

**Business of the Village Board
Village of Saranac Lake**

SUBJECT: Temporary Sale of Fireworks

Date: 06/09/25

DEPT OF ORIGIN: Village Manager

Bill # 75-2025

DATE SUBMITTED: 5/28/2025

EXHIBITS:

APPROVED AS TO FORM:

Village Attorney

Village Administration

EXPENDITURE
REQUIRED:

AMOUNT
BUDGETED: \$

APPROPRIATION
REQUIRED: \$

SUMMARY STATEMENT:

Resolution authorizing temporary retail of fireworks by Keystone Novelties Distributors, LLC

MOVED BY: White SECONDED BY: Brunette

VOTE ON ROLL CALL:

MAYOR WILLIAMS

yes

TRUSTEE WHITE

yes

TRUSTEE BRUNETTE

yes

TRUSTEE RYAN

absent

TRUSTEE SCOLLIN

absent

**RESOLUTION AUTHORIZING TEMPORARY RETAIL OF FIREWORKS BY
KEYSTONE NOVELTIES DISTRIBUTORS, LLC**

WHEREAS, Keystone Novelties Distributors, LLC has submitted a request to operate a temporary retail fireworks tent at 111 River Street (Fusion Market), within the Village of Saranac Lake, from June 23 through July 5, 2025, and,

WHEREAS, the purpose of the operation is to sell permissible sparkling devices (fireworks) as allowed under New York State Law, and

WHEREAS, pursuant to Village of Saranac Lake Local Law §142-1, “No person shall sell, offer for sale or expose for sale or transport or have in his possession, or set off, any firecrackers, torpedoes, rockets, roman candles or fireworks of any description at any time in the Village of Saranac Lake. The Board of Trustees may sanction the public display of fireworks by properly qualified individuals or organizations by the granting of a permit to be obtained from the Village Manager of the Village of Saranac Lake, New York.”, and

WHEREAS, Keystone Novelties Distributors, LLC will provide a certificate of insurance naming the Village of Saranac Lake as additionally insured,

WHEREAS, the Board of Trustees recognizes that Keystone Novelties Distributors, LLC is requesting permission solely for the sale of sparkling devices (fireworks) permitted under New York State Law, and,

WHEREAS, the Board of Trustees finds that the request is in the public interest and compliant with applicable laws and regulations, provided all permitting and safety requirements are met,

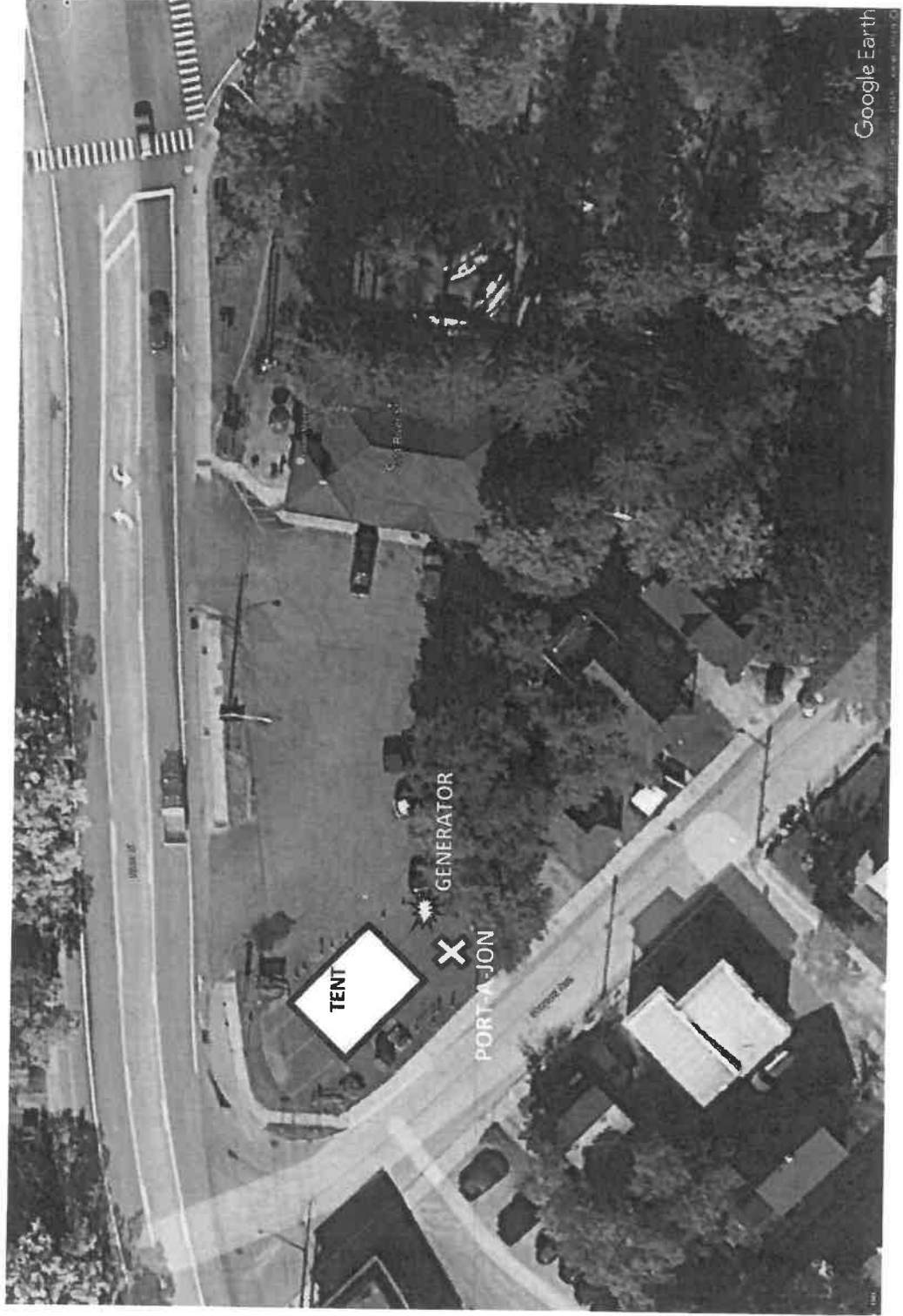
NOW, THEREFORE, BE IT RESOLVED, that the Village Board of Trustees hereby authorizes the Village Manager to issue a permit to Keystone Novelties Distributors, LLC to conduct temporary fireworks tent sale at 111 River Street, Saranac Lake, New York, from June 23 to July 5, 2025.

TENT LOCATION PLOT PLAN LAST SAVED MAY 13, 2025

- LOCATION NAME: SARANAC LAKE NY
- LOCATION ADDRESS: 111 RIVER ST, SARANAC LAKE, NY 12983
- NOTES:

LEGEND:

	PORT-A-JON		GENERATOR		TENT		STORAGE UNIT
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Keystone Novelties Distributors, LLC

531 N. 4th Street Denver PA 17517
Ph. 717-390-0844 Fax: 717-290-7774
Info@keystonenovelties.com

May 25, 2025
Village of Saranac Lake
Attn: Building Department
39 Main St.
Saranac Lake, NY 12983

Keystone Novelties Distributors, LLC is in the process of planning for our Fourth of July tent sale for 2025. This year we will be setting up at 111 River St. Saranac Lake, NY 12983. I have included in this package everything that I believe is necessary for the purpose of applying for the Tent sale.

- A site plan showing the location of the Tent.
- A Building Permit application. + Sign Permit Application
- A permission letter from the property owner.
- Workman's Comp and Liability insurance Proof.

The set-up will be for the period from June 23 through July 5. The tent will be put up a few days in advance and removed as soon as possible after July 5. Of course, we have "No Smoking" signs placed at the entrance and will have a fire extinguisher. We will have 1 or 2 local people manning the tent. There should be anywhere from 1-6 customers at a time at the location. If I have not included any fees, please contact me and I will send a check to cover the costs.

I hope that this information is helpful to you and I thank you again for your consideration. Should you have any questions or if anything has change, please call anytime at 717-394-1078. Thank you.

Cordially,

Keith Lambert
New England Regional Locations Manager
Keystone Fireworks
401-323-7197



Village of Saranac Lake

39 Main Street, Suite 9 Saranac Lake, NY 12983-2294

Phone: (518) 891 - 4150

Fax: (518) 891 - 1324

Web Site: www.saranaclakeny.gov

Building Permit Application

1. Project Information:

Application Type: Building Permit	Tax Map #
Project Address: 111 River St. Saranac Lake, NY 12983	
Project Description: Erection of a 20'x40' Tent.	
Type of Work (check all that apply): <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Change of Occupancy	

2. Owner Application Information

Property Owner Name(s): Pragna Prajapati			Applicant Name(if different): Keith Lambert		
Address: 111 River St.			Address: 531 N. 4th St.		
City: Saranac Lake	State: NY	Zipcode: 12983	City: Denver	State: PA	Zipcode: 17517
Phone: 518-891-2095	Email: pragnap9@gmail.com		Phone: 401-323-7197	Email: klambert@keystonenovelty.com	
24 Hour Contact Name: Pragna Prajapati			24 Hour Contact Name: Keith Lambert		

3. Detailed Project Description:

Retail Sales of the NY Sparkling Devices (Fireworks) from a 20'x40' tent from June 23rd thru July 5th 2025 from the hours of 9am to 10pm daily.

Please see attached signed lease with Property owner.

Office Use Only				
Application Completeness	✓	Land Use Conformance	Yes	No
Application Form		Permitted Use?		
Required Plans & Specs		Material Change of use?		
Liability Insurance Documentation		Meets dimensional requirements?		
Workers Comp Documentation		Historic District?		
Application Fee		Floodplan?		
		Overall Land Use Conformance		
The enclosed application was reviewed and is deemed complete:			Assigned Project #	
Reviewer Signature:				

4. Contractor/Design/Professional Information					
Contractor Name: SILVER LINE PARTY RENTALS LLC			Design Professional:		
Address: 780 W Main Street			Address:		
City: Watertown	State: NY	Zipcode: 13601	City:	State:	Zipcode:
Phone: 315-788-5097	Email: partyrentalsplus@westelcom.com		Phone:	Email:	
Does this project involve any electric work?	Yes:	No: X	Overall value of Construction: 500		

5. Project Data Table: Refer to code dimension standards to complete "allowed/required" column below https://ecode360.com/attachment/SA0109/SA0109-106b%20Schedule%202.pdf		
Zoning District:	Allowed/Required	Proposed
Lot Area		
Front Setback		
Rear Setback		
Side Setback		
Shoreline Setback		
% of lot coverage by principle building		
% of lot coverage by impervious building		
Building Height/Stories		

6. Insurance Information

Liability (Select One): ☒ Liability Certificate ☐ Homeowner Exemption

Workers Compensation (Select One):

☐ NYS Insurance Fund (Form U-26.3)

☒ Private (Form C-105.2)

☐ Exemption Certificate

☐ Homeowner Exemption

7. Application Submissions

Info submitted with application (check all that apply)	<input checked="" type="checkbox"/>	Notes/Explanation:
Application Form	<input type="checkbox"/>	
Liability Insurance Documents	<input type="checkbox"/>	
Workers' Comp/Disability Documentation	<input type="checkbox"/>	
Sketch/Site Plan	<input type="checkbox"/>	
Plans/Schematics	<input type="checkbox"/>	
Specifications	<input type="checkbox"/>	

Building Permit Application Fee Calculation

Adopted: May 28, 2024

8. Fee Schedule and Calculation			
Repairs, Alterations, Additions, Garage, Shed, Outbuildings, Decks, and Fences	Permit Fee	Sq. Ft.	Enter Fee
Repairs/Alterations	\$25		
Sheds/Outbuildings	\$50		
Garages	\$100		
Fences	\$25		
Additions 144 sq. ft.-1000 sq ft.	\$50		
Each Additional 1000 sq ft.	\$100		
Deck 144 sq ft. – 500 sq ft.	\$50		
Each Additional 100 sq ft.	\$10		
Structural Alterations	\$50		
New Construction (See Attached Below)			
Non-Structural Roofing and Structural Roofing			
Non-Structural Roofing 144 sq ft-1000 sq ft.	\$50		
Each Additional 100 sq ft.	\$10		
Structural Roofing	\$100		
Non-Structural Commercial Roofing 144 sq ft.-1000 sq ft.	\$100		
Each Additional 1000 sq ft.	\$100		
Residential Electrical/HVAC/Plumbing Installation			
New Electrical Service or Service Upgrade	\$100		
New Electrical System Installation	\$100		
HVAC System Installation	\$100		
Plumbing Installation	\$100		
Chimney/Woodstove/Pellet Stove/Boiler/Furnace Installation			
Chimney Installation/Upgrade	\$50		
Wood Stove Installation	\$50		
Pellet Stove Installation	\$50		
Boiler/Furnace Installation	\$50		
Demolition of Residential and Commercial Building			
Residential Demolition	\$100		
Commercial Demolition	\$250		
	TOTAL FEES:		

CERTIFICATION: I certify that I am the owner of the property identified in the application, or duly authorized by the owner of the property, and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my knowledge. I acknowledge that nothing contained herein, including any permit issued by the Village of Saranac Lake, shall be construed as an assertion of compliance with any requirements of the provisions of any State or Federal Agency. I acknowledge that work related to this building permit application may be subject to regulations governing the handling, removal, and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations.

Keith Lambert

Print Property Owner/Authorized Representative Name


Signature

5/26/25

Date



Village of Saranac Lake

39 Main Street, Suite 9 Saranac Lake, NY 12983-2294

Phone: (518) 891 - 4150

Fax: (518) 891 - 1324

Web Site: www.saranaclakeny.gov

Instructions:

- A complete application must include a plot plan or building elevation plan and a sign sketch with size, lettering and graphics
- Incomplete applications will not be issued a permit
- Temporary sign applications may only be submitted up to 30 days in advance of the event start date, and signs must be removed after 30 days
- Sign guidelines located on page 2 - Complete standards can be found at: <https://ecode360.com/31626945>

SIGN PERMIT APPLICATION -				Project Type: <input type="checkbox"/> Permanent Sign <input checked="" type="checkbox"/> Temporary Sign	
Project Address: 111 River St. Saranac Lake, NY			Tax Map #:		
Property Owner Name: Pragna Prajapati			Applicant Name (if different): Keystone Novelties Keith Lambert		
Address: 111 River St.			Address: 531 N. 4th St.		
City: Saranac Lake	State: NY	Zip: 12983	City: Denver	State: PA	Zip: 17517
Phone: 518-891-2095	Email: pragnap9@gmail.com		Phone: 401-323-7197	Email: klambert@keystonenovelties.com	

Project Description - include location on building, structure or lot - a sketch showing size, lettering and graphics **MUST** accompany form

Retail Sales of a the NY legal Fireworks from a 20'x40' Tent. Banners will be attached to the Tent. See attached Sheet of banners.

See attached Lease for Property owner signature.

Size of Sign: See Attached.	Height above sidewalk: 10'	Setback distance from sidewalk or curb: 20'
Date of removal (for temporary signs only, must be within 30 days of installation): 7/5/2025		
Sign material: Vinyl Banners.		
Type of Sign: <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> New <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated		

Property Owner Signature(required): _____ Date: _____

Applicant Signature(if different): Keith Lambert Date: 5/27/25



Keystone Fireworks Tents

Keystone Novelties Distributors, LLC

531 N. 4th Street Denver PA 17517 : Email: info@keystonenovelties.com
Main Ph. 717-390-0844, Leasing ex.102, Fax: 717-290-7774

market LLC

THIS AGREEMENT IS MADE BETWEEN, Saranac Lake Fusion Market LLC (Lessor), and Keystone Novelties Distributors, LLC (Lessee), for the purpose of allowing the retail sale of approved fireworks at the premises (Location):

Location Address/Property Description:

111 River St

Saranac Lake, NY 12983

Location: Saranac Lake NY Fusion Market

Municipality: Village of Saranac Lake

Lessor Agrees to the following terms and conditions:

1. Lessor represents that the parking lot or commonly occupied Location listed above is owned and/or controlled by the Lessor and that the Lessor grants Lessee the exclusive right to operate a retail fireworks tent or outlet at the property. The space shall be used exclusively for the tent and associated equipment required to execute the sale, including but not limited to a 20-foot storage container, portable toilet & at least one parking space dedicated to the tent clerk on the premises during the term of this Agreement. The Lessor agrees to the placement of the tent and related equipment as detailed in the Tent Placement Addendum.
2. The term of this Agreement shall include the 2025 to 2026 July 4th holiday period(s). The tent and related equipment shall be placed no sooner than June 17th and removed no later than July 11th each year the lease is in effect. The dates for the sale will not exceed: June 21st through July 6th of each year this agreement is in effect.
3. Following the initial term, the Lessor hereby grants the Lessee first rights of refusal to match any offer to lease the location for fireworks sales during the forthcoming renewal year.
4. Lessor will have the right to void this lease if the above Location is sold or developed for any purpose other than the sale of fireworks or other seasonal merchandise by providing 45 days advanced written notice prior to cancellation.
5. Lessee requests the following additional operational elements to support the tent sale. If agreed, please initial as indicated:
 - a. Lessor agrees to allow a 28 ft PUP trailer (Backhaul trailer) placed on property: Yes NO (Initials) if allowed
 - b. Lessor agrees to allow access to electric if exterior access already exists: Yes NO (Initials) \$1000

In return, Lessee agrees to the following terms and conditions:

1. Lessee shall pay Lessor the amount of \$ 2,000 by check, yearly starting on June 20th 2025 and each year thereafter the Lease is in effect.
2. Lessee shall provide a current certificate of insurance, proving liability coverage in force at time of occupancy. All entities/individuals listed below will be included as additional insured on Lessee's policy. Insurance coverage will be in an amount not less than \$1,000,000.00.
3. Lessee guarantees that the premises will be returned to their original condition including the patching of any stake holes and removal of all trash and supplies.
4. This lease agreement shall be assignable by Lessee and is contingent upon Lessee securing any local and state permits or licenses that may be required. If the sale of fireworks is prohibited by public authority or if required permits or licenses cannot be obtained prior to the commencement of the selling season, then this agreement is terminated with all monies returned promptly. If the local municipality having jurisdiction over this outlet limits the sale of fireworks, then this lease agreement is subject to revision or termination by the Lessee.
5. Lessee shall have the right to void this agreement up to 45 days prior to the commencement of the selling period each year.

LESSOR INFORMATION (Payee & Mail To):

Payee: Saranac Lake Fusion Market LLC

Address: 111 River St

Saranac Lake, NY 12983

Email: Pragnap9@gmail.com

ADDITIONAL INSURED INFORMATION

COI Holder Name:

Address:

SAME

Email COI to:

Lessor

Pragnap9

Date

5/15/25

Keystone Novelties Distributors, LLC

Date

Kurt Lamb

☐ \$125 LL Cert ☐ \$75 LL Cert ☐ \$50 LL Cert ☐ \$150 + \$125 each year Cert ☐ None

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 454658832
KEYSTONE NOVELTIES
DISTRIBUTORS LLC (A PA LLC)
531 N 4TH STREET
DENVER PA 17517



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER KEYSTONE NOVELTIES DISTRIBUTORS LLC (A PA LLC) 531 N 4TH STREET DENVER PA 17517		CERTIFICATE HOLDER VILLAGE OF SARANAC LAKE 39 MAIN STREET SARANAC LAKE NY 12983	
POLICY NUMBER A2389 233-4	CERTIFICATE NUMBER 460973	POLICY PERIOD 05/11/2025 TO 05/11/2026	DATE 5/26/2025

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2389 233-4, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 30 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 982559424



Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
KEYSTONE NOVELTIES DISTRIBUTORS LLC
531 N 4TH STREET
DENVER, PA 17517

1b. Business Telephone Number of Insured
(717) 394-1078

Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)

1c. Federal Employer Identification Number of Insured or Social Security Number
454658832

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

VILLAGE OF SARANAC LAKE
39 MAIN STREET
SARANAC LAKE, NY 12983

3a. Name of Insurance Carrier

New York State Insurance Fund (NYSIF)

3b. Policy Number of Entity Listed in Box "1a"
DBL 6753 94 - 2

3c. Policy effective period

05/15/2025 to 05/15/2026

4. Policy provides the following benefits:

- ☒ A. Both disability and paid family leave benefits
☐ B. Disability benefits only
☐ C. Paid family leave benefits only

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
☐ B. Only the following class or classes of employer's employees:

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

Date Signed 5/26/2025

By Kristin Markwica

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332

Name and Title Kristin Markwica, Head of Disability Insurance Unit

IMPORTANT: If Box 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 mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has 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 with respect to all of his/her 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.

DB-120.1 (10-17)

Certificate Number 840218

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 New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Worker's 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 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 NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

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)
5/26/2025

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 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
Acrisure Great Lakes Partners Insurance Services
223 West Grand River Ave #1
Howell MI 48843

CONTACT
NAME:
PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101
E-MAIL ADDRESS:

INSURED
Keystone Novelties Distributors LLC
531 N. 4th Street
Denver PA 17517

8086

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Arch Specialty Insurance Company	21199
INSURER B:	National Specialty Insurance Company	22608
INSURER C:	Everest Indemnity Insurance Company	10851
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 660281763

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY <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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y Y	GC10010096-241	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y Y	25059800021	3/1/2025	3/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y Y	UXP1057485-00	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Certificate holder is named as additionally insured with the respect to the sale of state legal sparklers and ground based fountains from June 21st through July 5th 2025

CERTIFICATE HOLDER

Village of Saranac Lake
39 Main Street
Saranac Lake NY 12983

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

Keystone Novelties Distributors, LLC
Temporary Signs & the Sizes

4' x 6'



4' x 6'



4' x 6'



3' x 5'



3' x 10'

