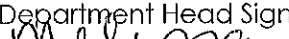


A-24-23

## Staff Summary A-24-2023

Subject: Holmatro Extrication Tools (RQPD23000224)
Department: Department of Shared Services/ Office of Purchasing
Department Head Name: Melissa Gallucci
Department Head Signature 

Date: July 31, 2023
Vendor Name: Hendrickson Fleet Service Inc.
Contract Number: A-24-2023
Contract Manager Name: Anette Sullivan, Buyer

Internal Approvals			
Date & Init.	Approval	Date & Init.	Approval
8/25/2023	CPO		Budget
8/31/2023	County Atty.		County Exec.

Significant Adverse Information Identified? [Yes \_\_\_/No x (If Yes, attach memo.)

**Narrative**

**Purpose:** To authorize and award a purchase order for Holmatro Extrication Tools for the Nassau County Police Department.

**Discussion:** This is a sole source purchase for Holmatro Extrication Tools. These Holmatro Pantheon battery operated extrication tools will be used by the Police Department's Emergency Service Unit for gaining access to victims who become trapped in vehicles as the result of an automobile accident. Members of the Police Department have been trained on and utilizing Holmatro tools for this function for over thirty years. Hendrickson Fleet Service Inc. is the sole supplier of these tools along with their training and maintenance. Nassau County also has a blanket purchase order contract with Hendrickson for the repair and maintenance of all Holmatro tools.

**Impact on Funding:** The maximum amount authorized under this purchase order shall be Four Hundred Ninety-Nine Thousand Sixty-Two Dollars (\$499,062.) from grant PDGRT8A00FED BB209.

**Recommendation:** Department of Shared Services, Office of Purchasing recommends awarding a purchase order to Hendrickson Fleet Service Inc., as the sole source provider.

APPROVED:

## INTRODUCTION

1000

2073 OCT -4 - 100 5707

ZENITH 1000  
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COUNTY OF NASSAU  
INTER – DEPARTMENTAL MEMO

**TO:** CLERK OF THE COUNTY LEGISLATURE

**A-24-2023**

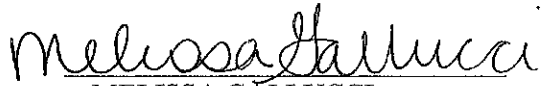
**FROM:** MELISSA GALLUCCI - COMMISSIONER OF SHARED SERVICES

**DATE:** AUGUST 8, 2023

**SUBJECT:** RESOLUTION – THE NASSAU COUNTY POLICE

THIS RESOLUTION IS RECOMMENDED BY THE COMMISSIONER OF SHARED SERVICES TO AUTHORIZE AN AWARD AND TO EXECUTE A PURCHASE ORDER IN THE AMOUNT OF FOUR HUNDRED NINETY-NINE THOUSAND SIXTY-TWO DOLLARS (\$499,062) FOR HOLMATRO EXTRICATION TOOLS FOR THE NASSAU COUNTY POLICE TO HENDRICKSON FLEET SERVICE INC.

THE ABOVE-DESCRIBED RESOLUTION AND SUPPORTING DOCUMENTATION ATTACHED HERETO IS FORWARDED FOR YOUR REVIEW AND APPROVAL AND SUBSEQUENT TRANSMITTAL TO THE RULES COMMITTEE FOR INCLUSION IN ITS AGENDA.

  
MELISSA GALLUCCI  
COMMISSIONER OF SHARED SERVICES

VB: gb

ENCL: (1) STAFF SUMMARY  
(2) DISCLOSURE STATEMENT  
(3) RESOLUTION  
(4) CERTIFICATE OF LIABILITY INSURANCE  
(5) POLITICAL CONTRIBUTION FORM



A RESOLUTION AUTHORIZING THE COMMISSIONER OF SHARED SERVICES TO AWARD AND EXECUTE A PURCHASE ORDER BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE POLICE DEPARTMENT, AND HENDRICKSON FLEET SERVICE INC.

WHEREAS, the Commissioner of Shared Services is representing to the Rules Committee that, Hendrickson Fleet Service Inc. is a sole source provider and meets all specifications for the product described in the said contract as determined by the Commissioner of Shared Services; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the Commissioner of Shared Services to award and execute the said Purchase order with Hendrickson Fleet Service Inc.

REQUISITION

RQPD23000224 11/AUG/2023

VENDOR:  
HENDRICKSON FLEET SERVICE, INC  
140 HOFFMAN LANE

ISLANDIA NY 11749

TEL: (631) 424-8354

FAX: (631) 427-6479

REQUISITIONER:  
PD POLICE DEPARTMENT  
HIGHWAY PATROL  
1255 NEWBRIDGE ROAD  
BELLMORE NY 11710  
BRUCKBAUER/ESU/FED/2485  
TEL: (516) 573-8240  
FAX: ( ) -

ITEM	DESCRIPTION	QTY	U/M	UNIT COST	TOTAL	
001	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 159.000.063 HOLMATRO PANTHEON PCU50 CUTTER	6.00	EA	13,841.0000	83,046.00	
002	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 159.000.181 HOLMATRO PENTHEON PSP50 SPREADER	6.00	EA	15,843.0000	95,058.00	
003	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 159.000.207 HOLMATRO PENTHEON PTR50 TELESCOPING RAM	6.00	EA	11,597.0000	69,582.00	
004	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 159.000.183 HOLMATRO PENTHEON PRA40 RAM	6.00	EA	10,755.0000	64,530.00	
005	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 159.000.118 HOLMATRO PENTHEON PCT50 COMBI-SPREAD/CUTTER	6.00	EA	14,580.0000	87,480.00	
006	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP # 151.000.500 HOLMATRO MINI CUTTER CCU10 INCLUDES 2 BATTERIES	6.00	EA	3,990.0000	23,940.00	

REQUISITION

RQPD23000224 11/AUG/2023

VENDOR:  
HENDRICKSON FLEET SERVICE, INC  
140 HOFFMAN LANE

ISLANDIA NY 11749

TEL: (631) 424-8354

FAX: (631) 427-6479

REQUISITIONER:  
PD POLICE DEPARTMENT  
HIGHWAY PATROL  
1255 NEWBRIDGE ROAD  
BELLMORE NY 11710  
BRUCKBAUER/ESU/FED/2485  
TEL: (516) 573-8240  
FAX: ( ) -

ITEM	DESCRIPTION	QTY	U/M	UNIT COST	TOTAL	
007	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 159.000.212 HOLMATRO MINI CUTTER CHARGER 110V CBCH2	6.00	EA	158.0000	948.00	
008	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 151.000.902 HOLMATRO RAM ACCESSORIES SLIP ON EXTENSION PIPES TRE05	6.00	EA	1,073.0000	6,438.00	
009	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 151.000.583 HOLMATRO PENTHEON BATTERY PBPA287	48.00	EA	948.0000	45,504.00	
010	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 151.000.742 HOLMATRO PENTHEON BATTERY CHARGER PBCH2	30.00	EA	628.0000	18,840.00	
011	340-72 RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT) EQUIP. # 151.000.499 HOLMATRO PENTHEON ON-TOOL CHARGING CORD	30.00	EA	112.0000	3,360.00	

# REQUISITION

RQPD23000224 11/AUG/2023

VENDOR:  
HENDRICKSON FLEET SERVICE, INC  
140 HOFFMAN LANE  
  
ISLANDIA NY 11749  
  
TEL: (631)424-8354  
FAX: (631)427-6479

REQUISITIONER:  
PD POLICE DEPARTMENT  
HIGHWAY PATROL  
1255 NEWBRIDGE ROAD  
BELLMORE NY 11710  
BRUCKBAUER/ESU/FED/2485  
TEL: (516) 573-8240  
FAX: ( ) -

ITEM	DESCRIPTION	QTY	U/M	UNIT COST	TOTAL	
012	340-72			24.00 EA	14.0000	336.00
	RESCUE EQUIPMENT, SUPPLIES AND ACCESSORIES (FIRE DEPT)					
	EQUIP. # 151.000.503 HOLMATRO PENTHEON DAISY CHAIN CHARGER					
	CORD					

ESTIMATED TOTAL: 499,062.00

REQ DOC INQUIRY 2140

1. THE EMERGENCY SERVICE UNIT IS REQUESTING THE PURCHASE OF SIX (6) SETS OF BATTERY OPERATED HOLMATRO EXTRICATION TOOLS. THIS NEW BATTERY FUELED TECHNOLOGY WOULD REPLACE AN AGING SET OF HYDRAULIC-POWERED TOOLS AND BE PLACED ON ALL RESCUE TRUCKS. FIRE DEPARTMENTS COUNTY WIDE AS WELL AS SUFFOLK COUNTY ESU AND NYPD ESU HAVE ALREADY MADE THE SWITCH TO BATTERY EXTRICATION AND THIS WOULD PUT NASSAU ESU ON PAR WITH THOSE DEPARTMENTS. EXTRICATION IS ONE OF, IF NOT THE MOST PREFORMED RESPONSIBILITY ESU IS TASKED WITH. THESE TOOLS WOULD SAVED TIME TO BE PUT INTO ACTION AND RESCUE VICTIMS. FUNDS FOR THIS PURCHASE HAVE BEEN APPROVED BY ASSET FORFEITURE AFI 23-009.

2. SAME AS ABOVE

3. NO ALTERNATIVES

4. NONE ON HAND

5. NO REVENUE

6. 100% OF PURCHASE TO BE PAID WITH ASSET FORFEITURE FUNDS AFI 23-009

7. PO BRUCKBAUER/ESU/573-8240/TBRUCKBAUER@PDCN.ORG

F1-HELP

F4-AUDIT

F5-TOP

F6 COPY

F7-PR PAGE

F8-NX PAGE

F9-LINK

F10-SAVE

F11-INS PAGE

F12-DEL PAGE

ENTER-INQUIRE

CL-EXIT

INQUIRY COMPLETE

PCHL9100  
LINK TO:

ADVANCED PURCHASING/INVENTORY  
ELECTRONIC NOTE PAD

06/15/2023 9:54 AM  
PAGE 02 OF 02

REQ DOC INQUIRY 2140

8. HENDRICKSON FIRE RESCUE EQUIPMENT, 140 HOFFMAN LN, ISLANDIA, NY  
11749/CRAIG 631-327-9102, CPROBST@HENDRICKSONFIRE.COM

9. THIS IS A SOLE SOURCE PURCHASE

F1-HELP	F4-AUDIT	F5-TOP	F6 COPY	F7-PR PAGE	F8-NX PAGE
F9-LINK	F10-SAVE	F11-INS PAGE	F12-DEL PAGE	ENTER-INQUIRE	CL-EXIT
NEXT PAGE	FOUND				



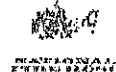
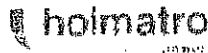
# Hendrickson

Fire Rescue Equipment

140 Hoffman Lane  
Islandia, NY 11749  
Tel 631 427 6276 Fax 631 427 6479

Nassau County  
March 15, 2020

Steve Macken



FIREQUIP

EQUIPMENT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
159.000.063	6.00	Holmatro PENTHEON PCU50 Cutter	\$ 13,841.00	\$ 83,046.00
159.000.181	6.00	Holmatro PENTHEON PSP60 Spreader	\$ 15,843.00	\$ 95,058.00
159.000.207	6.00	Holmatro PENTHEON PTR50 Telescoping Ram	\$ 11,597.00	\$ 69,582.00
159.000.163	6.00	Holmatro PENTHEON PRA40 Ram	\$ 10,755.00	\$ 64,530.00
159.000.115	6.00	Holmatro PENTHEON PCT60 Combi-Spreader/Cutter	\$ 14,580.00	\$ 87,480.00
151.001.500	6.00	Holmatro Mini Cutter CCU10 (Includes 2 Batteries)	\$ 3,990.00	\$ 23,940.00
155.000.212	6.00	Holmatro Mini Cutter Charger 110V CSCH2	\$ 158.00	\$ 948.00
151.001.902	6.00	Holmatro Ram Accessories Slip On Extension Pipe TRE05	\$ 1,073.00	\$ 6,438.00
151.000.583	48.00	Holmatro PENTHEON Battery PBPA207	\$ 948.00	\$ 45,504.00
151.000.742	30.00	Holmatro PENTHEON Battery Charger PBCH2	\$ 628.00	\$ 18,840.00
151.000.469	30.00	Holmatro PENTHEON ON-TOOL Charging Cord	\$ 112.00	\$ 3,360.00
151.000.503	24.00	Holmatro PENTHEON Daisy Chain Charger Cord	\$ 14.00	\$ 336.00
		* 5 Batteries, 1 Each Per PENTHEON Tool		\$
		* 3 Spare PENTHEON Batteries for Spreader/Cutter/Combi Tool		\$
		* 6 ON Tool Charging Cord/ 110V Spare Battery Chargers Included		\$
		* 6 Full Sets		\$

TOTAL \$ 499,062.00

Accept Signature \_\_\_\_\_

PO# \_\_\_\_\_

## Quote Conditions & Terms:

This quote is based upon product availability and expires within thirty (30) days of receipt date

This quote may not include set up fees and hydraulic pits that may be needed for equipment

Please sign and fax back quote with a PO number to finalize order Fax to # 631-427-8479 ATTN: Steve Macken

Nassau County Police Department  
1490 Franklin Ave, Mineola, NY 11501

May 2, 2023

Dear To whom it my concern:

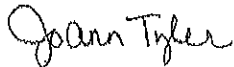
The sole factory authorized source of sales, training, service and parts for Holmatro  
Rescue Equipment in the County of Nassau is :

Hendrickson Fire & Rescue Equipment  
140 Hoffman Lane, Islandia, NY 11749

Contact : Steve Mackin  
Tel: (631) 987-3177  
Email: [smackin@hendricksonfire.com](mailto:smackin@hendricksonfire.com)

For your sales, training and service solutions, please feel free to contact Hendrickson  
directly.

If you need any further information, or if I can be of assistance in any other way, please feel  
free to contact me as well.



JoAnn Tyler  
National Sales  
Manager 443-758-5495

Holmatro USA  
505 McCormick Drive  
Glen Burnie, MD, 21061  
USA  
T 410-768-9662  
F 410-768-4878  
E [Info-usa@holmatro.com](mailto:Info-usa@holmatro.com)  
[www.holmatro.com](http://www.holmatro.com)



**holmatro**  
materiality power



POLICE DEPARTMENT  
COUNTY OF NASSAU, NEW YORK  
INTERNAL CORRESPONDENCE

DATE: May 31, 2023 SNCC NO: 1631  
TO: Commanding Officer, Personnel and Accounting Bureau (Through Official Channels)  
FROM: Police Officer Thomas Bruckbauer, Emergency Service Unit  
SUBJECT: **SOLE SOURCE JUSTIFICATION, HOLMATRO RQPD23000224**

1. The Nassau County Police Department requests sole source approval for the purchase of Holmatro Pentheon battery operated extrication tools through Hendrickson. Hendrickson is the sole source provider for Holmatro tools, training, and maintenance. Nassau county has a blanket order with Hendrickson for the repair and maintenance of all Holmatro tools.

2. Extrication is one of, if not the most preformed responsibility ESU is tasked with. These rescues are performed on a daily basis. ESU has been using Holmatro equipment for 25 years. Upgrading the current set of extrication tools to Holmatro battery operation will save much needed time to get these tools in operation, and help reduce the time needed to extricate victims. This will also ensure that the repair and maintenance of these Holmatro tools through Hendrickson is in place.

3. The Nassau County Police Department has invested substantial resources in training Emergency Service Unit personnel with Holmatro equipment since the 1990's. Holmatro equipment is extremely reliable and the experience and knowledge of use over the years is invaluable.

4. Thank you for your consideration.

Thomas Bruckbauer  
Police Officer

## Sullivan, Anette

---

**From:** Cleary, Robert  
**Sent:** Monday, June 19, 2023 11:52 AM  
**To:** PLissePD  
**Cc:** Sullivan, Anette; Colasurdo, Claudia; Slogick, Keith  
**Subject:** RE: RQPD23000224 VENDOR HENDRICKSON

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Patti-Jo,

This sole source purchase is approved.

Thank you,

Robert

Robert Cleary  
Chief Procurement and Compliance Officer  
Nassau County  
One West Street  
Mineola, NY 11501  
(516) 571-1939  
[rcleary@nassaucountyny.gov](mailto:rcleary@nassaucountyny.gov)

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**From:** Lisse, Patricia Jo <PLisse@PDCN.ORG>  
**Sent:** Monday, June 19, 2023 11:26 AM  
**To:** Cleary, Robert <RCleary@nassaucountyny.gov>  
**Cc:** Sullivan, Anette <asullivan1@nassaucountyny.gov>; Colasurdo, Claudia <ccolasurdo@nassaucountyny.gov>; Slogick, Keith <KSlogick@PDCN.ORG>  
**Subject:** FW: RQPD23000224 VENDOR HENDRICKSON

Mr.  
Cleary,  
The request below for approval of sole source and justification letter was sent to you at the end of May.  
It is now with Anette Sullivan.  
Please let us know if anything else is needed or if there are questions.  
Thanks so much  
Patti-Jo

Patti-Jo Lisse  
Acct. Asst. IV  
Personnel and Accounting Bureau  
Nassau County Police Department  
1490 Franklin Avenue  
Mineola, NY 11501  
516-573-7594  
Email: [plisse@pdcn.org](mailto:plisse@pdcn.org)



---

**From:** Lisse, Patricia Jo  
**Sent:** Monday, June 19, 2023 11:06 AM  
**To:** 'Sullivan, Anette' <[asullivan1@nassaucountyny.gov](mailto:asullivan1@nassaucountyny.gov)>  
**Cc:** Slogick, Keith <[KSlogick@PDCN.ORG](mailto:KSlogick@PDCN.ORG)>  
**Subject:** FW: RQPD23000224 VENDOR HENDRICKSON

Anette  
Please see below for all you have requested.  
This was sent end of May. To Rob Cleary  
Patti-Jo

---

**From:** Lisse, Patricia Jo  
**Sent:** Wednesday, May 31, 2023 12:28 PM  
**To:** 'Cleary, Robert' <[RCleary@nassaucountyny.gov](mailto:RCleary@nassaucountyny.gov)>  
**Cc:** Slogick, Keith <[KSlogick@PDCN.ORG](mailto:KSlogick@PDCN.ORG)>; 'Colasurdo, Claudia' <[ccolasurdo@nassaucountyny.gov](mailto:ccolasurdo@nassaucountyny.gov)>; Bruckbauer, Thomas <[TBruckbauer@PDCN.ORG](mailto:TBruckbauer@PDCN.ORG)>  
**Subject:** RQPD23000224 VENDOR HENDRICKSON

Mr. Cleary,  
Please see attached for  
Quote, Sole Source letter and Justification letter for the vendor Hendrickson.  
This purchase is for battery operated extrication tools requested by our Emergency Services Unit.  
This new battery fueled technology will replace an aging set of hydraulic power tools and will be used on all rescue trucks.  
Fire departments Island wide and Suffolk ESU have already switched to the battery extrication system. This would put NCPD ESU on par with these other Depts.  
The price for this is \$499,062.00  
Thank you very much for your consideration.  
Patti-Jo

Patti-Jo Lisse  
Acct. Asst. IV  
Personnel and Accounting Bureau  
Nassau County Police Department  
1490 Franklin Avenue  
Mineola, NY 11501  
516-573-7594  
Email: [plisse@pdcn.org](mailto:plisse@pdcn.org)



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator?

YES [ ] NO [X] If yes, to what campaign committee?

Electronically signed and certified at the date and time indicated by:

Steven Mackin [SMACKIN@HENDRICKSONFIRE.COM]

Dated: 04/04/2023 12:33:54 pm

Vendor: Hendrickson Fire

Title: Manager

### Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the Proposal.

**NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.**

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 03/22/2023

1) Proposer's Legal Name: Hendrickson Fire Rescue Equipment Inc.

2) Address of Place of Business: 140 Hoffman

City: Islandia State/Province/Territory: NY Zip/Postal Code: 11749

Country: US

3) Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Does the business own or rent its facilities? R If other, please provide details:

4) Dun and Bradstreet number: 058677116

5) Federal I.D. Number: 112827198

6) The proposer is a: Corporation (Describe) \_\_\_\_\_

7) Does this business share office space, staff, or equipment expenses with any other business?

YES [ ] NO [X] If yes, please provide details:

8) Does this business control one or more other businesses?

YES ☐ NO ☒ If yes, please provide details:

- 9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?

YES ☐ NO ☒ If yes, please provide details:

- 10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated?

YES ☐ NO ☒ If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

- 11) Has the proposer, during the past seven years, been declared bankrupt?

YES ☐ NO ☒ If yes, state date, court jurisdiction, amount of liabilities and amount of assets

- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.



c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?  
YES ☐ NO ☒ If yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17 Conflict of Interest:

a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No Conflicts exists

(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No Conflicts Exists

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County.

No Conflicts Exists

b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

Should a conflict arise we will notify the county and adhere to their guidelines.

A. Include a resume or detailed description of the Proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Have you previously uploaded the below information under in the Document Vault?

YES ☐ NO ☒

Is the proposer an individual?

YES ☐ NO ☒ Should the proposer be other than an individual, the Proposal MUST include:

i) Date of formation;

07/12/1999

ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.

Thomas Probst 16 Bay harbor Road Riverhead NY 11901 100% Owner

iii) Name, address and position of all officers and directors of the company. If none, explain.

Thomas Probst 16 Bay harbor Road Riverhead NY 11901 100% Owner

iv) State of incorporation (if applicable);

NY

v) The number of employees in the firm;

45

vi) Annual revenue of firm;

9830000

vii) Summary of relevant accomplishments

Emergency Vehicles Upfit and Sales

viii) Copies of all state and local licenses and permits.

B. Indicate number of years in business.

25

C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services.

Providing emergency vehicle parts and services for 40 years. We have extensive experience on such projects.

D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the Proposer's capability to perform this work.

Company	Bellport Fire District		
Contact Person	Rich Omelcuhk		
Address	161South Country Road		
City	Bellport	State/Province/Territory	NY
Country	US		
Telephone	(631) 987-3177		

Fax # \_\_\_\_\_  
E-Mail Address info@bellportfire.com

Company North Bellmore Fire District  
Contact Person Mark Collins  
Address 1500 Newbridge Road  
City North Bellmore State/Province/Territory NY  
Country US  
Telephone (516) 330-6496  
Fax # \_\_\_\_\_  
E-Mail Address info@northbellmorefd.org

Company Roslyn Fire Dept.  
Contact Person Peter Newman  
Address 270 Werner Ave  
City Roslyn State/Province/Territory NY  
Country US  
Telephone (516) 252-7651  
Fax # \_\_\_\_\_  
E-Mail Address pnewman@roslynhighlandsfd.org

I, CRAIG PROBST , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, CRAIG PROBST , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

#### **CERTIFICATION**

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Name of submitting business: HENDRICKSON FIRE RESCUE

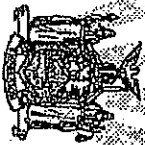
Electronically signed and certified at the date and time indicated by:  
CRAIG PROBST CPROBST@HENDRICKSONFIRE.COM

PRESIDENT

Title

04/17/2023 02:58:08 pm

Date



New York State Department of Motor Vehicles  
**OFFICIAL BUSINESS  
CERTIFICATE**

THIS CERTIFICATE EXPIRES 04/30/23

FACILITY IDENTIFICATION NO.

7119496

Validation Date and Number:

04/05/21

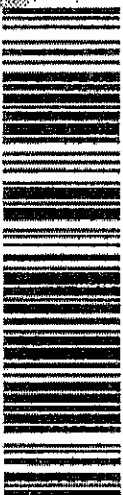
00268

This person is REGISTERED AS A

DEALER

pursuant to the provisions of the Vehicle and Traffic Law.

HENRICKSON FIRE & RESCUE EQUIPMENT INC  
140HOFFMAN LN STE102  
ISLANDIA NY 11749



This document does not certify that this business complies with zoning and other local laws.

POST IN A CONSPICUOUS PLACE

DMV-61P (1/15/20)

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: Hendrickson Fire Rescue Equipment Inc.

Address: 140 Hoffman Lane

City: Islandia State/Province/Territory: NY Zip/Postal Code: 11749

Country: US

2. Entity's Vendor Identification Number: 112827198

3. Type of Business: Closely Held Corp (specify) \_\_\_\_\_

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

3 File(s) uploaded: CP President BOD.docx, Owner Information.pdf, Owner Information.pdf

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.

If none, explain.

Thomas Probst 16 Bay Harbor Road Riverhead NY 11901

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

Are there lobbyists involved in this matter?  
YES ☐ NO ☒

(a) Name, title, business address and telephone number of lobbyist(s):

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Electronically signed and certified at the date and time indicated by:

Craig Probst [CPROBST@HENDRICKSONFIRE.COM]

Dated: 08/15/2023 11:58:31 am

Title: President

**The term lobbying shall mean any attempt to influence:** any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.



THOMAS PROBST

16 BAY HARBOR ROAD

AQUEBOGUE, NY 11901

OWNER

Craig Probst – President – 49 Star Flower Row, Riverhead NY 11901

## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name: THOMAS PROBST  
Date of birth: 11/21/1957  
Home address: 16 BAY HARBOR ROAD  
City: Aquebogue State/Province/Territory: NY Zip/Postal Code: 11931  
Country: US  
Business Address: 140 Hoffman Lane  
City: Islandia State/Province/Territory: NY Zip/Postal Code: 11749  
Country: US  
Telephone: 6314248354  
Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President	_____	Treasurer	_____
Chairman of Board	_____	Shareholder	<u>02/11/2016</u>
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		
(Other)	_____		

3. Do you have an equity interest in the business submitting the questionnaire?

YES ☒ NO ☐ If Yes, provide details.

100% Owner

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?

YES ☒ NO ☐ If Yes, provide details.

Hendrickson Fleet Service, Inc.  
Hendrickson Truck Parts, Inc.  
Hendrickson Emergency Services, Inc.  
Hendrickson Transport, Inc.  
National Recovery USA, LLC

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES ☐ NO ☒ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

- a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

- a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- 10 In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- 11 In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- 12 In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.
- 13 For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.



I, Thomas Probst , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Thomas Probst , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

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Hendrickson Fire Rescue Equipment Inc.

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Thomas Probst TPROBST@HENDRICKSONFIRE.COM

Owner/Shareholder

Title

08/25/2023 11:46:33 am

Date

## PRINCIPAL QUESTIONNAIRE FORM

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1. Principal Name: Craig Probst  
Date of birth: 08/31/1984  
Home address: 49 Star Flower Row  
City: Riverhead State/Province/Territory: NY Zip/Postal Code: 11901  
Country: US  
Business Address: 140 Hoffman Lane  
City: Islandia State/Province/Territory: NY Zip/Postal Code: 11749  
Country: US  
Telephone: 6319873177  
Other present address(es):  
City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_

List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)

President	<u>02/10/2016</u>	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		
(Other)	_____		

3. Do you have an equity interest in the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.



5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES ☐ NO ☒ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency. Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

- a. Been debarred by any government agency from entering into contracts with that agency?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

- 9.

- a. Is there any felony charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?

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YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10 In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

11 In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12 In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13 For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, CRAIG PROBST , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, CRAIG PROBST , hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

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HENDRICKSON FIRE RESCUE

Name of submitting business

Electronically signed and certified at the date and time indicated by:  
CRAIG PROBST CPROBST@HENDRICKSONFIRE.COM

PRESIDENT

Title

04/17/2023 03:00:53 pm

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> InFocus Insurance Agency 8035 Oswego Road  Liverpool NY 13090		<b>CONTACT NAME:</b> Erin Chapa <b>PHONE (A/C, No, Ext):</b> (315) 622-3333 <b>E-MAIL ADDRESS:</b> info@infocusinsurance.com <b>FAX (A/C, No):</b> (315) 652-4595
<b>INSURED</b> Hendrickson Fleet Service Inc  140 Hoffman Lane Islandia NY 11749		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ERI0 - ERIE INSURANCE CO <b>INSURER B:</b> NYSF - NYS INSURANCE FUND* <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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	<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 OTHER:	Y		Q81-0214249	08/01/2023	08/01/2024	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		Q08-5180306	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Garage Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		Q32-5170358	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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		12575 421-9	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Garagekeepers Liability - Direct Primary	Y		Q08-5180306	08/01/2023	08/01/2024	Garagekeepers Liabili Actual Loss Dealer-Owned Invent \$4,000,000 Deductible Veh/Max \$1,000/\$2,500

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

Blanket Order #: BPNC11000161

Nassau County is included as additional insured

**CERTIFICATE HOLDER****CANCELLATION**

Nassau County Office of Purchasing

240 Old Country Rd, Ste 307  
Mineola

NY 11501-4894

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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