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 the three page contract.

Sincerely

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 Dahlbader
Address: Essex House Correctional Facility
E-mail: 
Phone #: 
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: 8/15/2020

CR-08 1/20
Warren County Board of Supervisors

Resolution No. 70 of 2017

Resolution introduced by Supervisors Montesi, Geraghty, Girard, Brock, Simpson, Vanselow, Braymer, Seeber 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:

[Signature]
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. Haiderer
Title: President & COO

Date: 3/1/17
# Certificate of Liability Insurance

**Date:** 06/23/2018

**Producer:**
Aon Risk Services South, Inc.
Atlanta GA office
3550 Lenox Road NE
Suite 1700
Atlanta GA 30326 USA

**Insured:**
Global TeleLink Corporation
107 St Francis St 32nd Floor
Mobile AL 36602 USA

**Contact:**
**Phone:** (866) 283-7122
**Fax:** (800) 383-0105
**Email:**

**Insurer(s) Affording Coverage:**

<table>
<thead>
<tr>
<th>Insurer</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Great Northern Insurance Co.</td>
<td>20303</td>
</tr>
<tr>
<td>Chubb National Ins Co</td>
<td>10052</td>
</tr>
<tr>
<td>Federal Insurance Company</td>
<td>20281</td>
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</table>

**Certificate Number:** 570072863009

**Revision Number:**

**Coverages:**

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.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date</th>
<th>Each Occurrence</th>
<th>Limits</th>
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</thead>
<tbody>
<tr>
<td><strong>A</strong> Commercial General Liability</td>
<td></td>
<td>06/01/2018 - 05/31/2019</td>
<td>$1,000,000</td>
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<tr>
<td><strong>X</strong> Errors and Omissions - Claims Made</td>
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| **X** Deductible - Each Claim $500,000 | |

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<thead>
<tr>
<th>General Aggregate Limit Applies Per:</th>
<th>Policy</th>
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<th>Location</th>
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<tbody>
<tr>
<td>Errors &amp; Omissions</td>
<td>$1,000,000</td>
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**B** Auto Liability

<table>
<thead>
<tr>
<th>Any Auto</th>
<th>Owned Autos Only</th>
<th>Hired Autos Only</th>
<th>Umbrella Liability</th>
<th>Excess UMBrella</th>
<th>Occur</th>
<th>Claims Made</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th><strong>B</strong></th>
<th>Policy Number</th>
<th>Effective Date</th>
<th>Each Occurrence</th>
<th>Limits</th>
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<tr>
<td>Owned Autos Only</td>
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**C** Workers' Compensation and Employer's Liability

<table>
<thead>
<tr>
<th>Any Proprietor/Partner/Executive Officer/Member/Employee (At Risk)</th>
<th>Single Person</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Operations below</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Operations/Location/Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):**

Warren County NY is included as Additional Insured as provided in the policy provisions of the General Liability policy. The General Liability coverage 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:**
Warren County NY
A. Warren County Attorney's Office
1340 State Road 9
Lake George NY 12845 USA

**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:**
Aon Risk Services South, Inc.

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