

A-32-26 Corrected Version

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NASSAU COUNTY
CLERK OF THE LEGISLATURE
2026 JUN 15 P 12:00



Staff Summary A-32-2026

Revised

Subject: Telecommunications Maintenance and Repair
Department: Department of Shared Services Office of Purchasing
Department Head Name: Melissa Gallucci
Department Head Signature: <i>Melissa Gallucci</i>

Date: March 25, 2026
Vendor Name: American Communications Industries Inc.
Contract Number: A-32-2026
Contract Manager Name: Timothy Funaro, Buyer

Internal Approvals			
Date & Init.	Approval	Date & Init.	Approval
<i>6/15/2026</i> <i>[Signature]</i>	Chief Procurement Officer	<i>6/15/26</i> <i>[Signature]</i>	Budget
<i>6/15/26</i> <i>[Signature]</i>	County Attorney	<i>6/14/26</i> <i>[Signature]</i>	County Executive
<i>6/15/26</i> <i>[Signature]</i>	Insurance		

Significant Adverse Information Identified? Yes / No **X** (If Yes, attach memo.)

Narrative

Purpose: To award and execute a blanket purchase order between the Nassau County Department of Information Technology and American Communications Industries Inc. for the telecommunications maintenance and repair.

Discussion: This is a sole source purchase. This vendor is being proposed as a sole source contractor for telecommunications maintenance and repair due to its 23 years of continuous service supporting Nassau County agencies. Their long-term experience has given them extensive knowledge of the County's systems, facilities, and protocols. Their qualifications include familiarity with all county sites and IT infrastructure. This specialized knowledge and long-standing involvement makes American Communications Industries uniquely qualified to continue providing uninterrupted telecommunications support.

Impact on Funding/Term: The Maximum amount authorized under this blanket purchase order including any renewal options that may be exercised by the Commissioner of Shared Services shall be Seventeen Million Five Hundred Thousand Dollars (\$17,500,000.00) from general funds ITGEN1200 and capital fund PWCAPCAP. The term of this blanket purchase order shall be for a period of one (1) year from the effective date, with the Commissioner of Shared Services option to renew up to an additional four (4) one (1) year periods and additional two (2) month period, for a total term of five (5) years and two (2) months.

Recommendation: Department of Shared Services, Office of Purchasing recommends awarding a sole source purchase order to American Communications Industries Inc.

RULES RESOLUTION

A RESOLUTION AUTHORIZING THE COMMISSIONER OF SHARED SERVICES TO AWARD AND EXECUTE A BLANKET PURCHASE ORDER BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE NASSAU COUNTY DEPARTMENT OF INFORMATION TECHNOLOGY AND AMERICAN COMMUNICATIONS INDUSTRIES INC..

WHEREAS, the NASSAU COUNTY DEPARTMENT OF SHARED SERVICES, OFFICE OF PURCHASING is representing to the Rules Committee that the firm American Communications Industries Inc.. meets all specifications for the service described in the said contract as determined by the Commissioner of Shared Services.


RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the Commissioner of Shared Services to award and execute the said Blanket Purchase Order with American Communications Industries Inc..

COUNTY OF NASSAU
INTER – DEPARTMENTAL MEMO

TO: CLERK OF THE COUNTY LEGISLATURE **A-32-2026**
FROM: MELISSA GALLUCCI - COMMISSIONER OF SHARED SERVICES
DATE: March 25, 2026
SUBJECT: RESOLUTION – THE NASSAU COUNTY DEPARTMENT OF INFORMATION TECHNOLOGY

THIS RESOLUTION IS RECOMMENDED BY THE COMMISSIONER OF SHARED SERVICES TO AUTHORIZE AN AWARD AND TO EXECUTE A BLANKET PURCHASE ORDER IN THE AMOUNT OF SEVENTEEN MILLION FIVE HUNDRED THOUSAND DOLLARS (\$17,500,000.00) ON BEHALF OF THE NASSAU COUNTY DEPARTMENT OF INFORMATION TECHNOLOGY TO AMERICAN COMMUNICATIONS INDUSTRIES INC. FOR TELECOMMUNICATIONS MAINTENANCE AND REPAIR

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


MELISSA GALLUCCI
COMMISSIONER OF SHARED SERVICES

MS: br

ENCL: (1) STAFF SUMMARY
(2) DISCLOSURE STATEMENT
(3) RESOLUTION
(4) BID SUMMARY
(5) BID PROPOSAL
(6) CERTIFICATE OF LIABILITY INSURANCE
(7) RECOMMENDATION OF AWARD
(8) POLITICAL CONTRIBUTION FORM





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 If yes, to what campaign committee?

Electronically signed and certified at the date and time indicated by:
Lawrence Presser [LPRESSER@AMERICANCOMMUNICATION.COM]

Dated: 03/12/2026 11:01:40 am

Vendor: American Communications Industries, Inc.

Title: President

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: 03/25/2026

1) Proposer's Legal Name: American Communications Industries, Inc.

2) Address of Place of Business: 111 Kreischer Street

City: Staten Island State/Province/Territory: NY Zip/Postal Code: 10309

Country: US

3) Mailing Address (if different): _____

City: _____ State/Province/Territory: _____ Zip/Postal Code: _____

Country: _____

Phone: _____

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

4) Dun and Bradstreet number: 186683426

5) Federal I.D. Number: 22-3426378

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 [X] 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.

[Empty box]

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

[Empty box]

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

[Empty box]

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 [X] If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

[Empty box]

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 [X] 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.

[Empty box]

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 conflict 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 conflict 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 conflict 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.

We would ask if our employee working at the County has any relationships with any County public servant that may create a conflict of interest. If the situation should arise, we would request more details and make a decision to avoid a conflict of interest.

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 [X]

Is the proposer an individual?

YES [] NO [X] Should the proposer be other than an individual, the Proposal MUST include:

i) Date of formation;

03/01/1996

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.

Lawrence Presser
7646 Porto Vecchio Place
Delray Beach, FL 33446
Vice President

Diane Misseri
57 Downes Avenue
Staten Island, NY 10312
President

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

Lawrence Presser
7646 Porto Vecchio Place
Delray Beach, FL 33446
Vice President

Diane Misseri
57 Downes Avenue
Staten Island, NY 10312
President

iv) State of incorporation (if applicable);

NY

v) The number of employees in the firm;

30

vi) Annual revenue of firm;

3500000

vii) Summary of relevant accomplishments

For the last 23 years, American Communications has provided telecommunications maintenance and repair for Nassau County directly for the County.

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

B. Indicate number of years in business.

30

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

In addition to providing telecommunications maintenance and repair for Nassau County over the past 23 years, we have also done numerous projects for multiple locations in Nassau County.

- 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 Mitel Networks
Contact Person John Piro
Address 430 Mountain Avenue
City New Providence State/Province/Territory NJ
Country US
Telephone (212) 798-1824
Fax # (646) 213-3512
E-Mail Address john.piro@mitel.com

Company Johnson Controls, Inc.
Contact Person Michael Kalosieh
Address 100 Lighting Way Suite 402
City Secaucus State/Province/Territory NJ
Country US
Telephone (201) 305-6726
Fax # (855) 417-9211
E-Mail Address michael.kalosieh@jci.com

Company NYC DOT
Contact Person Mark DeMauro
Address 3 Prince Street
City Brooklyn State/Province/Territory NY
Country US
Telephone (718) 689-3838
Fax # _____
E-Mail Address mdemauro@dot.nyc.gov

I, Lawrence Presser, 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, Lawrence Presser, 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

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Name of submitting business: American Communications Industries, Inc.

Electronically signed and certified at the date and time indicated by:
Lawrence Presser LPRESSER@AMERICANCOMMUNICATION.COM

Vice President
Title

03/25/2026
Date

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: Diane Misseri
 Date of birth: 03/24/1957
 Home address: 57 Downes Avenue
 City: Staten Island State/Province/Territory: NY Zip/Postal Code: 10312
 Country: US
 Business Address: 111 Kreischer Stret
 City: Staten Island State/Province/Territory: NY Zip/Postal Code: 10309
 Country: US
 Telephone: 718-967-2220
 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>11/11/2024</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.

I own 50% of the company.

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 [X] 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 [X] 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 [X] 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 [X] 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 [X] 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 [X] 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 [X] 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 [X] 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, Diane Misseri , 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, Diane Misseri , 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

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

American Communications Industries, Inc.

Name of submitting business

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

Diane Misseri DMISSERI@AMERICANCOMMUNICATION.COM

President

Title

03/25/2026 10:50:53 am

Date

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: Lawrence Presser
 Date of birth: 08/26/1944
 Home address: 7646 Porto Vecchio Place

City: Delray Beach State/Province/Territory: FL Zip/Postal Code: 33446
 Country: US

Business Address: 111 Kreischer Street

City: Staten Island State/Province/Territory: NY Zip/Postal Code: 10309
 Country: US
 Telephone: 718-967-2220

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	_____
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	<u>03/01/1996</u>		
(Other)			

3. Do you have an equity interest in the business submitting the questionnaire?
 YES NO If Yes, provide details.

I have 50% ownership in the business.

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.

President of Porto Vecchio Property Owners Association

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.
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YES NO If yes, provide an explanation of the circumstances and corrective action taken.
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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, Lawrence Presser , 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, Lawrence Presser , 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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American Communications Industries, Inc.

Name of submitting business

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

Lawrence Presser LPRESSER@AMERICANCOMMUNICATION.COM

Vice President

Title

03/25/2026 10:32:49 am

Date

COUNTY OF NASSAU

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

1. Name of the Entity: American Communications Industries, Inc.

Address: 111 Kreischer Street

City: Staten Island State/Province/Territory: NY Zip/Postal Code: 10309

Country: US

2. Entity's Vendor Identification Number: 22-3426378

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):

1 File(s) uploaded: 2026 Consultants Contractors and Vendors disclosure.doc

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.

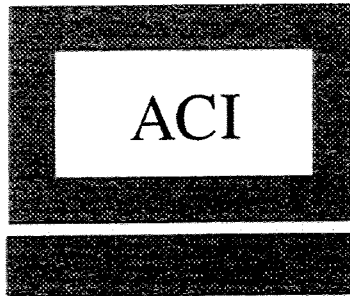
If none, explain.

Diane Misseri 57 Downes Avenue Staten Island, NY 10312 Lawrence Presser 7646 Porto Vecchio Place Delray Place, NY 33446
--

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."



AMERICAN COMMUNICATIONS INDUSTRIES, INC.

34 Tanner Street
Haddonfield, NJ 08033
(856) 354-0974

111 Kreischer Street
Staten Island, NY 10309
(718) 967-2220
FAX (718) 967-8408

March 25, 2026

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

4) Closely Held Corporation. The name and home addresses of all Shareholders, Officers and Directors.

Diane Misseri
57 Downes Avenue
Staten Island, NY 10309

Lawrence Presser
7646 Porto Vecchio Place
Delray Beach, FL 33446

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):

N/A

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

N/A

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

N/A

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:
Lawrence Presser [LPRESSER@AMERICANCOMMUNICATION.COM]

Dated: 03/25/2026 10:24:38 am

Title: Vice 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.

Compliance Approval

Status

Approved

Approved On

03/24/2026 10:39 AM

Approved By

Allison Malhame

Comment / Reject Reason



Go

Actions ▾

Action

Action By

Comments

Approved by Compliance

Allison Malhame

Action On

03/24/2026 10:39AM

Submitted to Compliance

Nancy Stanton

03/24/2026 10:07AM

Bruce A. Blakeman
COUNTY EXECUTIVE



Nancy Stanton-Molaro
COMMISSIONER

DEPARTMENT OF INFORMATION TECHNOLOGY

March 18, 2026

TO: Robert Cleary, Chief Compliance Officer
Nassau County Dept. of Shared Services

Subject: American Communications, Inc Blanket Renewal Sole Source

Robert,

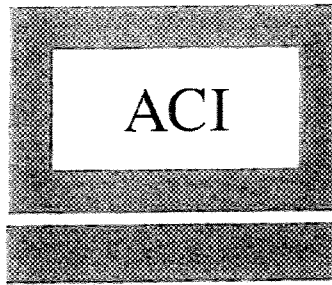
American Communications, Inc (ACI) is being proposed as the Sole Source Contractor for telecommunications maintenance and repair due to its 23 years of continuous service supporting Nassau County agencies. The company maintains low-voltage and fiber-optic wiring, phone systems, outside plant wiring, cabling infrastructure, and communications equipment. They also provide system analysis, design, and implementation for voice, data, fiber, and security projects. ACI works closely with multiple County departments, construction trades, along with Verizon, and assisting IntelliTec with security system upgrades. Their long-term experience has given them extensive knowledge of the County's systems, facilities, and protocols. Their qualifications include familiarity with all county sites and IT infrastructure, the ability to retrieve and manage work orders, direct communication with requesters, maintenance of all communications systems, certifications in key technologies, phone programming expertise, switch work, and experience with trenching and underground fiber installation.

This specialized knowledge and long-standing involvement make ACI uniquely qualified to continue providing uninterrupted telecommunications support.

Please let I.T. know if anything further is needed to approve the creation of the P.O.

Thank you,
Julie

Julie Curtis,
N.C. Dept. of Information Technology



AMERICAN COMMUNICATIONS INDUSTRIES, INC.

111 Kreischer Street
Staten Island, NY 10309
(718) 967-2220
FAX (718) 967-8408

March 11, 2026

Ms. Jessica Carney
Department Of Information Technology
NASSAU COUNTY
240 Old Country Road
Mineola, NY 11501

Dear Ms. Carney;

Please consider American Communications Industries, Inc. (ACI) as the Sole Source Contractor for providing telecommunications maintenance and repair for Nassau County.

ACI has been performing the IT Maintenance for all Nassau County agencies for 23 years. We have been maintaining all low voltage and fiber optic wiring in the facilities as well as phone systems, outside plant wiring, managing the facility cabling needs and communications equipment. In addition to daily service, ACI provides system analysis, design and implementation on individual projects including voice, data, fiber and security and fulfills all communications related material requirements.

ACI works with various members of the Department of Information Technology as well as site supervisors for Nassau County departments and buildings, electricians, plumbers and other construction personnel. We also serve as a liaison for Verizon when they need to locate their demarcation points in each County facility. Currently, we are working with Intellitech. ACI runs cables, mounts cameras and sites them so Intellitech can connect the cameras to the security system.

Due to our experience over the last two decades working with Nassau County, ACI has extensive knowledge of specific systems and protocols in Nassau County facilities. Please see a few examples listed below:

- Familiarity with all Nassau County sites, IT closets, cabling, software and switches, program phones
- Knowledge of NC computer system to retrieve work orders
- Organize MAC work and cutovers

"Dedicated to Performance"

- Deal with work order requestors directly
- Access and maintain all Nassau County systems including phone, alarm, elevator, speaker, paging and camera
- Possess knowledge and certifications for manufacturers and systems such as the Meridian System and Alcatel System
- Programming of the phones (Analog, Digital and IP phones)
- Switch work for the Alcatel system
- Underground fiber optic paths, feeder cables, fiber and trenching

Our experience and knowledge of Nassau County's systems and facilities allow us to continue providing excellent service if approved as a Sole Source Contractor for telecommunications maintenance and repair for Nassau County.

If you need any additional information, please let us know.

Thank you for your consideration.

Sincerely,



Lawrence Presser
AMERICAN COMMUNICATIONS INDUSTRIES, INC.

LP/as

Jul-26	NASSAU COUNTY SPREADSHEET	Labor	Material
Item			
	MAINTENANCE LABOR		
	Labor between the hours of 7:00 am and 6:00 pm Monday though Friday per technician and additional technician		
1	Hourly Rate	110.00	
1	Each additional quarter hour	41.25	
	Overtime Rates: All other times (after regular working hours listed as over or any time on Saturday or Sunday)		
1	Minimum charge 4 hours OT on Saturday	660.00	
1	Minimum charge 4 hours DT on Sunday	880.00	
1	Hourly rates after regular hrs Saturday	165.00	
1	Hourly rates Sundays	220.00	
1	Each additional quarter hour Saturday	41.25	
1	Each additional quarter hour Sunday	55.00	
1	Vehicle expense \$50 per day		
	Response Time: Next business day unless issue is catastrophic or major failure		
	Labor between the hours of 7:00 am and 6:00 pm Monday though Friday per electrician		
2	Hourly Rate	175.00	
2	Each additional quarter hour	65.65	
	Overtime Rates: All other times (after regular working hours listed as over or any time on Saturday or Sunday)		
2	Minimum charge 4 hours OT on Saturday	1050.00	
2	Minimum charge 4 hours DT on Sunday	1400.00	
2	Hourly rates after regular hrs Saturday	239.25	
2	Hourly rates Sundays	319.00	
2	Each additional quarter hour Saturday	65.65	
2	Each additional quarter hour Sunday	87.50	
2	Vehicle expense \$50 per day		
	Response Time: Next business day unless issue is catastrophic or major failure		
	Labor between the hours of 7:00 am and 6:00 pm Monday though Friday per Project Manager		
3	Hourly Rate	130.00	
3	Each additional quarter hour	48.75	
	Overtime Rates: All other times (after regular working hours listed as over or any time on Saturday or Sunday)		
3	Minimum charge 4 hours OT on Saturday	780.00	
3	Minimum charge 4 hours DT on Sunday	1040.00	

3	Hourly rates after regular hrs Saturday	195.00	
3	Hourly rates Sundays	260.00	
3	Each additional quarter hour Saturday	48.75	
3	Each additional quarter hour Sunday	65.00	
3	Vehicle expense \$50 per day		
	Response Time: Next business day unless issue is catastrophic or major failure		
	Labor between the hours of 7:00 am and 6:00 pm Monday though Friday per Engineering Consultant		
4	Hourly Rate	250.00	
4	Each additional quarter hour	93.75	
	Overtime Rates: All other times (after regular working hours listed as over or any time on Saturday or Sunday)		
4	Minimum charge 4 hours OT on Saturday	1500.00	
4	Minimum charge 4 hours DT on Sunday	2000.00	
4	Hourly rates after regular hrs Saturday	375.00	
4	Hourly rates Sundays	500.00	
4	Each additional quarter hour Saturday	93.75	
4	Each additional quarter hour Sunday	125.00	
4	Vehicle expense \$50 per day		
	Response Time: Next business day unless issue is catastrophic or major failure		
	PHONES & PERIPHERAL EQUIPMENT		
5	S/L Speakerphone	0.00	77.00
5	Premiere 7150, Natural - Analog Single Line Phones	0.00	68.50
5	Nortels Replacement for Premier 7150	0.00	68.50
5	2-Line Speakerphone	0.00	158.50
5	Price to test / tag / program digital sets	27.50	0.00
5	NT-M-7208 **	0.00	113.00
5	NT-M-7310 **	0.00	169.00
5	NT-M-7324 **	0.00	176.25
5	NT-T-7208 **	0.00	184.50
5	NT-T-7316 **	0.00	222.25
5	NT-T-24 KLM **	0.00	236.50
5	Polycom Soundstation New Sound Station 2	0.00	788.00
5	Polycom Soundstation Re-Furbished Station 2	0.00	375.00
5	Plantronics H-251 N Headsets	0.00	119.00
5	Plantronics M-22 Amplifier	0.00	133.50

5	Amplified Handset W/HAC	0.00	119.00
5	Emer Phones (Call Box)	0.00	180.25
5	Emergency Phones--Red	0.00	360.00
5	Viking E-1600 Emergency Set	110.00	597.00
5	Viking Back Box E-1600	55.00	243.50
5	Platronics Headset Adapter	0.00	23.32
5	Platronics Headset Cable	0.00	19.82
5	VALCOM 9440 PAGE ADAPTER / VALCOM 9972	110.00	315.00
5	VALCOM 2003A 3 ZONE PAGE CONTROLLER	110.00	375.00
5	VIKING EMERGENCY SPEAKERPHONE E10A	110.00	192.00
5	VIKING WEATHER RESISTANT SURFACE MOUNT BOX VE 5X5	110.00	98.00
	NORTEL KSU'S	0.00	
6	6 X 16 Ksu	110.00	556.50
6	8 X 24 Ksu	220.00	529.00
6	Exp. Cart. 6 Port	55.00	220.50
6	Exp. Cart. 2 Port	55.00	110.25
6	Trunk Module	55.00	259.75
6	Trunk Cartridge	27.50	148.50
6	Station Module	55.00	183.75
6	Mod 0/32 Ksu	440.00	618.25
6	NT-Cable Mgmt. Kit	55.00	30.75
6	MICS XC Software R x.x	220.00	1228.25
6	NT-Fastrad	55.00	125.00
6	Fiber 6-Port Expansion	55.00	477.50
6	Fiber Trunk Module	55.00	404.00
6	Fiber Station Module	55.00	440.75
6	CLID Trunk Cartridge	55.00	367.25
6	KLM	55.00	139.50
6	KLM power supply	55.00	51.50
6	BLF	55.00	88.25
6	NT! Analog Term. Adapt	55.00	117.00
	PROTECTION / UPS		
7	4 pair Cat 5e OSP Protector	55.00	53.50
7	240V MODS for C5E OSP Protector	0.00	12.25
7	4 pair Cat 6 OSP Protector	55.00	117.25

7	25 Pr. Protector Blocks w/ Fuses	110.00	411.40
7	Gas Mods for 25pr. Protector	0.00	3.50
7	100pr. Protector Blocks w/ Fuses	165.00	896.25
7	Gas Mods for 100pr. Protector	0.00	3.50
7	APC	0.00	TBD
7	POWER-VAR	0.00	TBD
	DISTRIBUTION		
	COPPER per FT		
8	Termination per 25 pr	27.50	0.00
8	25pr. Plenum--Cat 3	0.98	1.60
8	50pr. Plenum--Cat 3	2.30	3.25
8	100pr. Plenum--Cat 3	3.97	6.10
8	200pr. Plenum--Cat 3	8.05	10.25
8	25pr. Plenum-Cat 5E	0.98	5.25
8	25pr. Burial Filled--Cat 5	0.98	4.00
8	25pr. Aerial (Self-Support)	3.45	3.50
8	50pr. Aerial (Self-Support)	3.45	3.60
8	100PR. Aerial (Self-Support)	0.36	5.25
8	400 pr. PE-89 CAT-3	6.90	17.75
8	300 pr. PE-89 CAT-3	3.45	9.75
8	100 pr. PE-89 CAT-3	2.30	5.00
8	25 pair PE 89 Cat3 OSP Copper Cable	0.98	2.00
8	50 pair PE 89 Cat3 OSP Copper Cable	1.50	3.25
8	CAT 6 OSP 4 PR PER FT	0.98	0.60
8	200 pr. PE-89 CAT-3	3.45	9.75
	COPPER--OTHER		
8	50pr. ARMM	2.30	3.90
8	100pr. ARMM	3.97	7.50
8	66-M1-50 Block	10.87	9.50
8	89D Bracket	5.41	2.25
8	NT 12E Mount	13.80	35.75
8	NT 1A Wafer	1.73	12.00
8	Copper splices--per pr.	0.98	
8	CAT 5 OSP 4PR PER ft.	0.69	0.35
8	CAT 5 OSP 25PR. PER ft.	0.98	3.90

	LEVITON - PATCH PANELS		
	Labor to install		
8	24 PORT PATCH PANELS-CAT- 6	110.00	238.50
8	48 PORT PATCH PANELS-CAT 6	110.00	418.70
8	CABLE ASSEMBLIES--VARIOUS	0.00	TBD
8	COPPER 4PR. PATCH CORDS	0.00	TBD
8	TYTON VERTICAL WIRE MANGERS (VVMSS4X5BK7)	165.00	227.90
8	EQUIPMENT SHELVES--19" x 25"	110.00	110.25
8	EQUIPMENT SHELVES	0.00	56.50
8	EQUIPMENT RACKS 72" 19"	0.00	233.20
8	EQUIPMENT SHELVES--19" x 24"	110.00	110.25
8	Leviton blank 48 port patch panel frame	55.00	85.00
8	Leviton blank 24 port patch panel frame	55.00	65.00
	DISTRIBUTION FIBER per FT		
9	6 Strand Armored Plenum Fiber-MM	3.85	3.00
9	12 Strand Armored Plenum Fiber-MM	3.85	4.25
9	24 Strand Armored Plenum Fiber-MM	3.85	7.30
9	48 Strand Armored Plenum Fiber-MM	4.20	19.25
9	6 Strand Fiber--Plenum-MM	2.53	1.15
9	12 Strand Fiber--Plenum-MM	2.53	1.93
9	24 Strand Fiber--Plenum-MM	2.53	4.45
9	48 Strand Fiber--Plenum-MM	2.99	12.34
9	6 Strand Fiber--Plenum-SM	2.53	0.85
9	12 Strand Fiber--Plenum-SM	2.53	1.48
9	18 Strand Fiber--Plenum-SM	2.53	1.92
9	24 Strand Fiber--Plenum-SM	2.53	3.15
9	48 Strand Fiber--Plenum-SM	2.99	7.74
9	6 St Fiber-- Burial Filled-MM	2.53	1.22
9	12 St Fiber-- Burial Filled-MM	2.53	2.33
9	6 Strand Fiber Self Support Aerial--MM	3.45	2.44
9	12 Strand Fiber Self Support Aerial--MM	3.45	2.92
9	24 Strand Fiber Self Support-Aerial--MM	3.45	6.20
9	6 Strand Fiber Self Support Aerial--SM	3.45	1.91
9	12 Strand Fiber Self Support Aerial--SM	3.45	2.39

9	24 Strand Fiber Self Support-Aerial--SM	3.45	3.39
9	48 strand ISP/OSP SM	3.45	4.88
9	24 strand ISP/OSP SM	2.99	2.12
9	12 strand ISP/OSP SM	2.99	1.48
9	6 strand ISP/OSP SM	2.99	0.74
9	48 strand ISP/OSP MM	2.99	10.60
9	24 strand ISP/OSP MM	2.99	4.77
9	12 strand ISP/OSP MM	2.99	4.88
9	6 strand ISP/OSP MM	2.99	1.59
9	Fiber Fan Out Kits- per 6 strand	110.00	40.28
9	Fiber Patch Cables - 96 strand ISP/OSP SM	3.62	6.15
9	Fiber Patch Cables - 25 Various Sizes	0.00	TBD
9	HDMI PLENUM UP TO 50FT	165.00	250.00
9	HDMI PLENUM UP TO 75FT	165.00	290.00
9	HDMI PLENUM 100 FT	220.00	350.00
9	HDMI PLENUM 150 FT	220.00	460.00
9	Fiber Patch Cables - 25 LC/SC SM	0.00	65.00
	COUPLING PANELS		
10	SC MM-12 port -loaded	8.28	91.41
10	SC SM-12 port-loaded	8.28	111.50
10	ST SM-12 port-loaded	8.28	122.50
10	LC SM-12 port-loaded	8.28	137.50
10	LC SM-24 port-loaded	8.28	220.50
10	LC-MM-12 port-loaded	8.28	126.75
10	LC MM-24 port-loaded	8.28	196.00
10	LC-LOMM 12 port-loaded	8.28	104.50
10	LC-LOMM 24 port-loaded	8.28	210.60
10	Identify / Light Test Fiber per strand	55.00	0.00
	CORNING UNICAM CERAMIC CONNECTORS		
11	LC --MM Conn	29.90	21.81
11	LC-LOMM Conn	29.90	22.65
11	LC --SM Conn	29.90	26.77
11	ST--MM Conn	29.90	20.33
11	ST--SM Conn	29.90	25.05
11	SC--MM Conn	29.90	25.71

11	SC-LOMM Conn	29.90	22.65
11	SC--SM Conn	29.90	25.05
11	SC/LC/ST FIBER TERM KIT per 100	0.00	87.52
11	36 Strand Splice Trays/Enclosures	414.00	299.00
11	72 Strand Splice TRAYS / ENCLOSURES	414.00	404.00
11	Fiber Splice - Fusion per strand	100.28	0.00
11	OTDR Testing- Misc	110.00	0.00
11	Fiber Other - Misc	TBD	0.00
11	48 Strand Splice Trays/Enclosures	374.90	346.50
11	24 Strand Splice Trays / Enclosures	413.43	299.00
	CORNING FIBER HOUSINGS		
12	12 Port LIU Wallmount	110.00	129.25
12	12 PORT LIU Rackmount	110.00	339.50
12	24 Port LIU Wallmount	110.00	281.60
12	24 PORT LIU Rackmount	110.00	339.30
12	48 Port LIU Wallmount	110.00	282.80
12	48 PORT LIU Rackmount	110.00	564.85
12	72 Port LIU	110.00	1028.41
12	Innerduct --1 1/4" Plenum p/ft	2.99	3.67
12	Maxcell	TBD	0.00
12	Innerduct--1" PVC p/ft	2.99	1.18
12	Innerduct--1 1/2" PVC p/ft	2.99	2.45
	FUJITSU ISDN / UPS EQUIPMENT		
	NOTE: THIS IS AN 'E' SITE!		
13	Fujitsu 1050 Set--Jail	0.00	265.00
13	Fujitsu 2000 Set--Jail	0.00	212.00
13	SEI DP-750 E POWER SUPPLY	220.00	4240.00
13	SEI DP-240 E POWER SUPPLY	220.00	3180.00
13	ISDN--Rack	110.00	127.20
13	ISDN--Panel	110.00	127.20
13	ISDN--Cards	55.00	127.20
	STATION CABLE - 4 Pair PLENUM - LABOR INCLUDES CABLE/JACKS/TERM		
	LEVITON JACKS		
14	Activate Prewires (x-conn)	55.00	0.00

14	CAT 6 - SINGLE RUN	220.00	84.50
14	CAT 6 - DUAL RUN	275.00	159.00
14	CAT 6 - TRIPLE RUN	330.00	242.50
14	CAT 6 - QUAD RUN	440.00	316.50
14	CAT 6 MODULES	0.00	9.70
14	Station Cable --Various	TBD	TBD
14	Certify Cat6 cable p/cable	20.70	0.00
	RG CABLE	0.00	
14	RG-6 PLENUM CO-AX p/ft	0.98	0.75
14	RG-6 CONN Compression 50 per pack	13.80	50.00
14	Station Cable - Various Supply Patch Cords 3ft blue	0.00	4.00
14	Station Cable - Various Supply Patch Cords 3ft white	0.00	4.00
14	Station Cable - Various Supply Patch Cords 5ft blue	0.00	4.80
14	Station Cable - Various Supply Patch Cords 5ft white	0.00	4.80
14	Station Cable - Various Supply Patch Cords 7ft blue	0.00	5.40
14	Station Cable - Various Supply Patch Cords 7ft white	0.00	5.40
14	Station Cable - Various Supply Patch Cords 10ft blue	0.00	6.40
14	Station Cable - Various Supply Patch Cords 10ft white	0.00	6.40
14	Station Cable - Various Supply Patch Cords 15ft blue	0.00	7.40
14	Station Cable - Various Supply Patch Cords 15ft white	0.00	7.40
14	Station Cable - Various Supply Patch Cords 25ft blue	0.00	9.00
14	Station Cable - Various Supply Patch Cords 25ft white	0.00	9.00
	LABOR		
14	Overtime	165.00	0.00
14	Certified Voice Technician	110.00	0.00
14	Overtime differential	55.00	0.00
14	Night Differential	22.00	0.00
14	Certified Data Technician	312.00	0.00
14	Asbestos Technician	312.00	0.00
14	Asbestos Supervisor	375.00	0.00
14	Engineering support for design services, per hour	250.00	0.00
14	Electrician	175.00	0.00
14	Project Manager	130.00	0.00
	MISC. TASKS		
14	Tag/Desi--Phone	55.00	0.00

14	Inside move Digital set /Program/ X-conn	110.00	0.00
14	Inside move SL set/ X conn	82.50	0.00
14	Stations > 150' (labor per 50') *	55.00	43.75
14	Power Pole--reuse	110.00	0.00
14	IDF consolidate (15' per flr.)	TBD	0.00
14	Additional labor cost for each dual 4 pair station cable at "E" sites	55.00	0.00
14	Additional labor cost for each dual 4 pair station cable at "S" sites	55.00	0.00
14	Delivery Charge	230.00	0.00
14	Certified Voice Technician 15 min per cable on the jack side and 15 minutes per cable on the IDF side for a total of ? Per cable x 56 cable for a total of 28 hours	110.00	0.00
14	Delivery / Rental - High Lows per month	0.00	200.00
14	DUAL CAT 6 SHIELDED CABLE RUN	330.00	268.00
14	CAT 6 SHIELDED JACK		13.31
14	SHIELDED CAT 6 PATCH CORD 3 METER		14.00
	MISC. MATERIAL		
15	Power Pole	150.50	279.25
15	Floor Mt. (Cast + Penetrate) Box	414.00	73.50
15	Wall Jack	55.00	12.25
15	25pr. X 25' CX Tails	110.00	56.50
15	4x4 Firecode Ply B. boards	163.50	127.20
15	4x8 Firecode Ply B. boards	163.50	233.20
15	15' Mounting Cords	10.00	4.90
15	25' Mounting Cords	10.00	6.13
	MISC HARDWARE		
15	Conduit Supports*	0.00	55.00
15	Horizontal Sleeves 2" sheet rock	74.00	73.46
15	Horizontal Sleeves 2" concrete	220.00	73.46
15	Horizontal Sleeves 4" sheet rock	110.00	88.15
15	Horizontal Sleeves 4" concrete	338.00	88.15
15	Firestop 1" penetration	55.00	40.00
15	Firestop 2" penetration	55.00	50.00
15	Firestop 3" penetration	110.00	67.00
15	Firestop 4" penetration	110.00	83.50
15	NT-46Di Hardware	55.00	77.50
15	1,000ft Reel White/Blue Cat6 Plenum	0.00	387.00

15	1,000 cross connect	TBD	63.50
15	Quickport Surface Housings- 41089-2IP	10.88	4.25
15	Siemon D-Rings	10.88	5.00
15	12" Ladder Rack	338.25	233.20
15	Wall Mounts for Ladder Rack	55.00	35.00
15	1/2" Velcro by 75ft # W-75-1RL-BK	TBD	30.75
15	1" Velcro by 75ft # 75-HRL-BK	TBD	43.00
15	Leviton Faceplates (1,2,3,4,5, and 6 port)	10.88	2.45
15	Leviton Blanks for Faceplates (pack of 10)	0.00	3.06
15	25' Silver Satin Line Cords	0.00	4.90
15	MISC Material (Screws, Anchors, Ty Raps, Tape, Printed Labels, Etc)	544.50	250.00
15	Misc Hardware Screws, Ty Raps	0.00	50.00
15	Mid Atlantic Wallmount Cabinet 18RU or equal	165.00	780.00
15	Mid Atlantic Wallmount Cabinet 26RU or equal	165.00	920.00
15	Cable Supports/J Hooks/ Various (Lot as needed)	626.25	500.00
15	3/4 INCH SEAL TIGHT PER FT	10.50	2.30
15	1 INCH SEAL TIGHT PER FT	11.75	4.00
15	1 1/2 INCH SEAL TIGHT PER FT	17.50	5.50
15	2 INCH SEAL TIGHT PER FT	20.50	7.00
15	SEAL TIGHT FITTINGS PER FT	TBD	
15	EXPLOSION PROOF FITTINGS	TBD	
15	1RU HORIZONTAL WIRE MANAGERS	50.75	55.00
15	MISC HARDWARE SCREWS, TY RAPS, EXPLOSION PROOF & SEAL TIGHT COMPRESSION COUPLINGS	110.00	825.00
	PAGING		
16	Valcom 15W 1036C HORN	165.00	153.00
16	Valcom 1020C CEILING SPEAKER	110.00	72.00
16	Valcom 2006A PAGE CONTROL	110.00	540.00
16	Valcom 2904 4 ZONE CONTROL UNIT	110.00	711.00
16	Valcom - Various	TBD	TBD
16	Valcom- Various Dual Paging Horn V-1050C	0.00	205.00
16	Valcom- Various 24 Volt Power Supply VP324D	0.00	30.00
16	Valcom- Various Wheelock Loud Bell WH-UTA-1	0.00	234.10
16	Valcom 5 WATT BI DIRECTIONAL HORN	149.50	251.00
	CONSTRUCTION--		
	REMOVE AND RESTORE		

17	Handholds w/secure covers- 4' x 4' (including racking & heavy including racking & heavy load rating)	1565.50	1696.00
17	Excavate/Trench/Restore 8" x 24"	TBD	TBD
17	Asphalt	64.00	6.73
17	Grass	41.50	6.73
17	Concrete (assume 4" concrete)	55.00	7.35
17	Sawcut asphalt / concrete (per ft.)	17.60	7.35
17	Missile under roadway (per ft.)	127.40	TBD
17	Excavate roadway pit for missile shot (per pit)	TBD	TBD
	CONDUIT / MOLDING per foot		
18	Surface mounted black box	11.00	6.12
18	LD-3	4.75	2.59
18	LD-3 CONN per 10'	0.00	2.33
18	LD-5	5.75	2.97
18	LD-5 CONN per 10'	0.00	2.33
18	LD-10	6.35	3.76
18	LD-10 CONN per 10'	0.00	3.20
18	Greenfield 1"	24.00	2.33
18	Greenfield 1.5"	30.25	4.97
18	Greenfield 2"	36.50	6.06
18	Galvanized Pipe 1"	30.25	4.81
18	Galvanized Pipe 2"	46.00	7.19
18	Galvanized Pipe 3"	61.00	15.05
18	Galvanized Pipe 4"	83.00	20.25
18	EMT 1/2"	21.50	0.74
18	EMT 3/4"	26.50	1.47
18	EMT 1"	36.50	3.18
18	EMT 2"	45.25	4.56
18	EMT 3"	55.00	5.30
18	EMT 4"	64.00	7.42
18	SCHED 40 PVC 1.25 "	12.25	1.06
18	SCHED 40 PVC 2"	14.00	4.24
18	SCHED 40 PVC 3"	20.25	6.36
18	SCHED 40 PVC 4"	23.30	8.48
18	Pullbox 12"X 12"X 6" Metal	287.50	174.90
18	Pullbox 12"X 12"X 6" PVC	287.50	83.74
18	Pullbox 24" x 24"x 8" Metal	395.60	452.97

18	Pullbox 24" x 24"x 8" PVC	207.00	335.02
18	CORES 1" - 2" THRU CONCRETE DECK	402.50	73.78
18	CORES 2" - 3" THRU CONCRETE DECK	529.00	80.80
18	CORES 3" - 4" THRU CONCRETE DECK	644.00	95.61
18	WALL PENETRATIONS 1" - 2"	105.80	72.72
18	WALL PENETRATIONS > 2"	212.75	88.15
18	TELEPHONE POLE 30' -CLASS 5	2070.00	1590.00
18	Directional Boring per FT	110.00	26.50
18	ROD AND ROPE CONDUIT PER FT	2.99	0.32
18	PUMP MANHOLES EA	322.00	0.00
18	Use Ground Penetrating Radar to locate in ground facilities, cost is per foot	21.39	0.00
18	12 Strand Armored Plenum Fiber-SM	2.53	2.28
18	24 Strand Armored Plenum Fiber-SM	3.80	4.01
18	96 strand ISP/OSP SM	3.80	5.83
18	HOFFMAN OUTSIDE RATED ENCLOSURE 24 INCH WITH MOUNTING RAIL AND AC / HEAT CABINET PN PTHS242428G4A MOUNTING RAIL PN CP2020 THERMOSTAT PN 16DAH2001A	212.00	6825.00
18	HOFFMAN OUTSIDE RATED ENCLOSURE 36 INCH WITH MOUNTING RAIL AND AC / HEAT CABINET PN PTHS362428G4AMOUNTING RAIL PN CP3220 THERMOSTAT PN DAH2001A	212.00	7105.00
18	HOFFMAN POLE MOUNT KIT FOR OUTSIDE RATED ENCLOSURE 36 INCH WITH MOUNTING RAIL AND AC / HEAT POLE MOUNT KIT PN CPMK24	212.00	402.80
18	6 Strand Armored Plenum Fiber-SM	2.75	1.82
18	CABLE REMOVAL FROM CEILINGS AND OR UNDERGROUND SERVICES T&M HRS TBD UPON SURVEY	110.00	0.00
18	CABLE SUPPORTS ABOVE CEILING / BUTTON RUNS ON EXPOSED WALLS (EACH)	21.25	8.48
18	24 strand Armored Plenum Fiber-SM indoor / outdoor	3.80	3.82
18	12 strand Armored Plenum Fiber-SM indoor / outdoor	3.80	2.76
18	CALL BOX FOR JAIL GAITRONICS	110.00	988.00
18	Speaker Wire 2 Conductor Non Shielded	110.00	21.20
18	Speaker Wire 2 Conductor Shielded	110.00	29.68
18	Door Phone SS Avaya NT8B79FDE NOO72559	110.00	339.20
18	Bogen Paging Amplifier 250 Watts	110.00	1039.81
18	Viking Call Box VK-E-10A	110.00	185.50
18	Viking Backbox VE-5x5	110.00	90.10
18	METAL POLE FT INCLUDES EXCAVATION, CONCRETE FOUNDATION, REBAR, CYLINDRICAL TUBING, DIRT REMOVAL, 3 TRIPS TO JOB SITE	2070.00	5528.96

18	HUBBELL 4FT X 4 FT X 4FT QUASITE BOX WITH OPEN BOTTOM FOR DRAINAGE	1811.00	3561.00
18	HUBBELL 4FT X 4 FT X 4FT QUASITE BOX COVER	110.00	2374.00
18	HUBBELL 2FT X 2 FT X 3FT QUASITE BOX WITH OPEN BOTTOM FOR DRAINAGE	1811.00	1780.00
18	HUBBELL 2FT X 2 FT X 3FT QUASITE BOX COVER	110.00	578.00
18	HUBBELL 2FT X 2 FT X 2FT QUASITE BOX WITH OPEN BOTTOM FOR DRAINAGE	1351.25	1662.00
18	HUBBELL 2FT X 2 FT X 2FT QUASITE BOX COVER	110.00	574.00
18	144 STRAND OSP SINGLE MODE FIBER INDOOR OUTDOOR RISER RATED NON ARMORED FIBER	4.20	10.49
18	Plantronics cable assembly 3.5MM QD spare 40845.01	0.00	32.86
18	Plantronics cable assembly midi with QD lock 40845.01	0.00	37.10
18	FUSION FIBER SPLICES PER 6 AFL TELECOMMUNICATIONS FUSE LC9SMU-6	0.00	116.60
18	4RU FIBER PANEL HELLERMANN TYTON FERM 4U	0.00	424.00
18	FIBER ADAPTER PANEL SM PANEL HELLERMANN TYTON FAP6DSMLC	0.00	84.80
18	12 GAUGE STRANDED WIRE GREEN JACKET THNN STR12 GRN-2500 S	0.00	0.21
18	MULE TAPE 1/2 INCH 1250 TENSILE STRENGTH 5000FT	0.00	344.50
18	L COM 18x16x8 Inch 120 VAC Weatherproof Enclosure w/User Adjustable Fan/Heater Thermostat	110.00	744.12
18	POLE MOUNT KIT FOR L COM 18x16x8 Inch 120 VAC Weatherproof Enclosure w/User Adjustable Fan/Heater Thermostat	110.00	82.68
18	VALCOM PAGE ADAPTER V 9972	110.00	345.00
18	VALCOM WALL SPEAKER V1052C	110.00	56.18
18	VALCOM MOUNTING BRIDGE V9914M-5	27.50	22.00
18	VALCOM POWER SUPPLY VP624D	27.50	68.00
18	4 CONDUCTOR SPEAKER WIRE PLENUM 16 GAUGE BELDEN SHIELDED PER RUN	110.00	95.40
18	4 CONDUCTOR SPEAKER WIRE PLENUM 18 GAUGE BELDEN SHIELDED PER RUN	110.00	42.40
18	4 PAIR CAT 6 PLENUM WHITE CABLE FOR SPEAKER RUNS BELDEN PER RUN	110.00	42.40
18	HUBBELL 2FT X 2 FT X 2FT QUASITE BOX WITH OPEN BOTTOM FOR DRAINAGE - Difference Delta for material increase	110.00	504.00
18	HUBBELL 2FT X 2 FT X 2FT QUASITE BOX COVER - Difference Delta for material increase	110.00	202.00
19	Plantronics HW510 OncorePro replaced Plantronics H-251 headsets which are discontinued	0.00	118.72
19	19 INCH RACK 7FT TALL X 19 INCH WIDE BY 3 INCH DEEP MATERIAL ONLY	0.00	185.50
19	BLACK HEADSETS FOR ALCATEL-LUCENT MODEL 8018 AND 8210 PHONES	0.00	23.32
19	PLANTRONICS HEADSET MODEL SAVI 8210	0.00	393.51
19	4 POST 19 INCH RACK 7FT TALL X 19 INCH WIDE BY 29 INCH DEEP	220.00	1113.00
19	Wallmount cabinet 23.6 w x 14.8 h x 19.7 d CPI or equal	110.00	477.00
19	Plantronics quick disconnect cable 3.5 mm	0.00	30.00
19	Plantronics 10' lightweight adapter	0.00	30.00
19	TELEPHONE POLE 40' -CLASS 5 DELIVERY, LABOR, AND MATERIAL	4500.00	2120.00
19	TELEPHONE POLE HARDWARE MISCL TBD AS REQUIRED	110.00	TBD

19	6M MESSENGER STRAND PER FT	2.53	0.85
19	BLACK HANDSETS FOR ALCATEL-LUCENT MODEL 8018 AND 8019 PHONES ADDED 1-3-20	0.00	23.32
19	50 FT PHONE LINE CORDS 4 CONDUCTOR BLACK	0.00	10.50
19	50 FT PHONE LINE CORDS 6 CONDUCTOR BLACK	0.00	23.00
19	LAY IN SPEAKER WITH BACKBOX VALCOM 9022A	110.00	110.00
19	VALCOM WALL MOUNT SPEAKER V1016	155.25	136.00
19	VALCOM POWER SUPPLY VP412D	51.75	260.00
	CAT 6A SINGLE RUN	270.25	136.00
	CAT 6A DUAL RUN	338.10	272.00
	CAT 6A TRIPLE RUN	404.80	408.00
	CAT 6A QUAD RUN	540.50	580.00
	CAT 6A INSERT MATERIAL ONLY	0.00	14.70
	24 PORT CAT 6A PATCH PANEL	110.00	533.00
	48 PORT CAT 6A PATCH PANEL	110.00	817.00
	CAT 6A PATCH CORD 2 METER	0.00	12.00
	CAT 6A PATCH CORD 3 METER	0.00	16.00
	SUPPLY 1 BOX OF CAT 6A PLENUM MATERIAL ONLY	0.00	704.00
	FULLY ENCLOSED 84 INCH HIGH x 42 INCH DEEP x 24 INCH WIDE WITH AIR CONDITIONING	338.00	1140.00



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

1a. Legal Name & Address of Insured (use street address only)
AMERICAN COMMUNICATIONS INDUSTRIES INC.
111 KREISCHER STREET
STATEN ISLAND, NY 10309
1b. Business Telephone Number of Insured
1c. Federal Employer Identification Number or Social Security Number
223426378

2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
3a. Name of Insurance Carrier
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
3b. Policy Number of Entity Listed in Box 1a
LNY600619002
3c. Policy effective period
04-01-2026 to 03-31-2027

4. Policy provides the following benefits:
[X] A. Both disability and Paid Family Leave benefits.
[] B. Disability benefits only.
[] C. Paid Family Leave benefits only.
5. Policy covers:
[X] 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 03-12-2026 By Elizabeth Tello
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (212) 553-8074 Name and Title: ELIZABETH TELLO - ASSISTANT DIRECTOR, STATUTORY SERVICES

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/05/2025

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 Global Underwriters Agency, Inc. 20 Highland Avenue Metuchen NJ 08840	CONTACT NAME: Kimberly Smith	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: ksmith@globalund.com		
INSURED American Communications Industries Inc. 111 Kreischer Street Staten Island NY 10309	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Travelers Indemnity Co. of CT		25682
	INSURER B: Travelers Indemnity Company		25658
	INSURER C: NJ Manufacturers Group		12122
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 25/26 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 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CO9E667704	09/22/2025	09/22/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> AUTOS ONLY			BA5N858093	09/22/2025	09/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP6J874964	09/22/2025	09/22/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	<input checked="" type="checkbox"/> 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 N	N/A	W41919225	09/22/2025	09/22/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Nassau County is included as Additional Insured as respects to General Liability [excluding Professional Liability], per written contract requirements, subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

Nassau County
240 Old County Road

Mineola NY 11501

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
Kimberly Smith

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