on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

By submitting a bid in response to a County solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor and any assignee or subcontractor and, in the case of a joint bid, each party thereto, certifies, under penalty of perjury, that once the Prohibited Entities List is posted on the OGS website, that to the best of its knowledge and belief, that each Bidder/Contractor and any subcontractor or assignee is not identified on the Prohibited Entities List created pursuant to SFL § 165-a(3)(b).

Additionally, Bidder/Contractor is advised that once the Prohibited Entities List is posted on the OGS Website, any Bidder/Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to this solicitation must certify at the time the Contract is renewed, extended or assigned that it is not included on the Prohibited Entities List.

During the term of the Contract, should the County receive information that a Bidder/Contractor is in violation of the above-referenced certification, the County will offer the person or entity an opportunity to respond. If the person or entity fails to demonstrate that he/she/it has ceased engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the County must take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages or declaring the Bidder/Contractor in default.

The County reserves the right to reject any bid or request for assignment for a Bidder/Contractor that appears on the Prohibited Entities List prior to the award of a contract and to pursue a responsibility review with respect to any Bidder/Contractor that is awarded a contract and subsequently appears on the Prohibited Entities List.

### **(Please check box)**

- I. ☒ The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies that he/she is *neither the Bidder/Contractor nor any proposed subcontractor as identified on the Prohibited Entities List.*

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****Section G. CERTIFICATION REGARDING BOYCOTT, DIVEST AND SANCTIONS (BDS) ACTIVITIES**

1. The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies the following, in accordance with Article 5 of the County of Rockland Procurement Policy: *(check box)*

☐ The Reporting Entity/Contractor and any individual or legal entity in which the contractor/reporting entity holds a 10% (ten percent) or greater ownership interest and any individual or legal entity that holds a 10% (ten percent) or greater ownership in the contract does NOT engage in any Boycott, Divest and sanctions (BDS) activities [which activities are defined as advocating for the boycott of Israel, divestment from Israel and International sanctions against Israel, and otherwise engaging in, promoting or supporting the global campaign to increase economic and political pressure in Israel to comply with the stated goals of the BDS movement].

**Section H. ACKNOWLEDGMENT OF INSURANCE REQUIREMENTS**

(Check Box to acknowledge each insurance requirement)

1. ☒ By submitting a bid/proposal in response to a County solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor acknowledges that they have read and understand the County's insurance requirements as outlined in the solicitation documents.
2. ☒ Bidder/Contractor agrees to provide a valid certificate of liability with the coverages and limits outlined in this solicitation (see matrix) within five (5) business days of request and include the following:
  - a. The Contract/Solicitation Number and/or Purchase Order Number should be stated under the description.
  - b. The description must also contain a statement to the effect that "The County of Rockland, its employees, elected officials, and affiliated municipal entities are included as additional insureds. The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted The County of Rockland as an additional insured".
3. ☒ **NYS Workman's Compensation and NYS Disability Certificates**  
Contractor must submit valid NYS Workman's Compensation and NYS Disability Certificates or Attestation of Exemption with the bid/proposal.

**COUNTY OF ROCKLAND - DGS-PURCHASING**

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY****BID NUMBER: RFB-RC-2025-086****Section I. CERTIFICATION OF COMPLIANCE LABOR REGULATIONS**

The contractor named below certifies compliance with all applicable labor laws and regulations of the State of New York and the United States of America including the following:

**1. Prevailing Wage Rate**

The contractor agrees to comply with the schedule of wages applicable to the performance of the said contract and the statutory requirements and rules of the State of New York.

- Where delivery and installation of material is required, the contractor agrees to comply with Article 8- Public Work, of the NYS Labor Law and its current prevailing wage schedule.
- Where delivery in place is required, the contractor agrees to comply with Article 9, Prevailing Wages for Building Service Employees, of the NYS Labor Law and its current prevailing wage schedule.
- The contractor acknowledges their obligation and agrees to furnish Certified Payrolls with each and every invoice requesting payment to the County Department that utilized the services of the contractor. Filing of the required Certified Payrolls is a condition of payment. No payment will be made to the contractor without receipt of the required Certified Payrolls.
- The contractor and all subcontractors agree to provide written notice to all laborers, workers, or mechanics of the prevailing wage rate for their particular job classification on each pay stub\*. The contractor and subcontractors also agree to post a notice at the beginning of the performance of every public work contract on each job site that includes the telephone number and address for the New York State Department of Labor and a statement informing laborers, workers, or mechanics of their right to contact the Department of Labor if he/she is not receiving proper prevailing wage rates and/or supplements for his/her particular job classification.

*\*In the event that the required information will not fit on the pay stub, an accompanying sheet or attachment of the information will suffice.*

**2. Social Security Taxes**

The contractor promises and agrees to pay the taxes measured by the wages of their employees required by the Federal Social Security Act and all amendments thereto, and to accept the exclusive liability for said taxes.

**3. Labor Laws**

The contractor certifies compliance with all the provisions of laws in the State of New York and the United States of America which affect municipalities and municipal contracts, and more particularly the Labor Law, the Immigration and Naturalization Laws and Regulations, the General Municipal Law, the Workers Compensation Law, the Lien Law, Personal Property Law, State Unemployment Insurance Law, Federal Social Security Law, State, Local and Municipal Health Laws, and any and all regulations promulgated by the State of New York, insofar as the same must be applicable to the contract awarded to the contractor.

**Certificate of Registration Number (for Public Work Contractor and Subcontractor Registry):**

\_\_\_\_\_

INITIAL: \_\_\_\_\_

COUNTY OF ROCKLAND - DGS-PURCHASING

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY

BID NUMBER: RFB-RC-2025-086

State of \_\_\_\_\_ )

) ss:

County of \_\_\_\_\_ )

All statements, disclosures and representations stated hereinabove this *Statement Required Disclosures, Representations and Certifications*, comprised of the preceding 8 pages and this page, are based upon my personal review of the books and records of the reporting entity. I declare, under oath or affirmation that all of the foregoing information, as well as any supplemental responses and statements that may be attached hereto are true to the best of my knowledge. I make these statements under the penalty of perjury, in my position/title held at the above-named Reporting Entity.

BY: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Print Name and Title/position)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_

Notary Public

COUNTY OF ROCKLAND - DGS-PURCHASING

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY

BID NUMBER: RFB-RC-2025-086

CERTIFICATE OF EQUIPMENT

I, **Murat Yildirim**,

hereby certify that **SYSTEC101**  
is the owner or leasee of the equipment necessary for the execution of this Contract, and further

certify that **SYSTEC101**  
is fully prepared with the necessary capital, material and machinery to conduct this work as herein  
specified. The equipment available for the execution of this contract is listed below:


NAME OF BIDDER

SIGNATURE

BY

DATE

TITLE

IMPORTANT: THIS FORM MUST BE FILLED IN BY BIDDER

COUNTY OF ROCKLAND - DGS-PURCHASING

BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: Access Point Installation- 50 Sanatorium Road-  
Building C, Pomona NY

BID NUMBER: RFB-RC-2025-086

CERTIFICATE OF EXPERIENCE

(THIS FORM MUST BE COMPLETED BY VENDOR AND SUBMITTED WITH BID IF REQUIRED BY SPECIFICATIONS)

HEREBY CERTIFY THAT (COMPANY)

HAS PERFORMED THE FOLLOWING WORK WITHIN THE LAST THREE YEARS:

NAME OF BUSINESS: CONTACT NAME:

ADDRESS:

AMOUNT OF CONTRACT: TELEPHONE NO.:

TYPE OF WORK: EMAIL ADDRESS:

FAX NO.:

NAME OF BUSINESS: CONTACT NAME:

ADDRESS:

AMOUNT OF CONTRACT: TELEPHONE NO.:

TYPE OF WORK: EMAIL ADDRESS:

FAX NO.:

NAME OF BUSINESS: CONTACT NAME:

ADDRESS:

AMOUNT OF CONTRACT: TELEPHONE NO.:

TYPE OF WORK: EMAIL ADDRESS:

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NAME OF BUSINESS: CONTACT NAME:

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AMOUNT OF CONTRACT: TELEPHONE NO.:

TYPE OF WORK: EMAIL ADDRESS:

FAX NO.:

NAME OF BUSINESS: CONTACT NAME:

ADDRESS:

AMOUNT OF CONTRACT: TELEPHONE NO.:

TYPE OF WORK: EMAIL ADDRESS:

FAX NO.:

NAME OF BIDDER: BY:

TITLE: SIGNATURE

Department of Labor  
Bureau of Public Work

## WEEKLY PAYROLL

For Contractor's Optional Use. Use of this form meets payroll notification requirements; as stated on the Payroll Records Notification.

NAME OF CONTRACTOR <input type="checkbox"/>		SUBCONTRACTOR <input type="checkbox"/>		ADDRESS															
FEIN		FOR WEEK ENDING		PROJECT AND LOCATION								PROJECT OR CONTRACTOR NO.							
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF WITH- HOLDINGS	WORK CLASSIFICATION	ST or OT	DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK
				Hours Worked										FICA	WITH- HOLDING		OTHER	TOTAL DEDUCTIONS	
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THIS CERTIFICATION MUST BE COMPLETED ON EACH WEEKLY PAYROLL FORM USED BY THE CONTRACTOR OR SUBCONTRACTOR

Date \_\_\_\_\_

I \_\_\_\_\_  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by \_\_\_\_\_

\_\_\_\_\_  
(Contractor or Subcontractor)

\_\_\_\_\_, that during the payroll period commencing on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, and ending the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

all persons employed on said project have been paid the full weekly wages earned, that no  
rebates have been or will be made either directly or indirectly to or on behalf of said

\_\_\_\_\_ from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or  
indirectly from the full wages earned by any person, other than permissible deductions as  
defined in Articles 8 and 9 and described below:

(2) That any payrolls submitted for the above period are correct and complete; that the  
wage rates for laborers, workers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that  
the classifications set forth therein for each laborer, worker or mechanic conforms with the work  
he/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program registered with the Commissioner of Labor in conformity with the provisions  
of Article 23 of the New York State Labor Law.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed  
in the above referenced payroll, payments of fringe benefits as listed in the  
contract have been or will be made to appropriate programs for the  
benefit of such employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer, worker or mechanic listed in the above referenced payroll has been  
paid, as indicated on the payroll, an amount not less than the sum of the  
applicable basic hourly wage rate plus the amount of the required fringe benefits  
as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

SIGNATURE:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL  
OR CRIMINAL PROSECUTION. SEE ARTICLES 8 AND 9.

COUNTY OF ROCKLAND

VENDOR: \_\_\_\_\_

DGS – PURCHASING DEPARTMENT

BLDG. A, 6TH FLOOR, 50 SANATORIUM ROAD

POMONA, NY 10970

TELEPHONE NO.: 845-364-3820

LINE NO.	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	EXTENDED PRICE
1	Hourly Rate for Installation of Access Point Services	120	hours		
2	Percent Mark up for parts/equipment needed for installation. Percent Markup shall not exceed 10%. (Enter the percent as a whole number Example 10% 0.10)	\$1,000	Percent		
3				TOTAL BID	

Upon receipt of all required approvals a Contract shall be deemed executed and created with the successful Bidder(s) upon the Commissioner's mailing or electronic communication to the address on the bid of: (i) a Letter of Acceptance; or (ii) a fully executed contract; or (iii) a Purchase Order authorized by the Commissioner

COUNTY OF ROCKLAND

VENDOR: \_\_\_\_\_

DGS – PURCHASING DEPARTMENT

BLDG. A, 6TH FLOOR, 50 SANATORIUM ROAD

POMONA, NY 10970

TELEPHONE NO.: 845-364-3820

LINE NO.	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	EXTENDED PRICE
-------------	-------------	-----------	------	------------	----------------

Print Name: \_\_\_\_\_

Name of person responsible for this solicitation

**By signing this solicitation, I acknowledge that I have downloaded, read, and accept  
Appendix A (Revised 08/2010) - General Terms and Conditions for this solicitation**

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

I acknowledge the receipt of \_\_\_\_\_ addendums

Date: \_\_\_\_\_



The Certificate Date of issuance must be within 6 months of Request

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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> The Ducey Agency, Inc 43 South Liberty Drive Stony Point, NY 10980		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>	<b>Required</b> <b>Required</b> <b>Required</b>	<b>FAX (A/C, No):</b>
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : Rating as Required by Contract or Solicitation</b>		
		<b>INSURER B :</b>		
		<b>INSURER C :</b>		
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

<b>INSURED</b> MAINTENANCE AND REPAIR OF BUILDING & PROPERTY 123 MAIN STREET NEW CITY, NY 10956	Submit a Valid Certificate of Liability Insurance with the coverage and limits provided on this sample-Name of Insured must be that of contract Holder
--	--

**COVERAGES** **CERTIFICATE NUMBER:** Required **REVISION NUMBER:** Required if applicable

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			Required	Required	Required	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
							MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER						\$	
B	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$	
							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				AGGREGATE \$ 5,000,000	
	DED		RETENTION \$				\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			NYS Wokrs' Comp. Certificate Provide Form c-105.2 or u-26.3 - NYS Disability Certificate - Provide Form DB 120.1 Or Attestation of Exemption			PER STATUTE	OTH ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

Description of Operations/Locations/Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if needed)

Language Required naming County of Rockland as additionally insured.

The County of Rockland including its employees, its officials, volunteers and Rockland County Sewer District #1 are named as additionally Insured.

<b>CERTIFICATE HOLDER</b> County of Rockland 50 Sanatorium Road, Bldg. A Pomona, NY 10970	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Signature is Required
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