

**APPENDIX C**  
**CERTIFICATE OF INSURANCE**  
**INSTRUCTIONS**

- A. Agent's / Broker's name and address.
- B. Your business name and address.
- C. Name of insurance companies issuing your policies, which companies must meet the requirements set forth in the Procedures.
- D. The minimum insurance coverage you must carry is either Option 1 or Option 2 below:

**Option 1**

- **Comprehensive General Liability** insurance with a broad form endorsement, a minimum combined single limit coverage for bodily injury and property damage of not less than one million (\$1,000,000.00) dollars on a per occurrence basis and an aggregate of at least two million (\$2,000,000) dollars; and
- **Automobile Liability** insurance covering **all owned, non-owned or hired vehicles** with a minimum combined single limit coverage of not less than one million (\$1,000,000.00) dollars on a per occurrence basis; and
- **Workers' Compensation Insurance** in such amounts as required by Connecticut law or certificate of self-insurance issued by the State of Connecticut's Board of Compensation Commissioners pursuant to Section 31-284 of the Connecticut General Statutes; and
- **Employer's Liability Insurance** with a minimum combined single limit coverage of not less than five hundred thousand (\$500,000.00) dollars.

**Option 2**

- **Umbrella /Excess Liability Insurance** with coverage of one million (\$1,000,000.00) dollars per occurrence, underlying both general liability and automobile liability insurances; and
- **Comprehensive General Liability** insurance with a broad form endorsement, a minimum combined single limit coverage for bodily injury and property damage of

not less than five hundred thousand (\$500,000.00) dollars on a per occurrence basis and an aggregate of at least one million (\$1,000,000) dollars; and

- **Automobile Liability** insurance covering **all owned, non-owned or hired vehicles** with a minimum combined single limit coverage of not less than five hundred thousand (\$500,000.00) dollars on a per occurrence basis; and
- **Workers' Compensation Insurance** in such amounts as required by Connecticut law or certificate of self-insurance issued by the State of Connecticut's Board of Compensation Commissioners pursuant to Section 31-284 of the Connecticut General Statutes; and
- **Employer's Liability Insurance** with a minimum combined single limit coverage of not less than one hundred thousand (\$100,000.00) dollars.

E. HARRA **and all HARRA municipalities in which the hauler/collector works** must be listed as additional insureds on all policies except those for workers' compensation and employer's liability insurance.

F. HARRA must receive notice at least 30 days prior to cancellation of insurance policies.

G. HARRA must have the original certificate bearing the original signature.

H. HARRA's name and address must appear as follows:

Housatonic Resources Recovery Authority

Old Town Hall

**162 Whisconier Road**

Brookfield, CT 06804