

AGREEMENT

(SCHOOL RESOURCE OFFICER AT ULSTER COUNTY BOCES)

THIS AGREEMENT (the "Agreement") is entered into by and between the **COUNTY OF ULSTER**, having its principal place of business at 244 Fair Street Kingston, New York 12401 (hereinafter referred to as the "County"), and the **ULSTER COUNTY BOARD OF COOPERATIVE EDUCATIONAL SERVICES**, with offices at 175 Route 32 North, New Paltz, New York 12561 (hereinafter referred to as "BOCES"), (each, a "Party;" together, the "Parties").

RECITALS

WHEREAS, the County, through its Office of the Sheriff, has the capacity to provide three (3) Deputy Sheriffs trained as School Resource Officers ("SROs") as per **Schedule E**, which is attached hereto and made a part of this Agreement; and

WHEREAS, it is the mission of the Ulster County Sheriff's Office (the "Sheriff's Office") to have SROs assigned to the work within the BOCES facilities located in Port Ewen, New York, Saugerties, New York, and Ulster Park, New York; to have day-to-day contact with students, faculty, and parents, to provide a safe and comfortable environment within BOCES; and to be available for students to assist in defusing and solving conflicts before they become a detriment to the learning environment and the health, safety, and welfare of the students and faculty of BOCES; and

WHEREAS, it is the goal of the Sheriff's Office and BOCES to enter into a partnership to enhance the BOCES environment with a uniformed SRO at each location who will serve to assist faculty and students with problems before they affect the learning environment with the following objectives:

- 1) To create a safe environment that is free of harm, intimidation, and weapons;
- 2) To present a positive role model of a law enforcement officer;
- 3) To change youth's perceptions of a law enforcement officer; and
- 4) To develop a model of cooperative efforts by school districts and law enforcement agencies that can be replicated within Ulster County and beyond.

WHEREAS, pursuant to Resolution No. _____, adopted by the Ulster County Legislature on _____, the Chair of the Ulster County Legislature (the "Chair") is authorized to execute, on behalf of the County, this Agreement for the services contained herein.

NOW THEREFORE, in consideration of the promises and covenants set forth below, the Parties hereby agree as follows:

1. SCOPE OF SERVICES:

- A.) **Attendance:** Three (3) SROs shall provide services for four (4) BOCES locations. One (1) full-time SRO will be assigned to the Center for Innovative Teaching and Learning (the "CITL"), Special Education, located at Route 9W, Port Ewen, New York 12466; one (1) full-time SRO will provide services half time at BOCES – Mt. Marion, 744 Glasco Turnpike, Saugerties, New York 12477, and half time at BOCES – Anna Devine, 1372 Old Post Road, Ulster Park, New York 12487; and one (1) full-time SRO will be assigned to the CTE Campus (iPark) located at 300 Enterprise Drive, Kingston, New York 12401 (each location, a "Facility," and together, the "Facilities"), each Monday through Friday, while BOCES is in session (approximately one hundred eighty-five [185] days per academic year). The SROs will be in attendance whenever students are present at the Facilities. Extended periods of absence by an SRO, such as his or her vacation, will take place only during BOCES holidays or breaks. The services provided by the SROs shall not include any services outside of normal Facility activity hours.

B.) Responsibilities of SRO's:

- I. Interact with students at arrival and dismissal, breakfast and lunch, activity period, and at all class changes to develop a positive rapport with students;
- II. Assist in mediating negative situations in student-to-student and student-to-staff interactions;
- III. Advise staff on issues of gang culture and violence being introduced into the school environment;
- IV. Conduct search and seizure as appropriate to the situation;
- V. Assist in identifying students who are positive role models and who can be trained to develop as peer mediators;
- VI. Lecture and/or team teach and plan with staff:
 - a. In Health Education, present ways to avoid involvement in drugs and alcohol, side effects of drug usage, and issues of addiction;
 - b. In Social Studies, co-teach ways of getting along with others in society, community involvement, and volunteering, social responsibility, mediation, and peaceful solutions to problems; and
 - c. In Government, assist staff and students in the formation of a student government to include a judicial branch that will hear complaints and appeals and assist the administration in determining consequences.
- VII. Educate students about the forms of intimidation and harassment and continually teach and re-teach these concepts to students with differences in learning and affect;
- VIII. Assist in staff development and training activities on issues such as recognition of students under the influence of drugs and alcohol, and introduction of elements of gang formation and behavior into the school environment;
- IX. Speak with parent groups on topics of school safety, drugs and alcohol, and gang violence; and
- X. Use discretion in divulging confidential information exchanged between parents, teachers, social workers, social services, and fellow officers.

C.) Financial Reporting: The financial reporting will be completed by the Sheriff's Office for the Term of this Agreement.

D.) Supervision and Responsibility of the SROs: The BOCES chain of command for supervision of and responsibility for the SROs shall be in accordance with **Schedule B** of this Agreement, which is attached hereto and made a part hereof. The SROs shall also be under the direct supervision of a Sheriff's Office Lieutenant who shall oversee the activities, actions, and performance of the SROs.

E.) Evaluation of the Services: The evaluation of the services provided pursuant to this Agreement shall be a joint effort and responsibility of the Captain of Police Services of the Sheriff's Office and the Principal of the Facility. The services shall be continually evaluated for effectiveness and efficiency. Any changes that may need to be made would be directed by the Captain of Police Services of the Sheriff's Office with the advice of the Facility's Principal. A needs assessment survey was developed by the BOCES safety team during the summer of 1999. This needs assessment survey will be re-administered to the team, the SROs, and the Facility staff to evaluate any need for changes. A questionnaire about the Facility's safety and the program will be developed and administered to staff, students, and parents annually. Data will also be collected to ascertain if there were improvements in the attendance, suspension, and behavioral incidents resulting from the services and/or any changed thereafter.

F.) Evaluation of SROs: The SROs assigned to the Facilities shall be evaluated annually by the Principal of the Facility. A written evaluation will be provided by BOCES to the SROs and the Ulster County Sheriff.

G.) Delineation of Decision Making/Chain of Command: It is the policy of the Sheriff's Office that Deputy Sheriffs report to a Sergeant. Due to the unique situation of a Deputy Sheriff being physically situated in a school setting, the chain of command for the SROs shall be delegated to a Sheriff's Office Lieutenant in accordance with **Schedule C** of this Agreement.

H.) School Discipline: School discipline is solely the responsibility of school administrators. The SROs will not be involved in the investigation of disciplinary infractions under the code of conduct or enforcement of the code of conduct.

The SROs will follow BOCES policy and applicable state and federal laws concerning formal law enforcement interviews with students or staff or searches or seizures on school property or at school functions under the jurisdiction of BOCES.

2. **TERM OF AGREEMENT:** This Agreement shall take effect on **July 1, 2026**, and, subject to earlier termination as provided in subparagraph 4 below ("Termination"), shall continue in full force and effect until **June 30, 2027**.
3. **PAYMENT:** BOCES agrees to pay the County for the SROs' services performed during the Term of this Agreement, as set forth in **Schedule A**, which is attached hereto and made a part hereof. The County shall submit invoices to BOCES according to the schedule described in **Schedule A**, and BOCES shall make payment of the amount of each invoice within thirty (30) days of receipt of such.
4. **TERMINATION:** Either Party may terminate this agreement, immediately upon notice of the other Party, in the event that either Party fails to comply with the terms and conditions of this Agreement, in any material respect, and if such failure is not cured within thirty (30) days after receipt of notice by the other Party describing such failure.

Either Party may terminate this Agreement without cause, upon sixty (60) days written notice to the other Party.

5. **NOTICES:** All notices shall be in writing and sent by registered mail, overnight mail, courier, or transmitted by facsimile, to the addresses indicated on the first page of this Agreement, or such other address as either Party may indicate, with at least thirty (30) days prior written notice to the other Party.
6. **INSURANCE:** BOCES shall maintain or cause to be maintained in full force and effect during the term of this Agreement, at its expense, insurance with stated minimum coverage as set forth in **Schedule D**, which is attached hereto and is hereby made a part of this Agreement.
7. **LIMITATION OF LIABILITY:** The County's maximum liability for any action regardless of the form of the action, whether in tort or contract, arising under this Agreement shall in no event exceed an amount equal to the payment paid by BOCES hereunder during the twelve (12) months prior to the date when the cause of action arose.
8. **INDEMNIFICATION OF COUNTY:** BOCES agrees to defend, indemnify, and hold harmless the County, including its officials, employees, and agents, against all claims, losses, damages, liabilities, costs, or expenses (including without limitation, reasonable attorney fees and costs of litigation and/or settlement), whether incurred as a result of a claim by a third party or any other person or entity, arising out of the services performed pursuant to the Agreement, which the County, or its officials, employees, or agents, may suffer by reason of any negligence, fault, act, or omission of BOCES, its employees, representatives, subcontractors, assignees, or agents.
9. **INDEPENDENT CONTRACTOR:** Each Party agrees to be solely responsible for all matters relating to compensation of its employees, including, in compliance with local, State and Federal laws governing its personnel, including workers compensation, Social Security, withholding and payment of any and all Federal, State, and local personal income taxes, disability insurance, unemployment, and any other taxes for such persons, including any related employer assessment or contributions required by law, and all other regulations governing such matters, and the payment of all salary, vacation, and other employee benefits.
10. **NO ARBITRATION:** Any and all disputes involving this Agreement, including the breach or alleged breach thereof, may not be submitted to arbitration unless specifically agreed thereto in writing by Ulster County Attorney, but must instead only be heard in the Supreme Court of the State of New York, with the venue in Ulster County or if appropriate, in the Federal District Court with the venue in the Northern District of New York, Albany Division.
11. **CORPORATE COMPLIANCE:** BOCES agrees to comply with all federal, State, and local laws, rules, and regulations governing the provision of goods and/or services under this Agreement. In particular, BOCES agrees to comply with the laws, rules, and regulations of Ulster County, as well as with its Compliance Plan (the "Plan"). The Plan can be viewed at <https://ulstercountyny.gov/ulster-county-compliance-plan>. Alternatively, a hard copy of the Plan shall be provided upon BOCES' request. The Plan relates to the County's compliance with relevant Federal and State fraud and abuse laws. The County may terminate this Agreement, in whole or in part, at any time for the District's failure to comply with the County's Plan. BOCES represents and warrants that it has read and understands the Plan and agrees to abide by its terms. BOCES shall ensure that each individual who provides such services under this Agreement is provided with a copy of the Plan or given access to the Plan. The County strongly encourages all healthcare providers contracting with the County to implement their own compliance programs that address each of the elements of compliance recommended by the Office of the Medicaid Inspector General.

The County will conduct appropriate screening of providers, independent contractors, vendors, and agents to ensure and verify that they have not been sanctioned and/or excluded by any Federal or State law enforcement, regulatory, or licensing authority. The County shall

also verify that entities and businesses that provide and/or perform services for the County have not been the subject of adverse governmental actions and/or excluded from the Federal healthcare programs.

BOCES understands that the County has established and implemented a Corporate Compliance Program and has developed "Standards of Conduct for Ulster County Vendors and Contractors" (the "Standards"). The Standards can be accessed electronically at any time by going to <https://ulstercountyny.gov/ulster-county-compliance-plan>. BOCES represents that it has read, understands, and agrees to comply with the Standards with respect to its performance pursuant to this Agreement. The hotline for reporting violations of the Standards is 1-877-569-8777.

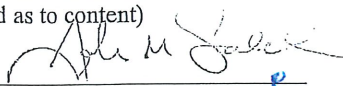
12. **NO ASSIGNMENT BY BOARD WITHOUT CONSENT:** This Agreement may not be assigned by BOCES nor its right, title, or interest therein assigned, transferred, conveyed, sublet, or disposed of without the previous written consent of the County and any attempt to do so without first obtaining such written consent shall be void and of no force and effect.
13. **GOVERNING LAW:** This Agreement and the performance of the Parties hereunder shall be governed by and construed in accordance with the laws of the State of New York.
14. **MODIFICATION TO BE IN WRITING:** No changes, amendments, or modifications of any of the terms and/or conditions of the Agreement shall be valid unless reduced to writing and signed by the Parties to this Agreement. Changes in the scope of services in this Agreement shall not be binding, unless prior to the performance of any such services, the Chair, after consultation with the Ulster County Attorney and the Ulster County Sheriff, executes an amendment or modification to the Agreement, which amendment or modification shall specifically set forth the scope of such extra or additional services, the amount of compensation, and extension of time for performance, if any, for such services. Unless otherwise specifically provided for therein, the provisions of the Agreement shall apply with full force and effect to the terms and conditions contained in such amendment or modification.
15. **ENTIRE AGREEMENT:** The rights and obligations of the Parties and their respective agents, successors and assignees shall be subject to and governed by this Agreement, which supersedes any other understandings or writings between or among the Parties to this Agreement.

**REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK
SIGNATURE PAGE TO FOLLOW**

IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to enter into this Agreement as of the dates set forth below, effective as of the beginning date set forth in Article 2 above.

**ULSTER COUNTY BOARD OF
COOPERATIVE EDUCATIONAL SERVICES**

(Approved as to content)

By: 

NAME: Dr. Jonah Schenker

TITLE: District Superintendent

DATE: 7/16/2026

ULSTER COUNTY SHERIFF'S OFFICE

(Approved as to content)

By: _____

NAME: Juan J. Figueroa

TITLE: Ulster County Sheriff

DATE: _____

COUNTY OF ULSTER

By: _____

NAME: Peter Criswell

TITLE: Chair, Ulster County Legislature

DATE: _____

SCHEDULE A
FEES, EXPENSES AND SUBMISSIONS FOR PAYMENT

1. BOCES agrees to pay the County an amount not less than **THREE HUNDRED SEVENTY-FIVE THOUSAND, EIGHT HUNDRED FORTY-FIVE and 70/100 (\$375,845.70) DOLLARS** for the SROs' services during the Term of this Agreement.
2. BOCES agrees to make payment to the County within thirty (30) days of submission of the invoice by the Ulster County Sheriff.
3. The County's invoices will be submitted quarterly to BOCES, as follows:

INVOICE DUE BY:	TERM OF SERVICES RENDERED:	INVOICE AMOUNT:
October 15, 2026	July 1, 2026 - September 30, 2026	\$ 93,961.42
January 15, 2027	October 1, 2026 - December 31, 2026	\$ 93,961.42
April 15, 2027	January 1, 2027 - March 31, 2027	\$ 93,961.43
July 15, 2027	April 1, 2027 - June 30, 2027	\$ 93,961.43
	TOTAL:	\$ 375,845.70

SCHEDULE B

CHAIN OF COMMAND

ULSTER COUNTY BOCES

DISTRICT SUPERINTENDENT

ASSISTANT SUPERINTENDENT FOR
ADMINISTRATION &
CHIEF OPERATIONS OFFICER

**CENTER FOR INNOVATIVE TEACHING &
LEARNING (CITL), SPECIAL EDUCATION**
ASSISTANT SUPERINTENDENT FOR
LEARNING & DESIGN – CITL
PROGRAMS

CAREER ACADEMIES at iPark87
ASSISTANT SUPERINTENDENT FOR
LEARNING & DESIGN - CAREER
PATHWAYS PROGRAMS

PRINCIPAL
CITL, SPECIAL EDUCATION

CAREER ACADEMIES at iPark87
(Career and Technical Center)

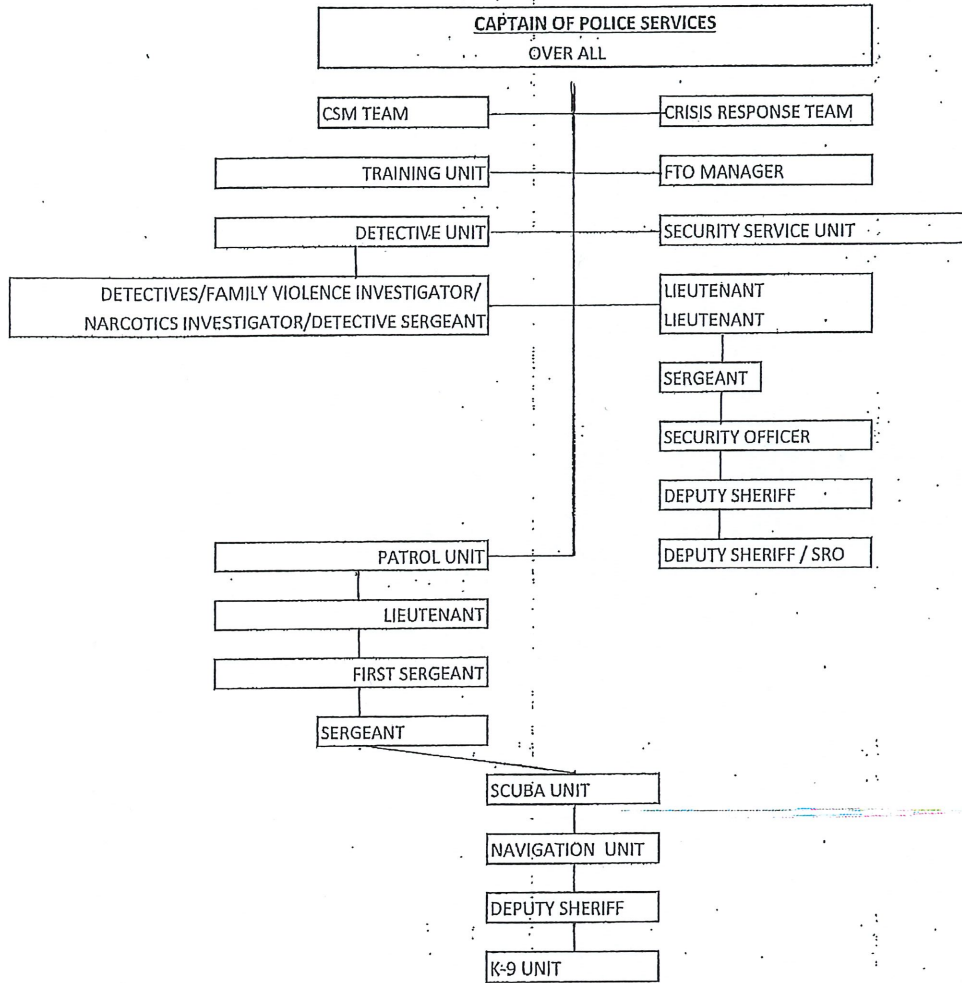
ASSISTANT PRINCIPAL
CITL, SPECIAL EDUCATION

CAREER ACADEMIES at iPark87
(Career and Technical Center)

SCHOOL RESOURCE OFFICERS

SCHEDULE C

CHAIN OF COMMAND - ULSTER COUNTY SHERIFF'S CRIMINAL DIVISION



PLEASE BRING THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT TO ENSURE PROPER COVERAGE AND LIMITS ARE IN PLACE. FAILURE TO PROVIDE CERTIFICATE(S) OF INSURANCE EVIDENCING REQUIREMENTS BELOW, SHALL DELAY CONTRACT EXECUTION.

SCHEDULE D
COUNTY OF ULSTER CONTRACT INSURANCE REQUIREMENTS

I. CONDITIONS OF INSURANCE

Unless otherwise authorized by the Ulster County Insurance Officer, strict adherence to this schedule is required. Any deviation without prior authorization from the County's Department of Risk Management will result in a delay in the finalization of this Agreement.

BOCES shall submit copies of any or all required insurance documents as and when requested by the County.

II. CERTIFICATES OF INSURANCE

The Vendor shall file with the County's Department of Risk Management, prior to commencing work under this Agreement, all proper Certificates of Insurance.

The Certificates of Insurance shall include:

- a. Name and address of Insured
- b. Issue date of certificate
- c. Insurance company name
- d. Type of coverage in effect
- e. Policy number
- f. Inception and expiration dates of policies included on the certificate
- g. Limits of liability for all policies included on the certificate
- h. **"Certificate Holder" for all certificates shall be the County of Ulster, P.O. Box 1800, Kingston, New York 12402-1800.**

If BOCES' insurance policies should be non-renewed or canceled, or should expire during the life of this Agreement, the County shall be provided with a new certificate indicating the replacement policy information as requested above. The County requires thirty (30) days prior written notice of cancellation ten (10) days for non-payment of premium from the Insurer, its agents or representatives.

BOCES agrees to indemnify the County of Ulster for any applicable deductibles and self-insured retentions.

III. WORKERS' COMPENSATION AND DISABILITY INSURANCE

BOCES shall take out and maintain during the life of this Agreement, Workers' Compensation (WC) Insurance and Disability Benefits (DB) Insurance, for all of its employees employed at the site of the project, and shall provide Certificates of Insurance evidencing this coverage to the County's Department of Risk Management.

If BOCES is not required to carry such insurance, then BOCES must submit form CE-200 attesting to the fact that it is exempt from providing WC and/or DB Insurance coverage for all of its employees.

The manner of proof related to WC and DB Insurance is controlled by New York State Laws, Rules and Regulations. "ACORD" forms are not acceptable proof of WC and/or DB Insurance.

IV. WORKERS' COMPENSATION REQUIREMENTS

To assist the State of New York and municipal entities in enforcing WCL Section 57, a business entity (BOCES) seeking to enter into a contract with a municipality (the County) must provide one of the following forms to the municipal entity with which it is entering into a contract. BOCES should contact their insurance agent to obtain acceptable proof of WC coverage:

- Form C-105.2 – "Certificate of NYS Workers' Compensation Insurance" **or**
- Form U-26.3 – "Certificate of Workers' Compensation Insurance" issued by the New York State Insurance Fund **or**
- Form SI-12 – "Affidavit Certifying that Compensation has Been Secured" issued by the Self-Insurance Office of the Workers' Compensation Board if the Vendor is self-insured **or**
- Form GSI-105.2 – "Certificate of Participation in Workers' Compensation Group Self-Insurance" issued by the Self-Insurance administrator of the group **or**

- Form GSI-12 – “Certificate of Group Workers’ Compensation Group Self-Insurance” issued by the Self-Insurance Office of the Workers’ Compensation Board if the Vendor is self-insured.

If BOCES is not required to carry WC coverage, it must submit Form CE-200, “Certificate of Attestation of Exemption” from New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage. This form and the instructions for completing it are available at <http://www.wcb.ny.gov>

V. DISABILITY BENEFITS REQUIREMENTS

To assist the State of New York and municipal entities in enforcing WCL Section 220(8), a business entity (BOCES) seeking to enter into a contract with a municipality (the County) must provide one of the following forms to the municipal entity with which it is entering into a contract. BOCES should contact their insurance agent to obtain acceptable proof of DB Insurance Coverage:

- Form DB-120.1 – “Certificate of Insurance Coverage Under the NYS Disability Benefits Law” or
- Form DB-155 – “Compliance with Disability Benefits Law” issued by the Self-Insurance Office of the Workers’ Compensation Board if the Vendor is self-insured.

If BOCES is not required to carry DB Insurance coverage, it must submit Form CE-200, “Certificate of Attestation of Exemption” from New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage. This form and the instructions for completing it are available at <http://www.wcb.ny.gov>

VI. COMMERCIAL GENERAL LIABILITY INSURANCE

BOCES shall take out and maintain during the life of this Agreement, such bodily injury liability and property damage liability insurance as shall protect it and the County from claims for damages for bodily injury including accidental death, as well as from claims for property damage that may arise from operations under this Agreement, whether such operations be by BOCES, by any subcontractor, or by anyone directly or indirectly employed by either of them.

It shall be the responsibility of BOCES to maintain such insurance in amounts sufficient to fully protect itself and the County, but in no instance shall amounts be less than the minimum acceptable levels of coverage set forth below:

- Bodily Injury Liability and Property Damage Liability Insurance in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence, and in an amount not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** general aggregate.

Other Conditions of Commercial General Liability Insurance:

- a. Coverage shall be written on Commercial General Liability form.
- b. Coverage shall include:
 1. Contractual Liability
 2. Independent Contractors
 3. Products and Completed Operations
- c. “Additional Insured” status shall be granted to “County of Ulster, P.O. Box 1800, Kingston, New York, 12402 1800”, shown on the Commercial General Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance.

VII. UMBRELLA LIABILITY OR EXCESS LIABILITY INSURANCE

Umbrella Liability or Excess Liability Insurance shall be provided by the Vendor in an amount not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS**.

NOTE: As long as all minimum underlying limits have been met, insurance limits may be a total combined limit of the Umbrella/Excess Liability limits and the underlying liability insurance limits.

The Umbrella/Excess Liability coverage **MUST** be written on a follow-form (drop down) basis to the underlying insurance coverage with no additional exclusions.

“Additional Insured” status shall be granted to “County of Ulster, P.O. Box 1800, Kingston, New York, 12402-1800”, shown on the Umbrella policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance.

VIII. AUTOMOBILE LIABILITY INSURANCE

Automobile Bodily Injury Liability and Property Damage Liability Insurance shall be provided by BOCES, with a minimum Combined Single Limit (CSL) of **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS**.

Coverage shall include:

- a. All owned vehicles
- b. Any hired automobile
- c. Any non-owned automobile
- d. "Additional Insured" status shall be granted to "County of Ulster, P.O. Box 1800, Kingston, New York, 12402-1800", shown on the Auto Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance.

IX. PROFESSIONAL LIABILITY INSURANCE (e.g. MALPRACTICE, MEDIA LIABILITY, ERRORS & OMISSIONS INSURANCE)

- ☐ If this box is checked, Professional Liability Insurance shall be provided by the Vendor in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence and in an amount of not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** general aggregate.

X. CYBER LIABILITY INSURANCE

- ☐ If this box is checked, Cyber Liability Insurance shall be provided by the Vendor in an amount not less than **FIVE MILLION AND 00/100 (\$5,000,000.00) DOLLARS** for each occurrence and in an amount of not less than **FIVE MILLION AND 00/100 (\$5,000,000.00) DOLLARS** general aggregate. **Copies of policy must be submitted with certificate of insurance.**

SCHEDULE E
BASIC SCHOOL RESOURCE OFFICER COURSE

The New York State Sheriff's Association's Committee on Policing and Safeguarding Schools (C-PASS) in conjunction with the New York State Division of Criminal Justice Services would like to announce a "Basic School Resource Officer" course created by the New York State Division of Criminal Justice Services. This Municipal Police Training Council certified forty (40) hour block training course will equip an officer with the necessary knowledge on how to navigate the difficult task of policing in a school setting.

Lessons will encompass a wide variety of topics including but not limited to developing school partnerships, juvenile law, and emergency response tactics within a school. This course will be presented by certified instructors, educators, and topic experts in their respective fields.

It combines lectures and practical exercise designed to give officers the skills and knowledge to safely navigate the school environment.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2026

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 NEW YORK SCHOOLS INSURANCE RECIPROCAL 333 Earle Ovington Blvd. Uniondale NY, 11553	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Ulster County BOCES 175 Route 32 North New Paltz, NY 12561	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: New York Schools Insurance Reciprocal	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
34843		

COVERAGES

CERTIFICATE 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. 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	COMMERCIAL GENERAL LIABILITY	X		SSP UCB 001	07/01/2026	07/01/2027	EACH OCCURRENCE \$1,000,000
	☒ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$3,000,000
							PRODUCTS - COMP/OP AGG \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	☒ POLICY ☐ PROJECT ☐ LOC						\$
	OTHER:						
A	AUTOMOBILE LIABILITY			CAP UCB 001	07/01/2026	07/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	☒ ANY AUTO						BODILY INJURY (Per person) \$
	☐ OWNED AUTOS ONLY	☐ SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS ONLY	☒ NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	☒ GARAGE LIABILITY	☒ GARAGE LIABILITY					\$1,000,000
A	UMBRELLA LIAB	☒ OCCUR		ECL UCB 001	07/01/2026	07/01/2027	EACH OCCURRENCE \$15,000,000
	☒ EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE \$30,000,000
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	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 \$
A	SCHOOL BOARD LEGAL LIABILITY			SBL UCB 001	07/01/2026	07/01/2027	PER CLAIM \$1,000,000
							AGGREGATE \$3,000,000
							DEDUCTIBLE \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is an Additional Insured as per the terms stated on Additional Insured Endorsement CG 2026 04 13. Coverage is Primary and Non-Contributory as per Form CG 20 01 04 13.-SRO Program

CERTIFICATE HOLDER

CANCELLATION

County of Ulster
P.O. Box 1800
Kingston, NY 12402

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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The New York Schools Insurance Reciprocal

333 Earle Ovington Blvd., Suite 905 • Uniondale, NY, 11553-3624 • 1-800-1SNYSIR • (516) 227 3355 • Fax: (516) 227-2352

Named Insured Ulster County BOCES		Endorsement Number 2
Policy Number SSP UCB 001	Policy Period 07/01/2026 - 07/01/2027	Effective Date of Endorsement 07/01/2026
Issued by (Name of Insurance Company) New York Schools Insurance Reciprocal		

THIS ENDORSEMENT CHANGES THIS POLICY. PLEASE READ IT CAREFULLY

In consideration of no additional premium, it is hereby understood and agreed that the policy is amended as follows:

Form CG 2026 04 13 has been added to include the following as an Additional Insured on a Primary and Non-Contributory Basis:

County of Ulster
PO Box 1800
Kingston, NY 12402

--SRO Program

From CG 20 01 0 4 13 Primary and Non-Contributory has been added:

All other terms and conditions to remain the same

A handwritten signature in black ink, appearing to read "T. J. [unclear]", is written above a horizontal line.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY -
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance;
and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2026

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 NEW YORK SCHOOLS INSURANCE RECIPROCAL 333 Earle Ovington Blvd. Uniondale NY, 11553	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Ulster County BOCES 175 Route 32 North New Paltz, NY 12561	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: New York Schools Insurance Reciprocal	34843
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE 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. 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	COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		SSP UCB 001	07/01/2026	07/01/2027	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☒ GARAGE LIABILITY			CAP UCB 001	07/01/2026	07/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$1,000,000
A	UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			ECL UCB 001	07/01/2026	07/01/2027	EACH OCCURRENCE \$15,000,000 AGGREGATE \$30,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	SCHOOL BOARD LEGAL LIABILITY			SBL UCB 001	07/01/2026	07/01/2027	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000 DEDUCTIBLE \$2,500

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

Certificate Holder is an Additional Insured as per the terms stated on Additional Insured Endorsement CG 20 26 04 13. The NYSIR General Liability Policy includes Sexual Misconduct Declaratory Endorsement SSP 242 07 26.

CERTIFICATE HOLDER

CANCELLATION

County of Ulster
PO Box 1800
Kingston, NY 12402-1800

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

AUTHORIZED REPRESENTATIVE

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**Workers'
Compensation
Board**

**Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage**

*****This form cannot be used to waive the workers' compensation rights or obligations of any party.*****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): Ulster County BOCES DBA: Ulster BOCES 175 Route 32 North New Paltz, NY 12561 PHONE: 845-255-1400 FEIN: XXXXX3939	Business Applying For: OTHER: Contract with Government Agency for SRO From: County of Ulster PO Box 1800 Kingston NY 124021800
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Workers' Compensation Exemption Statement:

The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.

Disability and Paid Family Leave Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY**

DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE for the following reason:

The applicant is a political subdivision that is legally exempt from providing statutory disability and/or paid family leave benefits coverage.

I, Evelyn Lafontaine, am the Director, Human Resources with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date: <u>7/1/2026</u>
Exemption Certificate Number 2026-054755		Received July 1, 2026 NYS Workers' Compensation Board



Workers'
Compensation
Board

KATHY HOCHUL
GOVERNOR

FREIDA D. FOSTER
CHAIR

EXECUTIVE DIRECTOR
STEVEN M. SCOTTI

NOTICE OF COMPLIANCE
AS SELF INSURER UNDER THE NEW YORK STATE
WORKERS' COMPENSATION LAW

Name: BOCES Ulster County

WCB #: W873632

Tax ID #: 14-6003939

Qual Date: 7/1/1992

The above-named employer has secured compensation to its employees as a self-insurer in the following manner:

Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law. (County, city, village, town, school district, fire district or other political subdivision)

The status of the self-insurer was effective as noted above and remains in full force.

Status Confirmed By
Lauren Montgomery

WC Examiner
3/18/2026