



**TOWN OF BEEKMAN**

4 Main St.  
Poughquag, New York 12570-9601

T 845.724.5300 | F 845.724.3245

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Anthony Covielo Highway Superintendent

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Subject: Highway Laborer Position

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Town Supervisor Laureen Abbatantuono,

Per our conversation on February 9, 2026, regarding the transition of Maxx Omphalius from a temporary laborer to a permanent full-time position within the Highway Department, I am writing to formally document the funding source for this change.

The position will be compensated at a current rate of \$24.71 per hour. I am comfortable utilizing available funds from the Highway Department budget line DA.5112.0401 (Blacktop) to cover the associated salary costs. Based on my review, this budget line can adequately support the expense without impacting departmental operations.

Please feel free to contact me should you have any questions or require additional information.

A handwritten signature in black ink, appearing to read "Tony Covielo".

Tony Covielo  
Highway Superintendent  
Town of Beekman



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/09/2026

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

JEFFREY D. KAVOVIT INS AGENCY INC.  
FARM FAMILY CASUALTY INS. CO.  
81A WEST MAIN STREET  
WALDEN, NY 12586

CONTACT NAME:			
PHONE (A/C. No. Ext.):	845-562-0701	FAX (A/C. No.):	
E-MAIL ADDRESS:	JKAVOVIT@AMERICAN-NATIONAL.COM		

INSURED

KINDRED CREEKS FARM INC  
2901 ROUTE 55  
POUGHQUAG NY 12570-5801

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: FARM FAMILY CASUALTY INS. CO.	
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 <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> SPECIAL FARM PACKAGE	X		3101G6805	07/24/25	07/24/26	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ex occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:						COMBINED SINGLE LIMIT (Ex accident)	\$
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY Hired AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB  EXCESS LIAB						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	DED RETENTION \$						PER STATUTE	OTHEr
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

TOWN OF BEEKMAN IS NAMED ADDITIONAL INSURED.

CERTIFICATE HOLDER

CANCELLATION

TOWN OF BEEKMAN 4 MAIN STREET POUGHQUAG, NY 12570	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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