



Village of Larchmont villageoflarchmont.org
 Building Department Architectural Review Board Application
 120 Larchmont Avenue, Larchmont, New York 10538 Phone (914) 834-4349
ARCHITECTURAL REVIEW BOARD
APPLICATION

TO BE COMPLETED BY APPLICANT

Application date: <u>March 17, 2022</u>		Application Fee: \$150.00
Please fill in dates or N/A (Not Applicable) Note: Dates must be on plans submitted Board Approval Date: <input type="checkbox"/> Zoning <u>N/A</u>	Please fill in dates or N/A (Not Applicable) Note: Dates must be on plans submitted Board Approval DATE: <input type="checkbox"/> Planning <u>N/A</u>	Please fill in dates or N/A (Not Applicable) Note: Dates must be on plans submitted Board Approval DATE: <input type="checkbox"/> ARB <u>N/A</u>

SITE IDENTIFICATION INFORMATION

Project Address:
No. 5 Street Virginia Pl.

Village of Larchmont Tax Map Designation:
Section 6 Block 8 Lot(s) 402

Business Name:
Owner Name / Mailing Address: Jacob Crandall, 5 Virginia Pl., Larchmont, NY 10538

Description of Project:
Window(s) & Patio Door Removal/Replacement (to match existing designs)

APPLICANT/OWNER INFORMATION

Contractor (Signage Company): <u>Window Solutions Plus</u>	Phone #: <u>203-968-6700</u> Fax#:	Email: <u>greg@windowsolutionsplus.com</u>
Owners Address: No. <u>33</u> Street: <u>Ethan Allen Hwy B1</u> Town: <u>Ridgefield</u> State: <u>CT</u> Zip: <u>06877</u>	Applicant (If different than owner): Phone #: <u>-</u> Fax#:	Email: <u>-</u>
Applicant Address (If different than owner): No. Street: Town: State: Zip:	Representatives & Title: <u>N/A</u>	Phone #: <u>-</u> Fax#:
Address: No. Street: Town: State: Zip:	Email: <u>-</u>	

AFFIDAVIT OF OWNERSHIP

State of New York
County of Westchester

I, ~~Donald Goldsmith~~ Jacob Crandall being duly sworn;
PRINT NAME

Deposes and states; that Jacob Crandall is the Owner in fee of the premises to which this Application applies; that the Applicant is duly authorized to make this Application; and that the statements made here are true to the best of the Applicant's knowledge and belief, and that the work will be performed in the manner set forth in the Application filled therewith, and in accordance with all applicable laws, ordinances and regulations.

Signature [Signature]

Sworn to before me this 17th day of March 2022

DONALD GOLDSMITH
Notary Public, State of New York
No. 01GO5021034
Qualified in Westchester County
Commission Expires Dec. 6, 2025
 NOTARY SEAL
[Signature]
 NOTARY

Jacob Crandall
5 Virginia Pl
Larchmont, NY 10538

Window Solutions Plus

33 Ethan Allen Highway Unit B1
Ridgefield, CT 06877

Phone: (203) 968-6700

Email: greg@windowsolutionsplus.com

Web: www.windowsolutionsplus.com

Payment Terms

Due upon receipt

Invoice #

730942

Date

02/21/2022

Description

Total

Andersen Windows and Door

Remove 29 existing window lites and one door. Install new Andersen 400 Series windows and an A Series door.

FEATURES:

- Windows and doors feature prefinished white pine interior, black exterior, three part SDL with spacer grids to match existing profiles, Low-E4 Argon energy efficient glass.
- Four lite windows have fixed sides and three lite windows have center fixed.
- Operating windows units feature traditional folding nickel hardware and TruScene screens.
- French door has a double hinged screen and Newbury nickel hardware.

SCOPE: 29 lites listed in parentheses & 1 French door

--> Master Bed

2 - Triple

(6)

Grid Pattern = 2W4H

Handing = LFR

--> Front Blue Bed

2 - Single

Grid Pattern = 2W4H

Handing = 1R & 1L Opening Away From Eachother

1 - Double

Grid Pattern = 2W4H

Handing = LR

(4)

--> Back Blue Bed

2 - Double

(4)

Grid Pattern = 2W4H

Handing = LR

--> Bottom Stairs

1 - Single

(1)

Grid Pattern = 2W4H

Handing = L

--> Living Room
1 - Quad
Grid Pattern = 2W5H
Handing = FLRF

1 - Triple
Grid Pattern = 2W5H
Handing = LFR

(7)

--> Family Room
1 - Quad
(4)
Grid Pattern = 2W5H
Handing = FLRF

--> Dining Room
1 - Triple
(3)
Grid Pattern = 2W5H
Handing = LFR

--> Double A-Series double active French door in family room
* Customer provided size 56x82, will be field verified and if necessary a customer size door will be ordered
* Proposal based on standard size FWHID50611APLR door with unit size 4' 11 1/4" x 6' 10 3/8"
* If a custom size is required the door price will increase approx. \$1,100-\$1,300 and added on at precise cost.
* It has been determined a custom sized door is needed.
* Left Panel Viewed From Exterior Primary Panel

INSTALLATION METHODS:

- Windows are 400 Series retro-fit where the existing exterior sash and interior second panel are removed, existing side jamb remains and new interior stops will be added to finish off the window. Exterior will be finished in black aluminum. In addition where there are mullions (vertical divisions) in the same rough opening those will be cut out a new combined unit will be installed. Existing interior trim remains.
- Doors are always new construction with new interior and exterior trim. New interior pine (to match existing as best as possible) trim and exterior square PVC trim. Will need to be painted

GENERAL NOTES

* Windows and door will be updated at precise cost. Included allowance in proposal specified above, which includes tax
* Includes removing all waste.
* Does not include and onsite painting
* Does not include any interior or exterior onsite painting
* Window Solutions is fully licensed and insured and will provide all required product, license and insurance information for customer to acquire permitting. Contract is contingent upon Window Solutions Plus providing all requested documentation for approval.

Notes:

All proposals are subject to final approval by Window Solutions Plus management. If Window Solutions Plus determines work can not be performed according to normal professional standards, they have the right to cancel this agreement by notifying buyer in writing and returning deposit money. Some of the things that could cause cancellation of this agreement would be unknown pre existing conditions or incorrect pricing.

Any additional work uncovered during the course of installation that is unforeseen but deemed necessary for the satisfactory completion of the job (such as carpentry to repair rotted wood) is the responsibility of the homeowner and not included in this agreement unless specifically noted. The homeowner will be informed and approve any additional work prior to the work commencing.

Window Solutions Plus is not responsible for any damage resulting from normal installation procedures (ie. nail pops, cracks, light fixtures, pictures, shrubbery, blinds, A/C units, etc.). It is understood that use of hammers, drills, and saws may cause minor damage to interior finish of walls and trim.

You, the buyer/customer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction and cancellation must be done in writing.

Receipt Confirmation of Lead-Safe Certified Guide to Renovate Right. This is used by contracting firms to document compliance with the requirements of the Federal Lead-Based Paint Renovation, Repair, and Painting Program. Occupant Confirmation Pamphlet Receipt. I have received a copy of the lead hazard information pamphlet (Lead-Safe Certified Guide to Renovate Right - revised September 2011) informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

As the owner of the premises which is the subject of this proposal you agree to grant Window Solutions Plus reasonable access to your premises for purposes of installing the products and performing the services contemplated by this proposal.

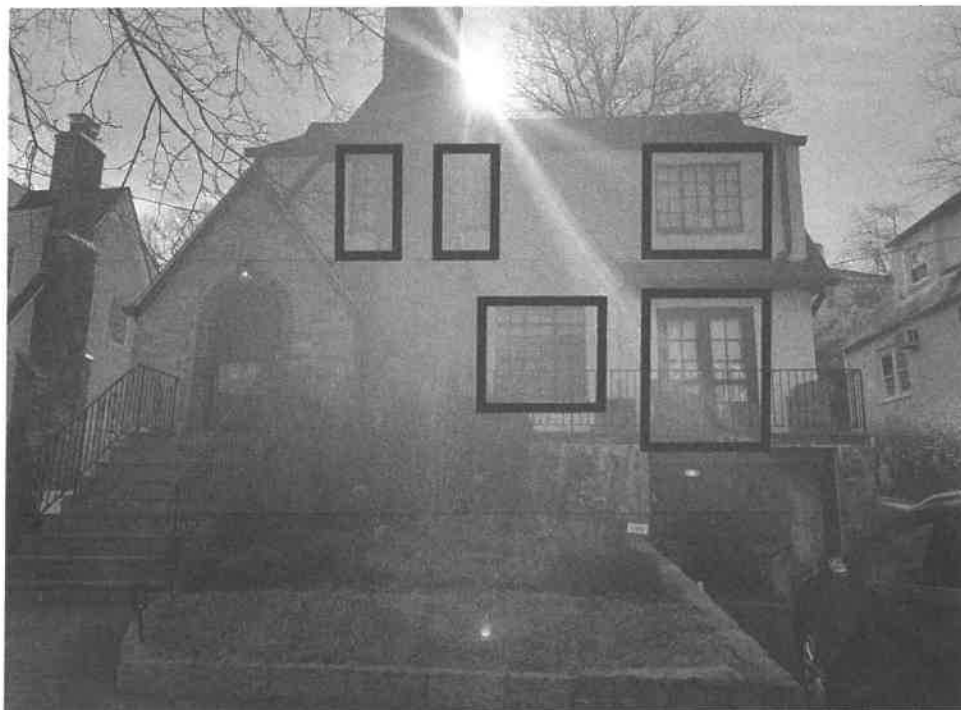
Customer is responsible for any necessary permitting. Window Solutions Plus is fully licensed and insured in the states of Connecticut and New York (Westchester County) and will provide all necessary documents.

Pricing notes:

- * Pricing based on ordering after the 2/14/22 Andersen price increase and will be held as long as Andersen does not do another increase.
 - * All pricing is volume dependent.
 - * Pricing is based on payment by check.
 - * Pricing is all-in net of all discounts as detailed.
 - * Already includes and New Year Sale of 5% off.
 - * Customer has the option, at their sole discretion, to either finance approximately half the project or receive a \$2,000 credit towards the final payment.
- If financing is elected would be PLAN 2521 which is 12 months no payments and no interest if paid in full in 12 month promotional period.

Pictures of 5 Virginia

☐ - Windows / door to be replaced



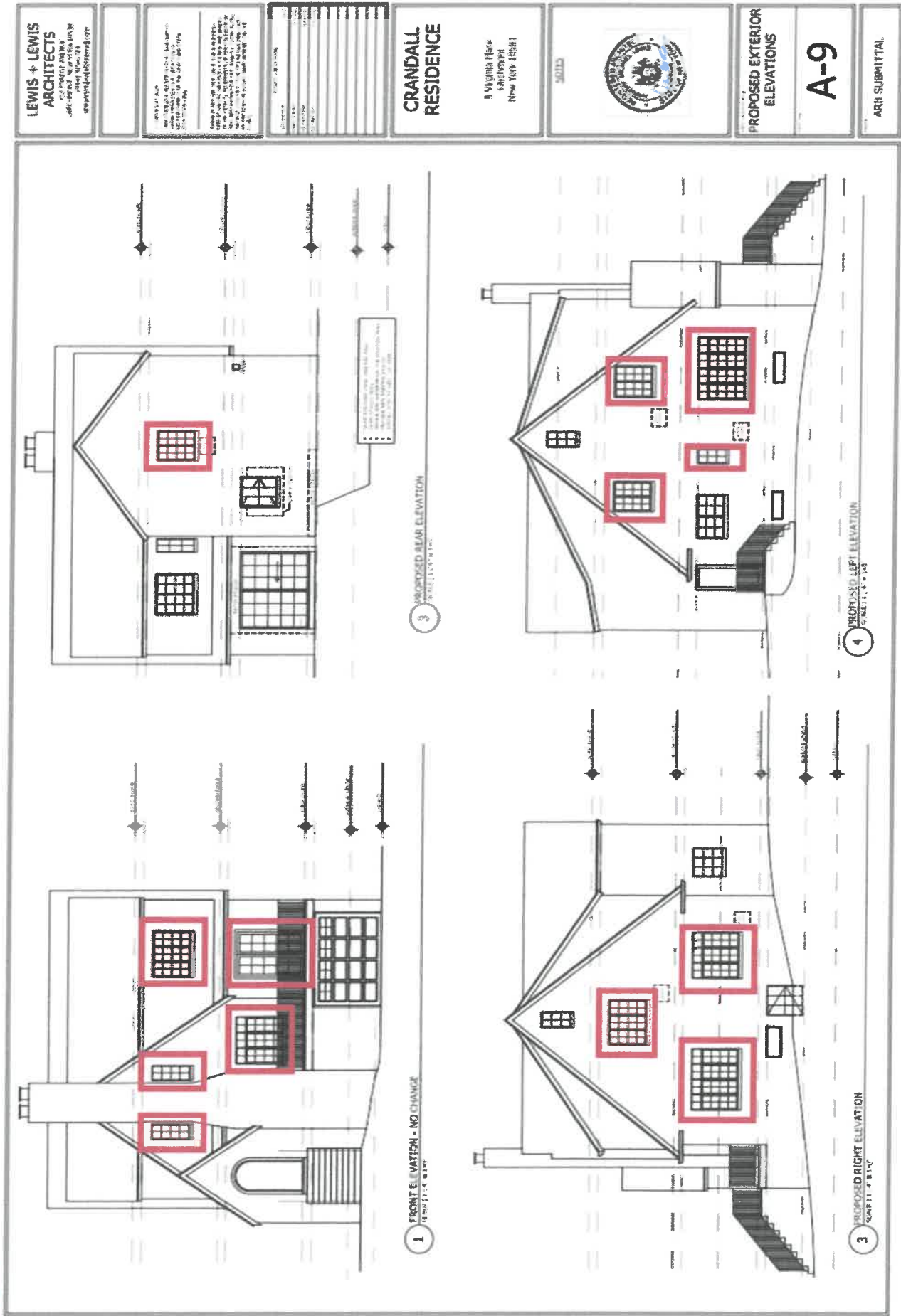
Pictures of 5 Virginia

☐ - Windows / door to be replaced



Pictures of 5 Virginia

 - Windows / door to be replaced



1 FRONT ELEVATION - NO CHANGE
SCALE: 1/8" = 1'-0"

2 PROPOSED REAR ELEVATION
SCALE: 1/8" = 1'-0"

3 PROPOSED RIGHT ELEVATION
SCALE: 1/8" = 1'-0"

4 PROPOSED LEFT ELEVATION
SCALE: 1/8" = 1'-0"

LEWIS + LEWIS ARCHITECTS
401 WEST MAIN STREET, SUITE 200
ALEXANDRIA, VA 22304
www.lewisandlewis.com

CRANDALL RESIDENCE
5 Virginia Place
ALEXANDRIA
New York 10304

PROPOSED EXTERIOR ELEVATIONS

A-9

ARB SUBMITTAL



SOLD BY:

PETER R. CAFFREY, JR.
 RIDGEFIELD SUPPLY COMPANY
 29 PROSPECT STREET
 RIDGEFIELD, CT 06877

SOLD TO:

39 Ethan Allen Hwy Unit B1
 Ridgefield, CT 06877-6204

CREATED DATE	2/23/2022
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LATEST UPDATE	2/23/2022
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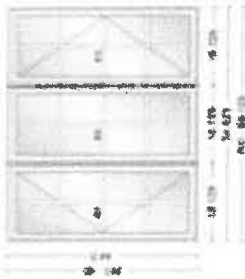
OWNER	peter.caffrey
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Abbreviated Quote Report - Customer Pricing

QUOTE NAME	PROJECT NAME	QUOTE NUMBER	CUSTOMER POW	TRADE ID
WSP - CRANDALL	WSP - CRANDALL	1915446		168075

DELIVERY NOTES:

Item	Qty	Operation	Location	Unit Price	Ext. Price
100	1	Left - Stationary - Right	MASTER 1 - VFY WIDTH - 54.75" N/A - QUOTED @ 54.625"	\$2,429.39	\$2,429.39



RO Size = 55 1/8" x 45" Unit Size = 54 5/8" x 44 1/2"

Mull. Factory Mullied, Andersen Ribbon Mull 1/8 Non Reinforced Material
 PSC 1' 6 1/8"X3' 8 1/2" - PSC 1' 6 1/8"X3' 8 1/2" - Unit, 400 Series Casement, No Flange, Black Exterior
 Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Stationary, Unit 3: Right, Hinge with
 Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern,
 Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless
 Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.125 x 44.5 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

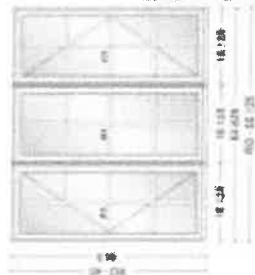
Insect Screen 1: 400 Series Casement, PSC 18.125 x 44.5 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	8.42300	39.6480	2.31910	
B1	0.29	0.29		C1	8.42300	39.6480	2.31910	
C1	0.29	0.29						

Item **Qty** **Operation** **Location** **Unit Price** **Ext. Price**

200 1 Left - Stationary - Right MASTER 2 - VFY WIDTH - 54.75" N/A \$2,429.39 \$2,429.39

- QUOTED @ 54.625"



RO Size = 55 1/8" x 45" Unit Size = 54 5/8" x 44 1/2"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 6 1/8" X3' 8 1/2" - PSC 1' 6 1/8" X3' 8 1/2" - PSC 1' 6 1/8" X3' 8 1/2", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Stationary, Unit 3: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.125 x 44.5 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.125 x 44.5 Full Screen TruScene White

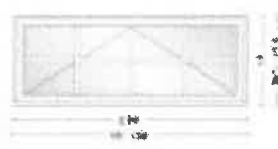
Unit # **U-Factor** **SHGC** **ENERGY STAR** **Clear Opening/Unit #** **Width** **Height** **Area (Sq. Ft)** **Comments:**

A1	0.29	0.29	NO	A1	8.42300	39.6480	2.31910	
B1	0.29	0.29		C1	8.42300	39.6480	2.31910	
C1	0.29	0.29						

Item **Qty** **Operation** **Location** **Unit Price** **Ext. Price**

300 1 Right FRONT BLUE BED 3 \$837.95 \$837.95

RO Size = 17 1/2" x 45" Unit Size = 17" x 44 1/2"



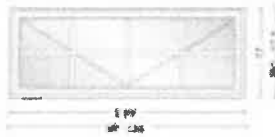
PSC 1' 5" X3' 8 1/2", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17 x 44.5 Full Screen TruScene White

Unit # **U-Factor** **SHGC** **ENERGY STAR** **Clear Opening/Unit #** **Width** **Height** **Area (Sq. Ft)** **Comments:**

A1	0.29	0.29	NO	A1	7.29800	39.6480	2.00940	
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Item	Qty	Operation	Location	Unit Price	Ext. Price
400	1	Left	FRONT BLUE BED 4	\$837.95	\$837.95

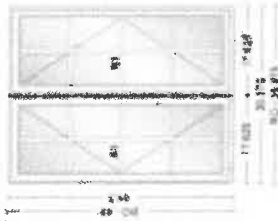
RO Size = 17 1/2" x 45" Unit Size = 17" x 44 1/2"

PSC 1' 5"X3' 8 1/2". Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White Painted Interior Frame, Left, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17 x 44.5 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	7.29800	39.6480	2.00940	



Item	Qty	Operation	Location	Unit Price	Ext. Price
500	1	Left-Right	FRONT BLUE BED 5 - VFY WIDTH - 35.5" N/A - QUOTED @ 35.375"	\$1,737.50	\$1,737.50

RO Size = 35 7/8" x 45" Unit Size = 35 3/8" x 44 1/2"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 5 5/8" X3' 8 1/2"-PSC 1' 5 5/8"X3' 8 1/2". Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

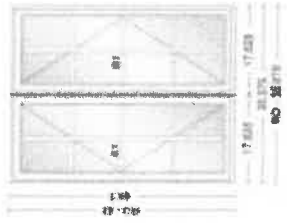
Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17.625 x 44.5 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17.625 x 44.5 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	7.92300	39.6480	2.18150	
B1	0.29	0.29	NO	B1	7.92300	39.6480	2.18150	



Item	Qty	Operation	Location	Unit Price	Ext. Price
600	1	Left-Right	BACK BLUE BED 6 - VFY WIDTH - 35.5" N/A - QUOTED @ 35.375"	\$1,737.50	\$1,737.50

RO Size = 35 7/8" x 45"

Unit Size = 35 3/8" x 44 1/2"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 5 5/8"X3' 8 1/2"-PSC 1' 5 5/8"X3' 8 1/2", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

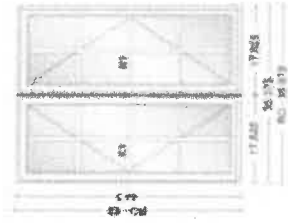
Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17.625 x 44.5 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17.625 x 44.5 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	7.92300	39.6480	2.18150	
B1	0.29	0.29		B1	7.92300	39.6480	2.18150	



Item	Qty	Operation	Location	Unit Price	Ext. Price
700	1	Left-Right	BACK BLUE BED 7 - VFY WIDTH - 35.5" N/A - QUOTED @ 35.375"	\$1,737.50	\$1,737.50

RO Size = 35 7/8" x 45"

Unit Size = 35 3/8" x 44 1/2"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 5 5/8"X3' 8 1/2"-PSC 1' 5 5/8"X3' 8 1/2", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17.625 x 44.5 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17.625 x 44.5 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	7.92300	39.6480	2.18150	
B1	0.29	0.29		B1	7.92300	39.6480	2.18150	

Item Qty Operation Location Unit Price Ext. Price

800 1 Left BOTTOM OF STAIRS 8 \$732.46 \$732.46

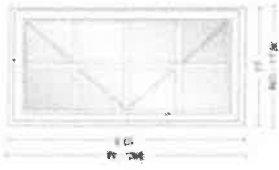
RO Size = 17 1/2" x 34" Unit Size = 17" x 33 1/2"

PSC 1' 5"X2' 9 1/2", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Left, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 17 x 33.5 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	7.29800	28.6480	1.45190	



Item Qty Operation Location Unit Price Ext. Price

900 1 Stationary - Left - Right - Stationary LIVING ROOM 9 - VFY WIDTH - 74.75" WA - QUOTED @ 74.375" \$3,713.85 \$3,713.85

RO Size = 74 7/8" x 56 1/2" Unit Size = 74 3/8" x 56"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 6 1/2"X4' 8" - PSC 1' 6 1/2"X4' 8" - PSC 1' 6 1/2"X4' 8", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1, 4: Stationary, Unit 2: Left, Unit 3: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 5 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

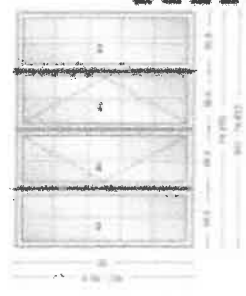
Hardware: PSC Traditional Folding Satin Nickel PN:9016723

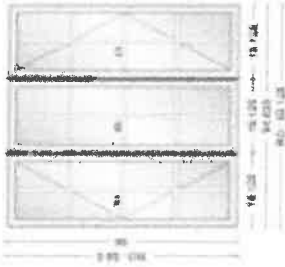
Insect Screen 1: 400 Series Casement, PSC 18.5 x 56 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.5 x 56 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	B1	8.79800	51.1480	3.12500	
B1	0.29	0.29		C1	8.79800	51.1480	3.12500	
C1	0.29	0.29						
D1	0.29	0.29						





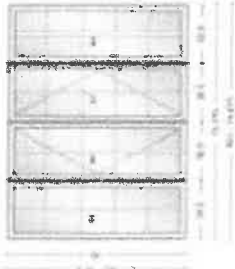
Item: 10.00 Qty: 1 Operation: Left - Stationary - Right Location: LIVING ROOM 10 - VFY WIDTH - 54.75" N/A - QUOTED @ 54.625" Unit Price: \$2,726.60 Ext. Price: \$2,726.60

RO Size = 55 1/8" x 56 1/2" Unit Size = 54.58" x 56"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
PSC 1' 6 1/8" X 4' 8" - PSC 1' 6 1/8" X 4' 8" - PSC 1' 6 1/8" X 4' 8", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Stationary, Unit 3: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 4 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723
Insect Screen 1: 400 Series Casement, PSC 18.125 x 56 Full Screen TruScene White
Hardware: PSC Traditional Folding Satin Nickel PN:9016723
Insect Screen 1: 400 Series Casement, PSC 18.125 x 56 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	8.42300	51.1480	2.99180	
B1	0.29	0.29		C1	8.42300	51.1480	2.99180	
C1	0.29	0.29						



Item	Qty	Operation	Location	Unit Price	Ext. Price
1100	1	Stationary - Left - Right - Stationary	FAMILY ROOM 11 - VFY WIDTH - 74.75" N/A - QUOTED @ 74.375"	\$9,713.85	\$9,713.85

RO Size = 74 7/8" x 56 1/2"

Unit Size = 74 3/8" x 56"

Mull: Factory Mull, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 6 1/2" X 4' 8" - PSC 1' 6 1/2" X 4' 8" - PSC 1' 6 1/2" X 4' 8" - PSC 1' 6 1/2" X 4' 8" - Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1, 4, Stationary, Unit 2: Left, Unit 3: Right, Hinge with Wash Mode, Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 5 High, Specified Equal Light Pattern, Black, Pine w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

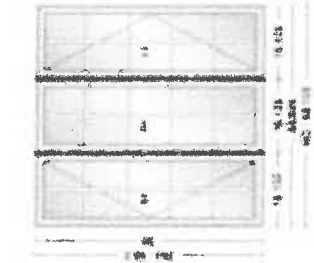
Insect Screen 1: 400 Series Casement, PSC 18 5 x 56 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.5 x 56 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
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A1	0.29	0.29		NO	8.79800	51.1480	3.12500	
B1	0.29	0.29		B1	8.79800	51.1480	3.12500	
C1	0.29	0.29		C1	8.79800	51.1480	3.12500	
D1	0.29	0.29						



Item	Qty	Operation	Location	Unit Price	Ext. Price
1200	1	Left - Stationary - Right	DINING ROOM 12 - VFY WIDTH - 54.75" N/A - QUOTED @ 54.625" - VFY GRILLES 2W5H	\$2,882.29	\$2,882.29

RO Size = 55 1/8" x 56 1/2"

Unit Size = 54 5/8" x 56"

Multi: Factory Mullied, Andersen Ribbon Mull, 1/8 Non Reinforced Material
 PSC 1' 6 1/8"X4' 8" - PSC 1' 6 1/8"X4' 8" - PSC 1' 6 1/8"X4' 8", Unit, 400 Series Casement, No Flange, Black Exterior Frame, Black
 Extor Sash/Panel, Pine w/White - Painted Interior Frame, Unit 1: Left, Unit 2: Stationary, Unit 3: Right, Hinge with Wash Mode,
 Dual Pane Low-E4 Standard Series Argon Fill Full Divided Light (FDL) 2 Wide, 5 High, Specified Equal Light Pattern, Black, Pine
 w/White, Chamfer Exterior Grille Bar/ Chamfer Interior Grille Bar, 3/4" Grille Bar, Traditional Trim Stop Profile Stainless Glass / Grille
 Spacer, Traditional Folding, Satin Nickel, White, Full Screen, TruScene

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.125 x 56 Full Screen TruScene White

Hardware: PSC Traditional Folding Satin Nickel PN:9016723

Insect Screen 1: 400 Series Casement, PSC 18.125 x 56 Full Screen TruScene White

Unit #	U-Factor	SHGC	ENERGY STAR	Clear Opening/Unit #	Width	Height	Area (Sq. Ft)	Comments:
A1	0.29	0.29	NO	A1	8.42300	51.1480	2.99180	
B1	0.29	0.29	C1	C1	8.42300	51.1480	2.99180	
C1	0.29	0.29						



Item	Qty	Operation	Location	Unit Price	Ext. Price
1300	1	Active Left-Passive Right	FAMILY ROOM DR 13	\$7,038.27	\$7,038.27

RO Size = 56 1/4" x 85"

Unit Size = 57 1/2" x 84 1/2"

FWHID 4' 9 1/2"X7' 1/2", Unit, A Series Patio Doors 2 Panel-FWH, 4 9/16" Frame Depth, Factory Assembled Black Exterior
 Frame, Black Exterior Sash/Panel, Pine w/White - Painted Interior Frame, Pine w/White - Painted Interior Sash/Panel, Bronze
 Appearance, Active Left-Passive Right, Dual Pane Low-E4 Tempered Argon Fill Full Divided Light (FDL) 2 Wide, 5 High, Specified
 Equal Light Pattern, Black, Pine w/White, 7/8" Grille Bar, Stainless Glass / Grille Spacer, Newbury, Satin Nickel, Satin Nickel, Black,
 Full Screen, Fiberglass, Hinged Double

Trim Set 1: FWHID Active Left-Passive Right Newbury Satin Nickel PN.2579455

Insect Screen 1: A Series Patio Doors 2 Panel-FWH, FWHID 26 7/8" X 81 15/32" Full Screen Fiberglass Hinged Double Black

Unit #	U-Factor	SHGC	ENERGY STAR	Comments:
A1	0.31	0.21	NO	

George Lattimer
Westchester County Executive



James Maicano
Director, Consumer Protection

**Department of Consumer Protection
Home Improvement License**

WINDOW SOLUTIONS PLUS LLC
33 ETHAN ALLEN HIGHWAY UNIT B1
RIDGEFIELD CT 06877

This license is issued in accordance with Article XVI of the Westchester County Consumer Protection Code and is valid only in the presence of the official department seal. Proof of licensure by an individual contractor is not required for issuance of this license.
NOT FOR FEDERAL PURPOSES

License Number
WC-25710-H13



Date of Expiration
02/20/2013



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2022

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 The SHG Insurance Agencies 219 South Main Street Cheshire CT 06410		CONTACT NAME John Klement PHONE (203) 256-1006 FAC. No. Ext. (203) 256-1006 E-MAIL ADDRESS: jklement@shginsig.com FAX No.: (866) 803-8117	
INSURED Window Solutions Plus, LLC 33 Ethan Allen Hwy, Unit B1 Ridgefield CT 06877		INSURER(S) AFFORDING COVERAGE INSURER A: NorGUARD Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 21-22 MASTER **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER/EXC. LIDED? (Mandatory in NY) If yes, describe the DESCRIPTION OF OPERATIONS below			WNWC227241	06/21/2021	06/21/2022	PER STATE OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule may be attached if more space is required)
Replace windows and doors
Village of Larchmont
120 Larchmont Ave
Larchmont, NY 10538

CERTIFICATE HOLDER Jacob Crandall 5 Virginia Pl Larchmont NY 10538	CANCELLATION 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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ADDITIONAL COVERAGES

Ref #	Description Assessment Fund	Coverage Code ASMNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$899.00
Ref #	Description Catastrophe	Coverage Code CATAS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$4.00
Ref #	Description WC & Employer's liability	Coverage Code WCEL	Form No.	Edition Date
Limit 1 100,000	Limit 2 500,000	Limit 3 100,000	Deductible Amount	Deductible Type
				Premium
Ref #	Description Premium discount	Coverage Code PDIS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$760.00
Ref #	Description Premium discount	Coverage Code PDIS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium -\$582.00
Ref #	Description Expense constant	Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$220.00
Ref #	Description Catastrophe	Coverage Code CATAS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$17.00
Ref #	Description State Assess	Coverage Code STASS	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$253.00
Ref #	Description WC & Employer's liability	Coverage Code WCEL	Form No.	Edition Date
Limit 1 100,000	Limit 2 500,000	Limit 3 100,000	Deductible Amount	Deductible Type
				Premium
Ref #	Description Second Injury Fund	Coverage Code 2NDIN	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium \$232.00
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
				Premium



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2022

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 Ferguson & McGuire, Inc. 6 North Main Street P.O. Box 846 Wallingford CT 06492 RIDGEFIELD CT 06877	CONTACT NAME: Carrie Dolishny PHONE (LIC. No. Exp.): (203) 269-9569 E-MAIL ADDRESS: cdolishny@fergusonmcguire.com	FAX (LIC. No.): (203) 269-9634
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Main Street America Assurance Co	NAIC #: 29939
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2193046080 **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 PND CLAIMS

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			WP63220R	11/4/2021	11/4/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP/AGC \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE CRAT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule may be attached if more space is required)
Operations: Replace Windows and Doors
Village of Larchmont, 120 Larchmont Ave of Larchmont, NY 10538 is an additional insured when required by written contract or agreement for General Liability per form BPN 3105 1207.

CERTIFICATE HOLDER Jacob Crandall 5 Virginia Pl. Larchmont, NY 10538	CANCELLATION 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 Sandra Gomez / SAC
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTORS EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. Additional Insureds

Each of the following is added to Paragraph C. Who Is An Insured of BPM P 2 - Section II - Liability but only as specifically described by the following:

1. Any person(s) or organization(s) for whom you are performing operations is also an additional insured, when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage", "personal and advertising injury" caused in whole or part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf:

In the performance of your ongoing operations or "your work" included within the "products-completed operations" hazard for the additional insured at the location designated and described in the written contract or agreement.

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

 - a. The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
 - b. Supervisory, inspection, architectural or engineering activities.
2. Any manager or lessor of premises to whom you are obligated by virtue of a written "Insured Contract" to provide insurance such as is afforded by this policy, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you. This insurance does not apply to:
 - a. Any "occurrence" that takes place after you cease to be a tenant in the premises; or
 - b. Structural alterations, new construction or demolition operations performed by or for such additional insured.
3. Any state or political subdivision, subject to the following provisions:
 - a. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
 - b. This insurance does not apply to:
 - (1) "Bodily injury", "property damage", "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".
4. Any person(s) or organization(s) who is the lessor of leased equipment leased to you, and required by the lease to be included as an additional insured but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or part, by your maintenance, operation or use by you of equipment leased to you by such person(s) or organization(s).

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

5. Any architect, engineer, or surveyor engaged by you but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or part, by:

- a. Your acts or omissions; or
- b. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations performed by you or on your behalf.

The insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury", arising out of the rendering of or the failure to render any professional services by or for you, including:

- a. The preparing, approving or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
- b. Supervisory, inspection, or engineering services.

6. Any person or organization as mortgagee, assignee or receiver, but only with respect to liability as mortgagee, assignee or receiver and arising out of the ownership, maintenance or use of the premises by you.

This insurance does not apply to:

- a. Any "occurrence" that takes place after you cease to be a tenant in that premises; or
- b. Structural alterations, new construction and demolition operations performed by or for that person or organization.

B. Artisans Legal Liability

Paragraph B.1.J, Exclusions, Professional Services of BPM P 2 – Section II – Liability is amended as follows:

Professional services do not include those services employed by you in connection with your operations in your capacity as a construction contractor.

This includes:

- 1. Construction means, methods, techniques, sequences and procedures,
- 2. Misinterpretation or wrongful application of designs, specification, drawings, surveys, maps, reports, opinions or change orders, and
- 3. Incidental systems or product amendment that is necessary for installation, service or completion of work performed by you.

C. The following is added to Paragraph H. Other Insurance of BPM P 3 – Section III - Common Policy Conditions:

Primary Additional Insured – If a written contract or agreement or permit requires this insurance to be primary for any person or organization with whom you agree to include in paragraph C. Who Is An Insured of BPM P 2 – Section II – Liability, this Other Insurance provision is applicable. This insurance is primary. This insurance is also non-contributory which means we will not seek contribution from other insurance available to the person or organization with whom you agree to include in Who Is An Insured.



Workers' Compensation Board

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

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

<p>1a. Legal Name & Address of Insured (use street address only) WINDOW SOLUTIONS PLUS, LLC. 222 PURCHASE STREET, UNIT 249 RYE, NY 10580</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State i.e. Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured 203-968-6700</p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number 205010728</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Village of Larchmont 120 Larchmont Ave Larchmont, NY 10538</p>	<p>3a. Name of Insurance Carrier ShelterPoint Life Insurance Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL563171</p> <p>3c. Policy effective period 08/12/2021 to 08/11/2023</p>

4. Policy provides the following benefits.

A. Both disability and paid family leave benefits

B. Disability benefits only


C. Paid family leave benefits only

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law

B. Only the following class or classes of employer's employees:

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

Date Signed 3/14/2022 By 
Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier

Telephone Number 516-829-8100 Name and Title Richard White, Chief Executive Officer

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

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

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B have been checked)

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

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

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

Telephone Number _____ Name and Title _____

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



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

SYMBOL LEGEND					
□	NON-FIND END	○	MANHOLE	○	WELL HOLE
○	UP / LB. END	○	"X"-W/LET	○	WELL
○	UP / LB. SET	○	"T"-W/LET	○	SHRUB
○	SPOT ELEVATIONS	○	YARD INLET	○	BOLLARD
○	UTILITY POLE	○	ELECTRIC METER	○	MEASUREMENT FLAG
○	QUY WIRE	○	GAS METER	○	CANT. CHAIR/EX
○	UTILITY POLE W/O UT	○	WATER METER	○	FE. FENCE
○	LIGHT POLE	○	GAS VALVE	○	MAS. MASONRY
○	SUN	○	WATER VALVE	○	PLAT. PLATFORM
○	PVC FENCE (PVC)	○	W/1/2 OVERHANG	○	W/W WINDOW WELL
○	STOCKADE FENCE (STR)	○	R/1/2 ROOF OVER	○	B/W BAY WINDOW
○	CHAIN LINK FENCE (CLF)	○	U.C. DEPRESSSED CURB	○	C/R CELLAR ENTRANCE
○	WIRE FENCE	○		○	A/C UNIT
○	FIRE HYDRANT				

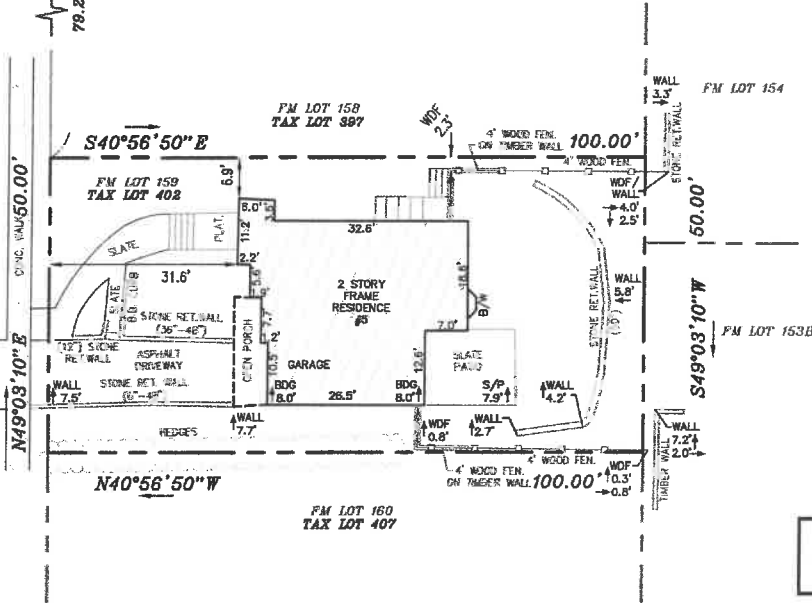


DEVON ROAD
(50' WIDE)

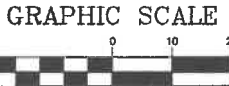
R = 36.00'
L = 48.98'

78.25'

VIRGINIA PLACE
(70' WIDE)



LOT AREA
5,000.00 S.F.
0.11 AC.



(IN FEET)
1 inch = 20 ft.

GUARANTEED TO:
TITLE NO. TBT42811
THOROUGHbred TITLE SERVICES LLC
RADIAN TITLE INSURANCE INC.
WELLS FARGO BANK N.A.
JACOB CRANDALL AND ALANA CRANDALL
THE LAW OFFICE OF DANA S. MONTONE



SCALICE
land surveying
mjslandsurvey.com P: 631-957-2400

DR.:MC	CREW.:JM	SCALE: 1" = 20'	WESTCHESTER TAX MAP NO. 6-8-402
DATE SURVEYED: 07/07/2020	JOB No. W20-1045		

SURVEY OF PROPERTY
LOT 159
MAP OF
POST ROAD REALTY CORPORATION
SECTION NO. 3
FILE DATE: 05/27/1924 MAP NO. 2612
SITUATE
VILLAGE OF LARCHMONT
TOWN OF MAMARONECK
WESTCHESTER COUNTY, NEW YORK

(1) UNAUTHORIZED ALTERATION OR ADDITION TO THIS SURVEY MAP VIOLATES A LICENSEE WHO VIOLATES SECTION 2208, SUB-CHAPTER 2, OF NEW YORK STATE EDUCATION LAW. (2) ONLY BOUNDARY SURVEY MAPS WITH THE SURVEYOR'S EMPLOYED SEAL AND CORRECT COPIES OF THE SURVEYOR'S ORIGINAL WORK AND OPINION. (3) COPIES OF THIS BOUNDARY SURVEY MAP SHALL BE FILED WITH THE COUNTY CLERK'S OFFICE IN THE COUNTY OF WESTCHESTER, NEW YORK. (4) THE CERTIFICATE NUMBER AND DATE THEREOF SHALL BE PRINTED ON THE SURVEY MAP. (5) THE LOCATION OF UNDERGROUND UTILITIES AND ENCUMBRANCES ARE NOT ALWAYS KNOWN AND OTHER MAPS BEING CONSULTED. (6) ANY UNDERGROUND UTILITIES OR ENCUMBRANCES NOT SHOWN ON THIS SURVEY MAP ARE NOT TO BE CONSIDERED AS SHOWN. (7) PROPERTY CORNER MARKINGS WERE NOT SET AS PART OF THIS SURVEY. (8) THIS SURVEY WAS PERFORMED WITH A SPECTRA FOCUS 30 ROBUST TOTAL STATION. (9) THE EXISTENCE OF RIGHTS OF WAY AND/OR ENCUMBRANCES IS NOT GUARANTEED AND NOT CONVEYED.