Office of the Town Clerk

Town Hall 3301 Broadway St. Cheektowaga, New York 14227-1088

Vickie L. Dankowski

Town Clerk / Town Tax Receiver (716) 686-3434

Vdankowski@tocny.org



THE TOWN OF CHEEKTOWAGA Snow Plow Requirements 2018-19

Deputies

Cynthia A. Dauscher (716) 686-3982 Cdauscher@tocny.org

Margaret Brezowski (716) 686-3423 Mbrezowski@tocny.org



I know, none of us want to think snow, but it's inevitable; and someone has to clean it up. Therefore, for your convenience, I have enclosed an application for Snow Plow Permits for the 2018-2019 winter season.

PLEASE NOTE: NO PERMITS WILL BE ISSUED WITHOUT A CERTIFICATE OF INSURANCE

Requirements to receive a permit are:

- A fee of \$25.00 per vehicle, and you may list up to 4 (four) vehicles on each permit form (Please feel free to make additional copies)
- Owner's physical address must be on the application, we DO NOT accept P.O. Box address.
- ➤ A Certificate of Insurance stating that a Notice of Cancellation, Non-Renewal or Reduction of Insurance shall be given to the Town of Cheektowaga at least 30 (thirty) days prior to such cancellation
- Certificate of Insurance must show the minimum limits and must list the VIN's for all vehicles to be permitted
- Acceptable payments: checks, cash and all major credit cards. (We do not accept any payments over the phone or cash through the mail)
- ➤ The Town of Cheektowaga Town Clerk's Office will accept a Certificate of Insurance faxed copy to (716) 686-3515. An INSURANCE SAMPLE attached to make sure your insurance is complete as per the Town of Cheektowaga Code requirements.

To renew by mail: Submit your application, payment, & current Certificate of Liability to

Cheektowaga Town Clerk's Office 3301 Broadway Street, Room 101 Cheektowaga, New York 14227

PLEASE MAKE CHECKS PAYABLE TO:

Town of Cheektowaga

QUESTION MAY BE DIRECTED TO:

Margaret M. Brezowski - Deputy Town Clerk Phone - (716)686-3423 Fax - (716) 686-3515

Sincerely,

Vickie L. Dankowski

Town of Cheektowaga Clerk / Tax Receiver Enclosed

MAKE SURE ALL HIGHLIGHTED SECTIONS ARE COMPLETED.



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 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				CONTAC NAME:	СТ				
SAMPLE					PHONE				
					(A/C, No, Ext): E-MAIL ADDRESS:				
				ADDRES		OLIDEDIO AFFO	DDING COVED A CE	NAIG #	
				INCUE		SURER(S) AFFU	RDING COVERAGE	NAIC#	
INSURED				INSURE					
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COVERAGES CER	TIFIC	CATE	NUMBER:				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. NOTWITH-STANDING 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. INST. ADDIEUDER AD									
INSR LTR TYPE OF INSURANCE	INSR				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY							EACH OCCURRENCE \$		
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
CLAIMS-MADE OCCUR							MED EXP (Any one person) \$		
							PERSONAL & ADV INJURY \$		
							GENERAL AGGREGATE \$		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$		
POLICY PRO- JECT LOC							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$ 1	,000,000.00	
ANY AUTO								5,000.00	
ALL OWNED SCHEDULED								0,000.00	
NON-OWNED			POLICY NUMBER		10/01/2018	04/30/2019	PROPERTY DAMAGE	0,000.00	
HIRED AUTOS AUTOS							(Per accident) \$ 1	0,000.00	
UMBRELLA LIAB OCCUR									
- CCCOK							EACH OCCURRENCE \$		
ODAMO-MADE	1						AGGREGATE \$		
DED RETENTIONS	_	_					\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION \$							s		
WORKERS COMPENSATION							WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$		
OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS DRIOW									
	L		A CORP 404 A L	0.1	16				
MODEL/YEAR OF VEHICLE (S) VIN NUMBERS OF VEHICLE (S)	LES (/	Attach	ACORD 101, Additional Remarks 1	Schedule	IT more space II	o required)			
CERTIFICATE HOLDER				CANC	ELLATION				
Town of Cheektowaga							DESCRIBED POLICIES BE CANO		

	CERTIFICATE HOLDER	CANCELLATION
	Town of Cheektowaga	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
l	3301 Broadway	ACCORDANCE WITH THE POLICY PROVISIONS.
I	Room 101	AUTHORIZED REPRESENTATIVE
I	Cheektowaga NY 14227	
l		MUST BE SIGNED BY AUTHORIZED AGENT!!