

**WARREN COUNTY CONTRACT**

# Warren County Sheriff's Office

1400 State Route 9  
Lake George, New York 12845

**Jim LaFarr**  
Sheriff



**Terry Comeau**  
Undersheriff

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Communications  
(518) 743-2500

Corrections  
(518) 743-3541

Administration  
(518) 743-2518

Civil Office  
(518) 743-2581

Central Records  
(518) 743-2587

Green Haven Correctional Facility  
P.O. Box 4000  
Stormville, New York 12482-4000

ATT: Inmate George Dahlbender

Enclosed is Freedom of Information Law – FOIL Response. After reading your request the only system we have at our facility is GTL Phone system. At this time we do not have tablets or video visitation. Once I receive a money order for your request I'll send you're the three page contract.

Sincerely

A handwritten signature in black ink, appearing to read "Wayne R. Farmer", is written over a horizontal line.

Lt. Wayne R. Farmer #220

Warren County Sheriff's Office  
1400 State Route 9, Lake George NY 12845  
**Freedom of Information Law - FOIL Response**

Records Requested by:

Name: George Dahlbecker Phone #: \_\_\_\_\_  
Address: Green Haven Correctional Facility  
594 Rte. 216 Stormville NY 12882  
E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Your Freedom of Information Law (FOIL) request for records has been received and reviewed. Pursuant to the provisions of the New York State Freedom of Information Law, Public Officers Law Article 6, the following action has been taken relative to your request:

- REQUEST APPROVED:** 3 pages of records are available for release. Portions of the records were DENIED (*redacted*); DOB's, SSN #'s, addresses, and phone listings, to prevent any unnecessary invasion of personal privacy. The redacted records have been compiled and will be released upon payment of \$ .75.

Please return a personal check or money order in the amount above, payable to the Warren County Treasurer, to the following address:

WARREN COUNTY SHERIFF'S OFFICE  
ATTN: Lt. Wayne R. Farmer  
1400 STATE ROUTE 9  
LAKE GEORGE, NY 12845

**REQUEST DENIED (BASED UPON):**

- Disclosure would constitute an unwarranted invasion of personal privacy;
- Records are compiled for law enforcement purposes, and if disclosed, would interfere with law enforcement investigations (*active criminal investigation*);
- Records are compiled for law enforcement purposes, and if disclosed, would interfere with judicial proceedings (*case is pending in court*);
- Records are compiled for law enforcement purposes, and if disclosed, would disclose confidential information relating to a criminal investigation;
- Records are compiled for law enforcement purposes, and if disclosed, would reveal criminal investigative techniques or procedures;
- Disclosure of records would endanger the life or safety of any person;
- Exemption from disclosure by state or federal statute; or
- Other \_\_\_\_\_

**NO RECORDS ON FILE:** \_\_\_\_\_

**ADDITIONAL TIME IS REQUIRED:** A response will be provided by \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 8/5/2020

# Warren County Board of Supervisors

## RESOLUTION NO. 70 OF 2017

RESOLUTION INTRODUCED BY SUPERVISORS MONTESI, GERAGHTY, GIRARD, BROCK, SIMPSON, VANSELOW, BRAYMER, SEEGER AND MACDONALD

EXTENDING AGREEMENT WITH GLOBAL TEL\*LINK CORPORATION  
FOR INMATE BLOCK TELEPHONES WITHIN THE WARREN COUNTY CORRECTIONAL  
FACILITY FOR THE SHERIFF'S OFFICE

RESOLVED, that Warren County extends the agreement (previously authorized by Resolution No. 745 of 2009 ) with Global Tel\*Link Corporation, 12021 Sunset Hills Road, Suite 110, Reston, Virginia 20190, for inmate block telephones within the Warren County Correctional Facility, providing the County with a commission, for a term commencing on February 3, 2016 and renewing automatically until such time as the agreement is terminated by either party, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an extension agreement in a form approved by the County Attorney.

CONTRACT EXTENSION BETWEEN COUNTY OF WARREN AND  
GLOBAL TEL\*LINK CORPORATION

The COUNTY OF WARREN and GLOBAL TEL\*LINK CORPORATION hereby agree to extend their previous agreement dated February 2, 2010 and extension agreement dated March 4, 2015, for inmate block telephones within the Warren County Correctional Facility, commencing February 3, 2016 and continuing for successive one year terms and renewing automatically until such time as the agreement is terminated by either party with 90 days notice, upon the same terms and conditions set forth in the agreement and agreement to be extended, with the following exception:

The first sentence of Section "4" shall be amended to read:

"Remuneration shall be determined annually as a percentage of the gross revenue billed or prepaid for phones covered by this agreement."

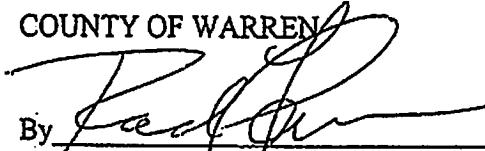
Other than as set forth above, the parties do not intend to change any other term, condition or provision of the original agreement. The agreement dated February 2, 2010 shall continue to remain in full force and effect between the parties as amended hereby.

This agreement constitutes the full understanding of the parties as to the amendment of the aforesaid agreement. This amendment of agreement may not be modified except by further written agreement executed by the parties.

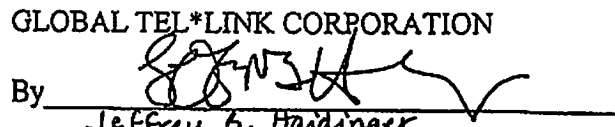
IN WITNESS WHEREOF, this amendment agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

  
Assistant Warren County Attorney

COUNTY OF WARREN  
By   
RONALD F. CONOVER, CHAIRMAN  
Board of Supervisors

Date 2-21-17

GLOBAL TEL\*LINK CORPORATION  
By   
Jeffrey B. Handinger  
Title: President - COO

Date 3/1/17



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/29/2018

Holder Identifier :

Certificate No. : 570072863009

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

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

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA Office 3550 Lenox Road NE Suite 1700 Atlanta GA 30326 USA	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (866) 283-7122      FAX (A/C, No.): (800) 363-0105	
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Global Tel*Link Corporation GTEL Holdings, Inc. 107 St Francis St 2nd Floor Mobile AL 36602 USA	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Great Northern Insurance Co.	NAIC # 20303
	<b>INSURER B:</b> Chubb National Ins Co	NAIC # 10052
	<b>INSURER C:</b> Federal Insurance Company	NAIC # 20281
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER: 570072863009**      **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.      Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors and Omissions - Claims Made <input checked="" type="checkbox"/> Deductible - Each Claim \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35833545	09/01/2018	09/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Errors & Omissions \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	1971725786 1971750223	09/01/2018 09/01/2018	09/01/2019 09/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Warren County NY is included as Additional Insured in accordance with the policy provisions of the General Liability policy. The General Liability evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions.

**CERTIFICATE HOLDER**      **CANCELLATION**

Warren County NY * Warren County Attorney's Office 1340 State Road 9 Lake George NY 12845 USA	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 <i>Aon Risk Services South Inc</i>
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