U.S. Department Labor
Employment and Training Administration

OMB Control No. 1205-0134
Expiration Date: October 31, 2015

Agricultural and Food Processing Clearance Order ETA Form 790
Orden de Empleo para Obreros/Trabajadores Agrícolas y Procesamiento de Alimentos

(Print or type in each field block – To include additional information, go to block # 28 – Please follow Step-By-Step Instructions)
(Favor de usar letra de molde en la olicitud – Para incluir información adicional vea el punto # 28 – Favor de seguir las instrucciones paso-a-paso)

1. Employer's and/or Agent's Name and Address (Number, Street, City, State and Zip Code / Nombre y Dirección del Empleador/Patrón y/o Agente (Número, Calle, Ciudad, Estado y Código Postal):
James Gade
Gade Farm, LLC
2479 Western Avenue
Altamont, NY 12009

This is a joint application. Please see data under part 28 for five additional growers.

Agent
Steven McKay
Micosta Enterprises
3007 County Route 20
Hudson, NY 12534
518-451-0109 cell, h2express@yahoo.com, 866-210-1791 fax
a) Federal Employer Identification Number (FEIN) / Número federal de Identificación del Empleador:
14-172 6201
b) Telephone Number / Número de Teléfono:
518-869-8019
c) Fax Number / Número de Fax:
518-869-2143
E-mail Address / Dirección de Correo Electrónico:
gadefarm@nycap.rr.com

2. Address and Directions to Work Site / Domicilio y Direcciones al lugar de trabajo: (sites owned by growers)
2479 Western Ave., Altamont, NY 12009

100 Truax Lane, Guilderland, NY 12084

Additional growers:
Please see part 28

3. Address and Directions to Housing / Domicilio y Direcciones al lugar de vivienda: 2449 Western Ave., Altamont, NY 12009 (owned by grower)

a) Description of Housing / Descripción de la vivienda: Wooden house,; 1 bedroom, bathroom, kitchen, dining nook; fully furnished including all appliances; electric, gas heat, and stove, city water; capacity: 7; is nearest medical site, Jogging, TV, public library, biking for recreation. No additional charges.

See additional sites in part 28

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Nos. 4 through 8 for STATE USE ONLY
Números 4 a 8 para USO ESTATAL

4. SOC (O*NET/OES) Occupational Code / Código Industrial:
45209202
a. SOC (ONET/OES) Occupational Title / Título Ocupacional
Farmworkers and Laborers, Crop

5. Job Order No. / Num. de Orden de Empleo:
NY1114108

6. Address of Order Holding Office (include Telephone number) / Dirección de la Oficina donde se radico la oferta (incluya el número de teléfono):
(877) 466-9757
a. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (Incluya el número de teléfono de su línea directa).
(877) 466-9757

7. Clearance Order Issue Date / Fecha de Emisión de la Orden de Empleo:
12/31/2014

8. Job Order Expiration Date / Fecha de Vencimiento o Expiración de la Orden de Empleo:
7/24/2015

9. Anticipated Period of Employment / Periodo anticipado o previsto de Empleo:
From / Desde: 03/~~01~~ 03/2015 To / Hasta: 12/15/2015
Gam 12/30/14

10. Number of Workers Requested / Número de Trabajadores Solicitados:
Eighteen (18)

11. Anticipated Hours of Work per Week / Horas Anticipadas/Previstas de Trabajo por Semana. Total: ~~40~~ 35 Gam 12/30/14

Sunday / Domingo ____ Thursday /Jueves 7
Monday / Lunes 7 Friday / Viernes 7
Tuesday / Martes 7 Saturday / Sábado ____
Wednesday / Miércoles 7

12. Anticipated range of hours for different seasonal activities: / Rango previsto de horas par alas diferentes actividades de la temporada:
Outdoor soil preparation with tractor 15/wk
Planting: 35/wk
Maintain plants: 20- 35/wk
Farm maintenance: 20/wk
Irrigation and weeding 35/wk
Harvest and Pack 40 hrs/wk

13. Collect Calls Accepted from: / Aceptan Llamadas por Cobrar de:
Employer / Empleador: Yes / Si ☐ No XX☐

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14.Describe how the employer intends to provide either 3 meals a day to each worker or furnish free and convenient cooking and kitchen facilities for workers to prepare meals / Describa cómo el empleador tiene la intención de ofrecer, ya sea 3 comidas al día a cada trabajador, o proporcionar gratuitamente instalaciones para cocinar.

Transportation provided weekly to purchase food; beneficiaries will buy and prepare their own food in fully furnished kitchen.

15. Referral Instructions and Hiring Information / Instrucciones sobre cómo Referir Candidatos/Solicitantes - (Explain how applicants are to be hired or referred, and the Employer's/Agent's available hour to interview workers / Explique cómo los candidatos serán contratados o referidos, y las horas disponibles del empleador/agente para entrevistar a los trabajadores). See instructions for more details / Vea las instrucciones para más detalles.

Apply by calling to arrange an interview:

Rexcroft Farm 518-821-8709
The Gade Farm 518-869-8019
Becker's Farm 518-477-4163
Altamont Orchards, Inc 518-861-6515
Burger's Farm 518-577-6299
DeForge Farm & Greenhouse, Inc 518-869-5626

. Generally available 9 am – 4 pm, M-F for calls.

Or apply through nearest NYS DOL ~~One Stop Career Center, Columbia Greene, 877-466-9757~~ at 877-466-9757

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16. Job description and requirements / Descripción y requisitos del trabajo: Use manual and powered equipment to plant (25%), maintain (30%) , harvest (20%), and pack (15%) fruit and vegetable crops as detailed in part 28. Maintain fences, equipment, and irrigation. (10%).

Equipment operated: Farm tractor, rototiller, mower, soil blender and sterilizer.
Workers will comply with procedures for power equipment safety as instructed and follow other instructions of supervisor. Workers will follow rules that asure site safety as instructed. Tools paid for by employer;.

1. Is previous work experience preferred? / Se prefiere previa experiencia? Yes / Si XX☐ No ☐ If yes, number of months preferred: / Si es así, numero de meses de experiencia: ___3___ Vegetables: Corn, cucumbers, melons, peppers, tomatoes, pumpkins eggplant, squash, nursery starts
Fruit: apples, berries, pears, strawberries.

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2. Check all requirements that apply:

☐ Certification/License Requirements / Certificación/Licencia Requisitos
☐ Driver Requirements / Requisitos del conductor
☐ Employer Will Train / Empleador entrenará o adiestrará
☐ Extensive Sitting / Estar sentado largos ratos
☐XX Exposure to Extreme Temp. / Expuesto a Temperaturas Extremas
☐ XXLifting requirement / Levantar o Cargar 75lbs./libras
☐XX Repetitive Movements / Movimientos repetitivos
☐ Criminal Background Check / Verificación de antecedentes penales
☐ Drug Screen / Detección de Drogas
☐ Extensive Pushing and Pulling / Empujar y Jalar Extensamente
☐ Extensive Walking / Caminar por largos ratos
☐XX Frequent Stooping / Inclinándose o agachándose con frecuencia
☐ OT/Holiday is not mandatory / Horas Extras (sobre tiempo) / Días Feriados no obligatorio

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17. Wage Rates, Special Pay Information and Deductions / Tarifa de Pago, Información Sobre Pagos Especiales y Deducciones (Rebajas)

Crop Activities / Cultivos	Hourly Wage / Salario por Hora	Piece Rate / Unit(s) / Pago por Pieza / Unidad(es)	Special Pay (bonus, etc.) / Pagos Especiales (Bono, etc.)	Deductions* / Deducciones	Yes/Si	No	Pay Period / Periodo de Pago / /
Planting vegetable and fruit crops *	$11.26	n/a	n/a	Social Security / Seguro Social	xx☐	☐	Weekly / Semanal
Maintaining fruit & vegetable crops *	$11.26	n/a	n/a	Federal Tax / Impuestos Federales	xx☐	☐	xx☐
Harvesting fruit & vegetable crops *	$11.26	n/a	n/a	State Tax /Impuestos Estatales	xx☐	☐	Bi-weekly/ Quincenal
Packing fruit & vegetable crops *	$11.26	n/a	n/a	Meals / Comidas	☐	xx☐	☐
Site maintenance	$11.26	n/a	n/a	Other (specify) / Otro (especifica)	☐	xx☐	Monthly/Mensual ☐
							Other/Otro ☐

* vegetables and fruits: corn, cucumbers, melons, peppers, tomatoes, pumpkins, eggplant, squash, nursery starts, apples, pears, berries (misc) strawberries.

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More Details About the Pay / Mas Detalles Sobre el Pago: payment in cash or by check, detailed wage statement provided weekly by farmer

19. Transportation Arrangements / Arreglos de Transportación

Employer agrees to reimburse inbound transportation and subsistence expenses ($11.58 per day for a maximum of $46.00 as specified by regulations) to each worker and any person, government agency, or private organization which on behalf of the worker has paid or advanced such transportation and subsistence expenses from the residence, place of last employment, or place of recruitment to the job site after the worker has completed 50% of the stipulated period of employment, from initial date of need or from the day after actual arrival of worker if later than the stated date to report. Return expenses also paid.

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20. Is it the prevailing practice to use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, and/or pay workers for this (these) crop activity (ies)? / ¿Es la práctica habitual usar Contratistas de Trabajo Agrícola para reclutar, supervisar, transportar, dar vivienda, y/o pagarle a los trabajadores para este(os) tipo(s) de cosecha(s)? Yes / Si ☐ No XX☐

If you have checked yes, what is the FLC wage for each activity? / Si contesto "Si," cuál es el salario que le paga al Contratista de Trabajo Agrícola por cada actividad?

21. Are workers covered for Unemployment Insurance? / ¿Se le proporcionan Seguro de Desempleo a los trabajadores? Yes/Si☐ No XX☐

22. Are workers covered by workers' compensation? / ¿Se le provee seguro de compensación/indemnización al trabajador: Yes/SiXX☐ No ☐

23. Are tools, supplies, and equipment provided at no charge to the workers? / ¿Se les proveen herramientas y equipos sin costo alguno a los trabajadores?

Yes/SiXX☐ No ☐

24. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None".) / Enumere todos los acuerdos o convenios hechos con los propietarios del establecimiento o sus agentes para el pago de una comisión u otros beneficios por ventas hechas a los trabajadores. (Si no hay ningún acuerdo o convenio, indique "Ninguno".) None

25. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed. (If there are no such incidents, enter "None".) / Enumere toda huelga, paro o interrupción de operaciones de trabajo por parte de los empleados en el lugar de empleo. (Si no hay incidentes de este tipo, indique "Ninguno".) None

26. Is this job order to be placed in connection with a future Application for Temporary Employment Certification for H-2A workers? / ¿Esta orden de empleo ha sido puesta en conexión con una futura solicitud de certificación de empleo temporal para trabajadores H-2A?

Yes/SiXX☐ No ☐

27. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job. / Certificación del Empleador: Esta orden de trabajo describe los términos y condiciones del empleo que se le ofrece, y contiene todos los términos y condiciones materiales ofrecidos.

Employer's Printed Name & Title / Nombre y Título en Letra de Molde/Imprenta del Empleador: Dan King, Owner; Roy W. Burger, Owner; James Gade, Partner; John DeForge, President; David Becker, Owner; Jim Abbruzzese, Secretary/Treasurer

Date / Fecha 12/16/2014

Employer's Signature / Firma y Título del Empleador

READ CAREFULLY, In view of the statutorily established basic function of the Employment Service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the Employment and Training Administration (ETA) nor the State agencies are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the American Job Center constitute a contractual job offer to which the American Job Center, ETA or a State agency is in any way a party.

LEA CON CUIDADO, En vista de la función básica del Servicio de Empleo establecida por ley, como una entidad de intercambio laboral sin comisiones, es decir, como un foro para reunir a los empleadores y los solicitantes de empleo, ni ETA ni las agencias del estado pueden garantizar la exactitud o veracidad de la información contenida en las órdenes de trabajo sometidas por los empleadores. Ni ninguna orden de trabajo aceptado o contratado en el Centro de Carreras (American Job Center) constituyen una oferta de trabajo contractuales a las que el American Job Center, ETA o un organismo estatal es de ninguna manera una de las partes.

PUBLIC BURDEN STATEMENT

The public reporting burden for responding to ETA Form 790, which is required to obtain or retain benefits (44 USC 3501), is estimated to be approximately 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. The public need not respond to this collection of information unless it displays a currently valid OMB Control Number. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

DECLARACION DE CARGA PÚBLICA

La carga de información pública para responder a la Forma ETA 790, que se requiere para obtener o retener beneficios (44 USC 3501), se estima en aproximadamente 60 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y revisar la colección. El público no tiene por qué responder a esta recopilación de información a menos que muestre un número de control OMB válido. Esta información es pública y no hay ninguna expectativa de confidencialidad. Envíe sus comentarios acerca de esta carga o cualquier otro aspecto de esta colección, incluyendo sugerencias para reducir esta carga, al U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

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28. Use this section to provide additional supporting information (including section Box number). Include attachments, if necessary. / Utilice esta sección para proporcionar información adicional de apoyo; incluya el numero de la sección e incluya archivos adjuntos, si es necesario.

From part 1:Joint Application Growers List

1. Altamont Orchards, Jim Abbruzzese, 6654 Dunnsville Rd., Altamont, NY 12009 518-861-8354, fax: 518-861-5436 jimapp1@aol.com FEIN: 14-168 6534
2. Roy W. Burger, 1221 Ferry Rd., Schenectady, NY 12329 518-577-6299, fax: none rwburgerfarms@aol.com FEIN: 14-175 6284
3. DeForge Farm and Greenhouse, Inc, John DeForge, 216 Vly Rd., Schenectady, NY 12309 518-~~424-8878~~, fax: none deforgefarm@verizon.net
   869 - 5626
   FEIN: 14-172 7692
4. Becker's Farm, LLC, David Becker, 420 Columbia Turnpike, Rensselaer, NY 12144 518-477-4163, fax: 518-477-1360 dbecker@beckersfarm.com
   FEIN: 14-174 6838
5. Rexcroft Farm, LLC, Dan King, 389 Leeds-Athens Road, Athens, NY 12015 518-821-8709, fax: none rexcroftfarm@gmail.com FEIN: 51-053 5850

From Part 2 Farm Sites Owned by Growers

1. Altamont Orchards, Jim Abbruzzese, 6654 Dunnsville Rd., Altamont, NY 12009
2. Roy W. Burger, 1221 Ferry Rd., Schenectady, NY 12329
3. DeForge Farm and Greenhouse, Inc, John DeForge, 216 Vly Rd., Schenectady, NY 12309
4. Becker's Farm, LLC, David Becker, 420 Columbia Turnpike, Rensselaer, NY 12144
   2690 Phillips Rd., East Greenbush, NY12061
   Intersection of Phillips Rd. And Hays Rd., East Greenbush, NY 12061
   Sunset Hills Development and Sunset Rd., Castleton-on-Hudson, NY 12033
   Intersection of Sherman Rd. And Brookview Rd., Castleton-on-Hudson, NY 12033
5. Rexcroft Farm, LLC, Dan King, 389 Leeds-Athens Road, Athens, NY 12015

From Part 3 Housing Details

1. Altamont Orchards, 6647 Dunnsville Rd., Altamont, NY 12009

Description of Housing / Descripción de la vivienda: Wooden house,; 3 bedroom, bathroom, kitchen, dining room, living room; fully furnished including all appliances; electric, gas heat, and stove, city water; capacity:4; ISt. Peter's Hospital, Albany is nearest medical site, Jogging, Bozenkill Park, for recreation.

2. Roy W. Burger, 216 Valley Rd., Schenectady, NY 12309

Description of Housing / Descripción de la vivienda: Wooden house,; 3 bedroom, bathroom, kitchen, living room; fully furnished including all appliances; electric, gas heat, and stove; city water; capacity:6; Memorial Hospital is nearest medical site, Jogging for recreation.

3. DeForge Farm and Greenhouse, Inc, 216 Valley Rd., Schenectady, NY 12309

Description of Housing / Descripción de la vivienda: Wooden house,; 3 bedroom, bathroom, kitchen, living room; fully furnished including all appliances; electric, gas heat, and stove, city water; capacity:6; Memorial Hospital is nearest medical site, Jogging for recreation.

4. Becker's Farm, LLC, 420 Columbia Turnpike, Rensselaer, NY 12144

Description of Housing / Descripción de la vivienda: Wooden house,; 3 bedroom, bathroom, kitchen, living room; fully furnished including all appliances; electric energy, city water; capacity:3; Albany Memorial Hospital is nearest medical site, Jogging, TV, Internet for recreation.

5. Rexcroft Farm, LLC, 389 Leeds-Athens Rd., Athens, NY 12015

Description of Housing / Descripción de la vivienda: 2 mobile homes,; 5 bedroom, 3bathrooms, 2 kitchens, 2 living rooms; fully furnished including all appliances; electric, gas, and oil energy, capacity:5; Columbia Memorial Hospital is nearest medical site, Jogging, TV, Internet for recreation.

See 28a + 28b

28a from Part 16 Job Description 1. 8 am 12/30/14 change may to will

Sanitation Requirements: For food and general personal safety purposes, all workers will be required and expected to follow common sanitary practices at all times. This is particularly critical when hand harvesting crops for human consumption. Employees are required to cleanse their hands by washing them thoroughly with soap and water after using the bathroom and before entering the fields for harvest activities or the packing facility for packing operations.

Greenhouse Work: Some plants are started by seed in a temperature-controlled environment. Workers will work with seeding plants in trays, stacking trays, covering stacks and moving stacks to hot room for seed germination. This includes preparing trays for seeding, moving the stacks after germination to greenhouses. When seedlings reach appropriate size workers will transplant seedlings to prepared beds or containers according to supervisor's instructions.

Sweet Corn, Cabbage, Tomatoes, Eggplant, Cucumbers, Squash, Peppers, Berries and Beans: Workers will plant, cultivate, and harvest vegetables. Workers ~~may~~ will be required to remove weeds from weeds using either a hoe, or by hand. Workers will bend and stoop to pick vegetables according to size, color, shape and degree of maturity and place into field containers. Workers ~~may~~ will carry full container weighing approximately fifty (50) lbs. and empty into field bin or load onto trailer. ~~May~~ Will be required to pull and discard culls as directed by supervisor. Pickers will take care not to bruise or scar produce. Pre-harvest activities for some plants ~~may~~ include staking, tying, transplanting and pruning. Workers will stand on feet for long periods of time. Workers are required to work in fields when plants are wet with dew or rain. Temperatures in fields during working hours can range from forty (40) to over eighty (80) + degrees.

Cabbage, Collard, Lettuce, Kale and Mustard Greens: Workers will plant, cultivate, thin, and harvest greens. Workers will remove weeds manually either by hand or with a hoe. Workers prepare plant beds and transplant plants into prepared soil. When plants reach appropriate size with thin by hand according to supervisor's instructions. Workers will cut mature greens using knife as specified by employer. Greens will be tied in bunches according to supervisor's instructions. Products will then be placed into sacks or boxes and placed on trailer for transport. Workers ~~may~~ will grade products removing bad or damaged leaves and repack for shipment. Workers will be required to stay on their assigned row. Workers must take care not to damage surrounding plants during harvest.

Watermelon and Cantaloupe: Workers will be expected to punch and make holes to prepare the black plastic for planting plugs. Workers must be careful not to damage the tender young plugs. Workers will be expected to perform routine maintenance activities including pulling weeds and cleaning drip irrigation equipment. At harvest, workers will be expected to select the melons based on the standard disclosed to the worker by the supervisor. Workers will walk along rows and cut melons according to size, color, shape and degree of maturity using a knife. ~~May~~ Will carry to trailer or windrow for loading at a later time. Also, the workers will be expected to grade, sort, and place in shipping containers. After harvest is completed workers will be required to remove mature melon vines from the plastic as well as preparing the plastic for the next planting cycle, if applicable. ~~May~~ Will also be required to remove old or damaged plastic and irrigation drip tape along with any other trash, rocks or debris from the planting areas. Workers will assist in preparation of field areas prior to installation of new plastic and drip tape.

Pumpkins: Workers will walk along rows and cut melons and pumpkins according to size, color, shape and degree of maturity using a knife. ~~May~~ Will carry to trailer or windrow. Other conditions, same as above.

Packing operation: Workers will be required to wash and pack vegetables. Workers must take great care not to bruise or damage the product. Workers will wash and pack vegetables according to the supervisor's instructions. Workers ~~may~~ will also be required to do support jobs associated with packing such as box making, fillers, special packaging, levelers, and stacking. Support jobs include bin and pallet repair and after hours clean up.

Asparagus: Move along assigned row, stooping, bending, and reaching to break asparagus spears at ground level. ~~May~~ Will operate self-propelled harvesting aid on which workers ride while stooping to break spears at ground level. Spears which are less than 1/4 inch in diameter (measured at butt) are discarded. Spears over 1/4 inch in diameter which exceed 7 1/2 inches in length will be re-broken at the butt end. Any spearhead which has begun to open will be discarded. Spears meeting harvest specifications will be placed in a straight fashion in field buckets and carried to trucks or trailers for dumping. Workers will be required to stay on their assigned row. All asparagus work is hourly-paid.

The following description of job activities applies to peaches, apples, and pears.

Harvest: Workers will be assigned a row usually with a partner and is responsible for picking all the proper fruit from that row, or half row. Fruit is selected from the tree according to size and/or color standard set by the picking supervisor. In some instances, fruit harvest will be done from a six-foot ladder weighing up to 30 lbs. All workers must be able to lift and carry ladder, as well as work from the top of the ladder. The entire tree must be checked to ensure removal of all fruit meeting-picking requirements. Fruit is placed gently in the picking container until container is full. The full picking container weighing up to 50 lbs. is then taken to transport vehicles and gently emptied into a field bin, taking care not to spill or bruise the fruit in the container or in the field bin. Field bin volume ~~may~~ will be checked and determined by weight on state certified scales. Workers are required to stay on their assigned row unless directed by a supervisor to change, or to help someone sporadically. Picking units will be kept free of limbs, leaves or mushy fruit. Workers will be required to pick up and return picking ladders to the ladder wagon provided by the grower at the end of each work day or as directed by the grower or designed supervisor.

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Pruning: While pruning trees, workers will receive proper tools for the particular job, i.e., saw, pruners, and hand snips. These tools will be returned to the employer at the end of the task. ~~The cost of tools destroyed maliciously or lost carelessly will be deducted from worker's wages.~~ The supervisor will set a standard or pattern for each orchard and will demonstrate and communicate this to workers. Workers will be assigned rows of trees and must prune each tree according to the predetermined standard. In some instances, pruning will be done from a six-foot ladder weighing up to 30 lbs. All workers must be able to lift and carry ladder, as well as work from the top of the ladder. Workers must remove all resulting materials from the trees rendered from performing pruning tasks. When pruning is complete on each tree, each worker is required to rake and scatter the resulting brush in the center of the tractor/equipment middles. Workers will be required to pick up and return pruning ladders to the ladder wagon provided by the grower at the end of each work day or as directed by the grower or designated supervisor.

Thinning: While thinning trees, workers will be instructed as to how close together fruit should be spaced and what fruit is most desirable to leave or take. The supervisor will set a standard or pattern for each orchard and will demonstrate and communicate this to workers. In some instances, thinning will be done from a six-foot ladder weighing up to 30lbs. All workers must be able to lift and carry ladder, as well as work from the top of the ladder. Rows will be assigned to each worker and it is the responsibility of the worker to complete the trees on the row according to the supervisor's instructions. Limbs must not be torn from the tree, nor should limbs be completely stripped of leaves, blooms or fruit. Proper spacing and selection of fruit is critical to maximizing the trees' potential yield. Thinners will thin fruit using hands and/or plastic bat to knock off excess fruit taking care to walk around entire tree before moving to the next. Workers will be required to pick up and return thinning ladders to the ladder wagon provided by the grower at the end of each work day or as directed by the grower or designated supervisor.

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28b From Part 1b Job Description 2.

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Orchard Maintenance: Workers involved in orchard maintenance ~~may~~ will be required to hoe trees, girdle, spread fertilizer, pick up roots and limbs, strip suckers or unwanted growth from trees, dig root suckers, knock fruit off trees, remove vines, lay irrigation pipe, repair and maintain drip system, and strap and tie fruit trees. Employer will provide all equipment. Instruction will be given for each task and standards of performance communicated to workers. The specific standards for a job will be disclosed and demonstrated by the supervisor before the work begins.

Hay & Straw: Workers must load bales weighting up to 60 lbs from farm to tractor-trailers via a conveyor. Stacks bails on conveyor and restack in trailer according to instructions. Hay & straw harvested is dropped at end of conveyor. Using hay hooks, worker places bales on conveyor while other workers in the barn stack hay in hay-mow according to direction. Hay and straw harvested averages about 2500 bales per day

Minor Crops: This employer may grow one or more other crops. Farmers frequently decide whether to plant these crops and what additional crops they will plant after this application is submitted. Information on crops planted after submission of this application will be disclosed in writing to the U.S. Department of Labor for approval as soon as it is known.

General Duties: Duties performed in the field will be sporadic all through the contract due to the various duties, i.e., preparing soil, planting, pruning, cutting, deadheading, pinching, trimming to shape, spacing plants, fertilizing with granular or liquid fertilizer, cleaning work areas, transporting plant materials in the nursery/greenhouse areas, loading and unloading plants and all other duties associated with producing crops for the employers listed in this order. All workers will be responsible for picking up trash, cleaning bathrooms, sweeping floors and other farm and shed sanitation duties. Between harvesting, workers will be required to perform duties to prepare crops for marketing. Workers will also unload pallets from trucks or wagons into fields for transplanting. Worker ~~may~~ will unload and restock for storage.

Farm Equipment Operation During Field Operations: Workers ~~may~~ will be required to operate tractors and other farm equipment during field operations as an incidental activity in the production of crops. Farm equipment operation incidental to production and harvesting will be paid at the hourly rate. Before any worker is required to operate any farm equipment, the worker will be instructed in the proper and safe operation of tractor. Workers will be required to operate tractors according to instructions and in a manner that protects the operator, other workers, trees, crops and equipment. Repeated failure to obey operating and safety instructions ~~may~~ will result in termination.

GENERAL CONDITIONS APPLICABLE TO ALL CROPS: Fieldwork begins at assigned time shortly after daylight. Work is performed during light rain and in high humidity and in temperatures ranging below 35 degrees F to eighty (80) + degress. Workers will work on their feet in bent, stooped, and crouched positions for long periods of time. Workers will make fast, simple, repeated movements of fingers, hands, and wrists. Workers must be able to bend, stretch, twist, or reach out with the body, arms, and/or legs. Workers will use muscles to lift, push, pull, or carry heavy objects, such as shrubs or potted plants. These could/will weigh from 50 - 75 lbs. occasionally. All the tasks in this Job Description constitute one (1) job; the employer ~~may~~ will assign workers to different tasks on any day or to multiple tasks during the same day in the sole judgment of the employer. Workers ~~may~~ will be required to perform work, on the farm, that is incidental to farming operation of the listed employers, such as performing hand cultivation tasks, weeding or hoeing, harvesting crops, cleaning and repairing farm buildings, seed beds, racks, grounds, operate tractor/farm equipment incidental crop set up and move irrigation pipes and equipment, gardening, weeding and shrubbing, etc. This is a very demanding and competitive business in which quality specifications must be rigorously adhered to.

Full Crop Commitment: This is regular work, seven hours per day, Monday-Friday, ~~and five hours on Saturday~~ for the full remainder of the period of employment. The worker agrees to work for assigned employer(s) whenever work is available during the full remaining period of employment even though work may be slack at times. The worker understands that if he quits or is terminated for cause prior to the end of the period of employment, he will not receive the 3/4 guarantees discussed below and will not receive certain transportation reimbursements discussed below. Excessive tardiness and/or absences will not be tolerated and will result in termination.

Daily individual work assignments, crew assignments, and location of work, will be made by and at the sole discretion of the farm manger and/or farm supervisor as the needs of the farming operation dictate. Workers ~~may~~ will be assigned a variety of duties in any given day and/or different tasks on different days. Workers will be expected to perform any of the listed duties and work on any crop as assigned by the worker's supervisor.

20 CFR 653.501
Assurances

INTRASTATE AND INTERSTATE CLEARANCE ORDER

The employer agrees to provide to workers referred through the clearance system the number of hours of work per week cited in Item 10 of the clearance order for the week beginning with the anticipated date of need, unless the employer has amended the date of need at least 10 working days prior to the original date of need by so notifying the Order-Holding Office (OHO). If the employer fails to notify the OHO at least 10 working days prior to the original date of need, the employer shall pay eligible workers referred through the intrastate/interstate clearance system the specified hourly rate or pay, or in the absence of a specified hourly rate or pay, the higher of the Federal or State minimum wage rate for the first week starting with the original anticipated date of need. The employer may require workers to perform alternative work if the guarantee is invoked and if such alternative work is stated on the job order.

The employer agrees that no extension of employment beyond the period of employment shown on the job order will relieve the employer from paying the wages already earned, or specified in the job order as a term of employment, providing transportation or paying transportation expenses to the worker's home.

The employer assures that all working conditions comply with applicable Federal and State minimum wage, child labor, social security, health and safety, farm labor contractor registration and other employment-related laws.

The employer agrees to expeditiously notify the OHO or State agency by telephone immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over recruitment, or other factors have changed the terms and conditions of employment.

The employer, if acting as a farm labor contractor, has a valid farm labor contractor registration certificate.

The employer assures the availability of no cost or public housing which meets applicable Federal and State standards and which is sufficient to house the specified number of workers requested through the clearance system.

The employer also assures that outreach workers shall have reasonable access to the workers in the conduct of outreach activities pursuant to 20 CFR 653.107.

Employer's Name Dan King, Owner; Roy W. Burger, Owner; James Gade, Partner; John DeForge, President; David Becker, Owner; Jim Abbruzzese, Secretary/Treasurer Date: 12/16/2014

Employer's Signatures

Besides the material terms and conditions of the employment, the employer must agree to these assurances if the job order is to be placed as part of the Agricultural Recruitment System. This assurance statement must be signed by the employer, and it must accompany the ETA Form 790.

Addendum - (M10) Rexcroft Farms NY Group 3

Updated for 2015 (12/3)

Employers		Total Workers Employed	Starting Date Ending Date	Housing Type	Housing Location County	Total Capacity	Total H2A Wrkrs
Dan King Rexcroft Farm 389 Leeds-Athens Rd Athens, NY, 12015 (518) 945-1244 Corn, Cucumbers, Melons, Peppers, Tomatoes	(2210)	10	3/3/14 5 ~~12/15/14~~ 10	1 mobile home	Greene	~~4~~ 5	4
Jim Abbruzzese Altamont Orchards Inc 6654 Dunnsville Rd Altamont, NY, 12009 (518) 861-6515 Apples, Berries, Pears, Peppers, Pumpkins, Strawberries, Tomatoes, Vegetables	(8027)	~~20~~ 16	3/3/14 ~~12/15/14~~ 5 6	wood frame	Albany	~~7~~ 4	~~4~~ 3
David Becker Beckers Farm 420 Columbia Turnpike Rensselaer, NY, 12144 (518) 477-4163 Greenhouse / Nursery, Hay & Straw, Vegetables	(2211)	6	3/3/14 12/15/14 5	wood frame	Rensselaer	3	3
Roy Burger Burger's Farm 1221 Ferry Rd. Schenectady, NY, 12309	(8215)	5	3/3/14 12/15/14 5	wood frame	Schenectady	~~8~~ 6	2
John DeForge DeFORGE FARM & GREENHOUSE, INC. 216 VLY ROAD SCHENECTADY, NY, 12309 (518) 869-5626 Eggplant, Peppers, Squash	(2528)	1	3/3/14 12/15/14 5	Wood Frame	Schenectady	6	2
James Gade The Gade Farm LLC 2479 Western Ave Altamont, NY, 12009 (518) 869-8019 Greenhouse / Nursery, Vegetables	(8012)	~~7~~ 20	3/3/14 12/15/14 5	wood frame	Albany	7	4
			Total Workers Employed			~~45~~ 58	
			Total Housing Capacity			~~30~~ 23	
			Total H2A Workers Requested			~~19~~ 18	
			Total Employers			6	

EH 12/23/13
Burger 11-24 workers live at DeForge
DAM 12/30/14

Housing Types: AP - Apartment, BL - Block, HO - Hotel/Motel, ME - Metal, MH - Mobile Home, SH - Shared, WF - Wood Frame

Rec'd 12/31/14
CMC

New York State Department of Labor
FORM ETA 790 Attachments
Terms and Conditions/Clarifications and Assurances

Job Order Number: _____

A: CLARIFICATION OF ITEMS ON FORM ETA 790

Item 1:

Employer:	Employer Emails:	Employer Fax:
Rexcroft Farm	rexcroftfarm@gmail.com	none
The Gade Farm	gadefarm@nycap.rr.com	518-869-2143
Becker's Farm	dbecker@beckersfarm.com	518-477-1360
Altamont Orchards, Inc	jimapp1@aol.com	518-861-5436
Burger's Farm	rwburgerfarms@aol.com	none
DeForge Farm & Greenhouse, Inc	deforgefarm@verizon.net	none

Agent Email: **h2express@yahoo.com** **Agent Fax:** **866-210-1791**

Item 3: Housing

a. Housing and utilities are provided at no cost to H-2A workers and those workers in corresponding employment who are unable to return to their place of residence the same day.
b. Housing beds, bedding and mattresses will be furnished at no cost to the workers.
c. Housing will be clean and meet the applicable federal and State housing standards.
d. Workers will be responsible for maintaining housing and surrounding areas in a neat, clean manner.

Item 13: Board Arrangements

Employer will ☐ will not ☒ provide three meals per day and will deduct $ 0 per day.
Employer will ☒ will not ☐ furnish free dishes, cooking utensils and convenient kitchen and cooking facilities.
Employer will ☒ will not ☐ provide transportation to assure workers access to stores where they can purchase groceries and/or other incidentals and/or medical necessities.

Item 16: Job Specifications

a. Workers must be able to demonstrate that they are physically able to perform the work as described.
b. Employer may terminate worker with timely notification to the NPC and DHS, if the worker:
   1) Refuses, without cause, to perform work for which the worker was recruited and hired;
   2) Commits serious acts of misconduct; or
   3) Abandons Job ("Job Abandonment") – is absent for five consecutive previously scheduled days without prior notification to employer.

Item 16: Wage Rates, Special Pay Information and Deductions

The employer will provide workers referred through the interstate clearance system ~~40~~ 35 hours of work for the week beginning with the anticipated date of need, unless employer has amended the date of need by notifying the State agency no later than 10 business days before the date of need. If the employer fails to notify NYS Department of Labor office, then employer shall pay an eligible worker referred through the clearance system $ ~~459.40~~ 394.101 for the first week starting with the originally anticipated date of need. If worker referred fails to notify the NYS Department of Labor of continued interest in the

A.M. 12/31/14 Rec'd 12/31/14 CM

job at least 5 days before date of need, worker will be disqualified from this assurance. Employer will ☐ will not ☒ require worker to perform alternative work if the guarantee cited in this section is invoked.

Alternative work: _N/A__

Employer will maintain adequate payroll records. Workers will be paid weekly on Monday for work through the previous Friday.

Item 17: Wage Rates, Special Pay Information and Deductions

The employer will offer, advertise in its recruitment, and pay a wage that is the highest of the AEWR, the prevailing hourly wage or piece rate, the agreed upon collective bargaining wage, or the Federal or State minimum wage, except where a special procedure is approved for an occupation or specific class of agricultural employment. Employer assures that if a change in the AEWR requires an increase such increase will be paid as of the effective date of the increase. Also if the AEWR is decreased this will become the wage effective of the date of the decrease.

- In New York State, the only deductions that can be taken from worker pay are: Those required by law, such as Social Security, income tax, and garnishment of wages; those that benefit workers and are authorized in writing, such as life insurance, or a savings account

Any other deductions are illegal.

b. The employer guarantees to offer employment for a minimum of ¾ ("three fourths guarantee") of the hours in the workdays during the period of the contract, and all extensions thereof. This guarantee begins with the first workday after the worker's arrival at the place of employment and ends on the date specified on the job order or extensions thereof. In fire, weather or Act of God terminations (as determined by the Certifying Officer) the ¾ guarantee period ends on the date of termination. The employer must make efforts to transfer the worker to other comparable employment acceptable to the worker, consistent with existing immigration law, as applicable. If such a transfer is not affected, the employer must (1) return the worker, at the employers expense, to the place from which the worker (disregarding intervening employment) came to work for the employer, or transport the worker to the workers next certified H2A employer, whichever the worker prefers (2) reimburse the worker the full amount of any deductions made from the workers pay by the employer for transportation and subsistence expenses to the place of employment; and (3) pay the worker for any costs incurred by the worker for transportation and daily subsistence to that employers place of employment. Daily subsistence must be computed as set forth in paragraph (h) of the section. The amount of the transportation payment must not be less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved provide the guarantees in Item 17 (a) below.

c. Workers will not be required to work more than the number of hours specified in the job order for a workday or on their Sabbath or federal holidays to meet this guarantee. The worker's average hourly earnings will be used under this guarantee where wages are paid on a piece rate basis. Workers who are terminated for cause or who voluntarily abandon their job are not entitled to this guarantee if employer provides timely notification to the NPC and DHS.

d. On or before each payday the employer will provide to each worker in one or more written statements the following information: (1) the workers total earnings for the pay period; (2) the workers hourly rate and/or piece rate of pay; (3) the hours of employment offered to the worker (showing offers in accordance with the ¾'s guarantee as determined in paragraph (i) of the regulations at 20 CFR sec. 655.122(k), separate from any hours offered over and above the guarantee); (4) the hours actually worked by the worker; (5) an itemization of all deductions made from the worker's wages; (6) If piece rates are used, the units produced daily; (7) beginning and ending dates of the pay period; (8) the employer's name, address, and FEIN.

e. Workers with school age children who have migrated with such children and who depart in time to return home for the beginning of the school year shall be paid, in addition to the basic wages, any bonus or other incentive payments or other expenses to which they would be entitled had they stayed the entire job order period.

Item 19: Transportation

Employer agrees to reimburse inbound transportation and subsistence expenses ($11.58 per day minimum to a maximum of $46.00 per day) to each worker, or any person, government agency or private organization which, on behalf of the worker has paid or advanced such transportation and subsistence expenses, from the place from which the worker has come to work for the employer, whether in the U.S. or abroad to the place of employment, after the worker has completed 50% of the stipulated period of employment, from initial date of need or from the day after actual arrival of worker if later than the stated date to report.

a. Employer will provide or pay the cost of return transportation and subsistence to each worker who completes the employment period, or who is terminated for medical reasons, or as the result of fire, weather or an Act of God (as determined by the Certifying Officer), from place of employment to place of recruitment, except if the worker prefers not to return to his place of recruitment and has subsequent employment with an employer – see Item 17 (c) above. Employer will not be responsible for providing return cost of transportation and subsistence from place of employment to place of recruitment if the worker voluntarily abandons the job or is terminated for cause and employer provides timely notification to the NPC and DHS.
b. The amount of the transportation payment will be equal to the most economical and reasonable similar common carrier transportation charges for the distance involved. All transportation provided by the employer will be by common carrier or other transportation facilities which conform to the applicable regulations of the Interstate Commerce Commission or the United States Department of Labor. The amount of daily subsistence will be in accordance with current rates published in the *Federal Register* (for workers with and without receipts).
c. If requested by the worker, employer will assist in making transportation arrangements.
d. Employer will provide transportation, at no cost to the worker, from the employer provided housing to the actual work site and return at the end of the day.

Item 20: Workers' Compensation

The employer assures that employers will provide the required insurance for injuries arising out of and in the course of employment. Employer's proof of insurance coverage will be provided to the Chicago Processing Center before certification is granted.

Farm:	Policy:	Issued by :
Rexcroft Farm	Z-2304 759-0	NYSIF
The Gade Farm	A-398 520-7	NYSIF
Becker's Farm	Z- 996 243-2	NYSIF
Altamont Orchards, Inc	Z-523 595-7	NYSIF
Burger's Farm	Z-406 631-2	NYSIF
DeForge Farm & Greenhouse, Inc	Z-2173 783-8	NYSIF

Item 23: Tools and Equipment

The employer will furnish without cost all tools, supplies, or equipment required in the performance of work.

B: OTHER CLARIFICATIONS AND ASSURANCES

1. The employer agrees to abide by the regulations at 20 CFR 653.501 and 20 CFR 655.135.
2. The employer will expeditiously notify the State agency by telephone immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over-recruitment, or other factors have changed the terms and conditions of employment.
3. Outreach workers shall have reasonable access to the worker in the conduct of outreach activities pursuant to 20 CFR 653.501(xvi).
4. Where appropriate, the employer is certified in the use and application of pesticides per Federal Environmental Protection Agency and State Department of Environmental Conservation requirements. The employer assures that workers hired under this order who will be handling pesticides will be provided appropriate training.
5. The employer will provide to an H-2A worker no later than the time at which the worker applies for the visa, or to a worker in corresponding employment no later than on the day work commences, a copy of the work contract between the employer and the workers in a language understood by the worker

Employer Signatures:

Dan King
Owner, Rexcroft Farm

James Gade
Partner, Gade Farm, LLC

David Becker
Owner, Becker's Farm, LLC

Ray W. Burger
Owner, Burger's Farm

John DeForge
President, DeForge Farm and Greenhouse, Inc

Jim Abbruzzese
Secretary/Treasurer, Altamont Orchards, Inc

11-2014

To: NYS Dept. of Labor
Foreign labor Certification Unit-H2A
State Office campus
Building 12, Room 200
Albany, NY 12240

USDOL – ETA
OFLC – Chicago National Processing Center
11 West Quincy Court
Chicago, IL 60604

Date: November 15, 2014

From: Rexcroft Farm, 389 Leeds-Athens Rd., Athens, NY 12015
The Gade Farm, LLC, 2479 Western Avenue, Altamont, NY 12009
Becker's Farm, 420 Columbia Turnpike, Rensselaer, NY 12144
Altamont Orchards, Inc, 6654 Dunnsville Rd., Altamont, NY 12009
Burger's Farm, 1221 Ferry Rd., Schenectady, NY 12309
DeForge Farm & Greenhouse, Inc, 216 Vly Road, Schenectady, NY 12309

Dear Madam/Sir:

This letter is to inform you that our agent will be:
H2Express, Inc, 3007 County Route 20, Hudson, NY 12534.
Phone 518-697-5002. Fax 866-210-1791. Cell 518-451-0109 email h2express@yahoo.com
Please send all correspondence to them.

Thank You,

Steven Alan McKay
Agent

Dan King
Owner, Rexcroft Farm

James Gade
Partner, Gade Farm, LLC

David Becker
Owner, Becker's Farm, LLC

ROY Ray W. Burger
RWB Owner, Burger's Farm

John DeForge
President, DeForge Farm and Greenhouse, Inc

Jim Abbruzzese
Secretary/Treasurer, Altamont Orchards, Inc

From: Rexcroft Farm, 389 Leeds-Athens Rd., Athens, NY 12015

The Gade Farm, LLC, 2479 Western Avenue, Altamont, NY 12009

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Burger's Farm, 1221 Ferry Rd., Schenectady, NY 12309

DeForge Farm & Greenhouse, Inc, 216 Vly Road, Schenectady, NY 12309

Date: November 15, 2014

To: H2A Program Unit
USDOL, ETA
OFLC, Chicago Natl. Proc. Center
11 West Quincy Court
Chicago, IL 60604

RE: Workers' Compensation Policy Assurances

Dear Reviewing Agent:

This letter will certify that we currently have, and will maintain workmen's compensation insurance through the duration of our H2A contract which expires December 15, 2015.

Sincerely,

Dan King

Owner, Rexcroft Farm

James Gade

Partner, Gade Farm, LLC

David Becker

Owner, Becker's Farm, LLC

Rey W. Burger
ROY

Owner, Burger's Farm

John DeForge

President, DeForge Farm and Greenhouse, Inc

Jim Abbruzzese

Secretary/Treasurer, Altamont Orchards, Inc

NOTICE OF COMPLIANCE

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is incompliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES
Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
*Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604
Buffalo, 14202 - 369 Franklin Street - (866) 211-0645
*Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
*New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
*Peekskill, 10566 - 41 North Division St. - (866) 746-0552
*Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730
*DOWNSTATE MAIL ADDRESS
Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to:
PO Box 5205 Binghamton, NY 13902-5205

AVISO DE CUMPLIMIENTO

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 dias de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionadacon el trabajo, usted puede escoger cualquier médico, podiatra, quiropractico ó psicologo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Juntade Compensacion Obrera. Sin embargo, si su patrono está autorizado a participar una organizacion certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquier de estos programas establecidos por ley estan obligadosa proveer a sus empleados notificacion escrita explicando sus derechos y obligaciones bajo el programa a que esté acodido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete dias, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningun proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuniquese con la oficina mas cercana de la Junta.

Robert E. Beloten
Robert E. Beloten
Chair (Presidente)

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensacion Obrera, cuandos debidos, seran pagados por):

THE STATE INSURANCE FUND
199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From 1/01/2013 To cancellation
(En Vigor Desde) (Hasta cancellation)

Policy No. A 398 520-7
(Poliza No.)

Name of employer (Nombre de patrono)

THE GADE FARM LLC
2479 WESTERN AVE
ALTAMONT NY 12009

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

C-105 (08-2009)
S. I. F. U-30
U105IF/SN
PRESCRIBED BY CHAIR WORKERS' COMPENSATION BOARD STATE OF NEW YORK
www.wcb.state.ny.us

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

www.wcb.ny.gov
Statewide Fax Line: 877-533-0337

NOTICE OF COMPLIANCE

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is incompliance with the Workers' Compensation Law.

2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.

3. You are entitled to obtain any necessary medical treatment and should do so immediately.

4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.

5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.

6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.

7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.

8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.

9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

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Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604
Buffalo, 14202 - 369 Franklin Street - (866) 211-0646
*Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
*New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
*Peekskill, 10566 - 41 North Division St. - (866) 746-0552
*Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

***DOWNSTATE MAIL ADDRESS** Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: PO Box 5205 Binghamton, NY 13902-5205

AVISO DE CUMPLIMIENTO

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.

2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.

3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.

4. Para el tratamiento de cualquier lesión o enfermedad relacionadacon el trabajo, usted puede escoger cualquier medicó, podiatra, quiropractico o psicologo (si es referido por un medicó autorizado) que está autorizado y acepta pacientes de la Juntade Compensación Obrera. Sin embargo, si su patrono está autorizado a participar una organizacion certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquier de estos programas establecidos por ley estan obligadosa proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que está acogido.

5. Usted deberá requerir de su Medicó que radique copias de los informes medicos de su caso en la Junta de Compensación Obrera y en la compania de seguros de su patrono, que se indica al final de este forma.

6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulte en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.

7. No pague a ningun proveedor medicó directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.

8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.

9. Si tiene dificultad en conseguir un formulario de reclamación ó necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión ó enfermedad comuníquese con la oficina mas cercana de la Junta.

Robert E. Beloten
Robert E. Beloten
Chair (Presidente)

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuandos debidos, seran pagados por):

THE STATE INSURANCE FUND
199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From (En Vigor Desde) 12/31/2013 To (Hasta) cancellation cancellation

Policy No. (Poliza No.) 2 996 243-2

Name of employer (Nombre de patrono)

BECKER'S FARM LLC
420 COLUMBIA TPKE
RENSSELAER NY 12144

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

C-105 (08-2009)
S. I. F. U-30
U30SF/SN

PRESCRIBED BY CHAIR
WORKERS' COMPENSATION BOARD
STATE OF NEW YORK

www.wcb.ny.gov

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New York State Insurance Fund
Workers' Compensation & Disability Benefits Specialists Since 1914
199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3853

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^ 141686594
ALTAMONT ORCHARDS INC
6654 DUNNSVILLE RD
ALTAMONT NY 120095309

POLICYHOLDER	CERTIFICATE HOLDER
ALTAMONT ORCHARDS INC 6654 DUNNSVILLE RD ALTAMONT NY 120095309	NYS DOL DIV OF LBR STDRDS PERMIT & CERT UNIT BLDG 12 STATE OFFICE CAMPUS RM 288B ALBANY NY 12240

POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE
Z 523 595-7	957464	12/31/2013 TO 12/31/2015	10/17/2014

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 523 595-7 UNTIL 12/31/2015, 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.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 12/31/2015 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

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.

NEW YORK STATE INSURANCE FUND

DIRECTOR INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at https://www.nysif.com/cert/certval.asp or by calling (888) 875-5790
VALIDATION NUMBER: 874656633

635/CD61678 20/461

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

www.wcb.ny.gov
Statewide Fax Line: 877-533-033

NOTICE OF COMPLIANCE

TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is incompliance with the Workers' Compensation Law.

2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.

3. You are entitled to obtain any necessary medical treatment and should do so immediately.

4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.

5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.

6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.

7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.

8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.

9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES
Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
*Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Binghamton, 13901 - State Office Bldg.-44 Hawley St.- (866) 802-3604
Buffalo, 14202 - 369 Franklin Street - (866) 211-0645
*Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 661-5954
*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
*New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
*Peekskill, 10566 - 41 North Division St. - (866) 749-0562
*Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

*DOWNSTATE MAIL ADDRESS Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: PO Box 5205 Binghamton, NY 13902-5205

AVISO DE CUMPLIMIENTO

A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

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Robert E. Beloten
Chair (Presidente)

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THE STATE INSURANCE FUND
199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From (En Vigor Desde) 12/31/2013 To (Hasta) cancellation cancellation

Policy No. (Poliza No.) Z 406 631-2

Name of employer (Nombre de patrono)

ROY W BURGER
1221 FERRY RD
SCHENECTADY NY 12309

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

C-105 (08-2009)
S.I.F. 11-30
PRESCRIBED BY CHAIR

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

NOTICE OF COMPLIANCE
TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

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3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
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WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway-Menands - (866) 780-5157
*Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (866) 877-1373
Binghamton, 13901 - State Office Bldg. - 44 Hawley St. - (866)802-3604
Buffalo, 14202 - 369 Franklin St. - (866) 211-0643
*Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 881-5384
*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
*New York, 10027 - 215 W. 125th St. - Manhattan - (866) 877-1373
*Peekskill, 10566 - 41 North Division St. - (866) 746-2352
*Queens, 11432 - 168-46 91st Ave. - Jamaica (866) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730
*DOWNSTATE MAIL ADDRESS
Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to:
PO Box 5205 Binghamton, NY 13902-5205 Statewide Fax: 877-533-0337

AVISO DE CUMPLIMIENTO
A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCCUPACIONAL MIENTRAS TRABAJAN.

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5. Usted deberá requerir de su Médico que radique copies de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
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ROBERT E. BELOTEN CHAIR/PRESIDENTE

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensacion Obrera, cuando debidos, seran pagados por):

THE STATE INSURANCE FUND
199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From 12/31/2013 To Cancellation
(En Vigor Desde) (Hasta Cancellation)

Policy No. 2 2304 759-0
(Poliza No.)

Name of employer (Nombre del patrono)

REXCROFT FARM LLC

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a $250 penalty for each violation.

C-105 (8-09)
S. I. F. U-30e
*080812/IP

PRESCRIBED BY CHAIR
WORKERS' COMPENSATION BOARD
STATE OF NEW YORK

www.wcb.state.ny.us

THE STATE INSURANCE FUND

199 Church St, New York, NY, 10007-1100
(888) 875-5790

Document Type:	Group No:	Period Covered: *	R.B. File No:
INFORMATION PAGE	486	12/31/2013 TO 12/31/2014	

INSURED: Z 2173 783-8

DEFORGE FARM & GREENHOUSE INC
216 VLY RD
SCHENECTADY NY 12309

GROUP MANAGER: 486

NEW YORK FARM BUREAU
SAFETY GROUP
159 WOLF ROAD PO BOX 5330
ALBANY NY 12205-0330

Policy No:
Z 2173 783-8
Date:
11/18/2013
Document Number:
z670 767

MP 925

*PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSUREDS. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

THIS POLICY IS ASSIGNED TO GROUP 486 AND IS SUBJECT TO ITS RULES AND REGULATIONS AND AS PER ENDORSEMENT U-258 ATTACHED TO THIS POLICY AND ANY AMENDMENTS THERETO.

61 12/02/2011

THE POLICY DOES NOT COVER BODILY INJURY TO YOUR SPOUSE AND/OR MINOR CHILDREN IF YOU ARE A FARMER NAMED AS AN INSURED IN THE INFORMATION PAGE. YOUR SPOUSE AND/OR MINOR CHILDREN ARE EXEMPT FROM THE NEW YORK WORKERS COMPENSATION LAW UNLESS YOU ENGAGE THEM UNDER AN EXPRESS CONTRACT OF HIRE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF YOUR SPOUSE AND/OR MINOR CHILDREN. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSONS. THIS ENDORSEMENT DOES NOT APPLY TO ANY CORPORATION NAMED AS AN INSURED IN THE INFORMATION PAGE.

63 12/02/2011

THE POLICY COVERS BODILY INJURY TO FARM LABORERS, RECRUITED OR SUPPLIED BY A FARM LABOR CONTRACTOR, WHILE WORKING ON A FARM OF WHICH YOU ARE OWNER OR LESSEE. THE NEW YORK WORKERS COMPENSATION LAW DEEMS SUCH FARM LABORERS TO BE YOUR EMPLOYEES. THE PREMIUM BASIS OF THE

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