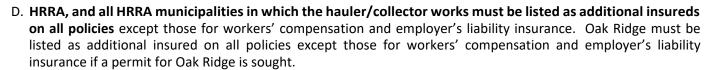
## Housatonic Resources Recovery Authority CERTIFICATE OF INSURANCE - INSTRUCTIONS

- A. Agent's / Broker's name, address, and fax number.
- B. Your business name and address.
- C. Name of insurance companies issuing your policies.



Sample language: The Housatonic Resources Recovery Authority (HRRA), all HRRA member municipalities, and Oak Ridge Transfer Stations, LLC are all additional insureds under the General Liability and Automobile Liability policies.

- F. The Named Insured must include the name of the Company to be permitted by HRRA as well as the owner's name listed on the motor vehicle registration of any and all permitted vehicles.
- G. HRRA must receive notice at least 30 days prior to cancellation of insurance policies.
- H. HRRA must have the original certificate bearing the original signature.
- HRRA's name and address must appear as follows:
   Housatonic Resources Recovery Authority, Old Town Hall, 162 Whisconier Road, Brookfield, CT 06804

## **Insurance Coverage Requirements:**

**Commercial General Liability** insurance policy that includes products, operations and completed operations.

- Limits should be at least: Bodily injury & property damage with an occurrence limit of \$1,000,000; Personal & advertising injury limit of \$1,000,000 per occurrence; General aggregate limit of \$2,000,000 (other than products and completed operations); Products and completed operations aggregate limit of \$2,000,000.
- Such coverage will be provided on an occurrence basis and will be primary and shall not contribute in any way to any insurance or self-insured retention carried by the additional insureds.
- Such coverage shall contain a broad form contractual liability endorsement or similar wording within the policy form; and

## **Automobile Liability**

Option A: Symbol 1 (Any Auto)

Option B: Symbols 2; 8; 9 (Owned, Hired, Non-Owed)
Option C: Symbols 7; 8; 9 (Scheduled, Hired, Non-Owed)

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 limits no less than \$500,000 each accident by bodily injury; \$500,000 each accident by disease; and a policy limit of \$500,000





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER

The "producer" is your agent/broker

The "producer" is your agent/broker

ADDITIONAL INSURED provisions or be endorsed.

CONTACT
NAME: Contact of Agent/Broker

PRODUCER

CONTACT
NAME: Contact of Agent/Broker

PRODUCER

ADDRESS: Email Address of Agent/Broker

INSURER E :

or your insurance carrier.

INSURER(S) AFFORDING COVERAGE

INSURER A: General Liability Carrier

INSURER B: Auto Liability Carrier (if different)

INSURER C:

INSURER D:

Full entity name here (including any D.B.A, LLC, Inc)

COVERAGES CERTIFICATE NUMBER: CL2082406761 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR   IADDLISUBR   POLICY EFF   POLICY EFF   POLICY EFF									
INSR LTR	INSR TYPE OF INSURANCE				POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
LIK	X	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(WIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ Included
		OTHER:							\$
	AUTOMOBILE LIABILITY  ANY AUTO			Accepted Symbol Options:				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					A - Symbol 1 (Any Auto	BODILY INJURY (Per person)	\$		
	X	AUTOS ONLY HIRED  AUTOS NON-OWNED	Option B - Symbol 2;8;9 (Owed, Hired, Non-owned) Option C - 7;8;9 (Scheduled, Hired, Non-owed)					BODILY INJURY (Per accident)	\$
	X							PROPERTY DAMAGE (Per accident)	\$
			Οþ	tion	<b>C - 7,8,9</b> (Scheduled, Hir	ea, Non-ow	vea)		\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	-	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
	ANY	OPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE HOUSATONIC RESOURCES RECOVERY AUTHORITY (HRRA), ALL HRRA MEMBER MUNICIPALITIES, AND OAK RIDGE TRANSFER STATIONS, LLC ARE ALL ADDITIONAL INSUREDS UNDER THE **GENERAL <u>AND</u> AUTO** LIABILITY POLICY .

CERTIFICATE HOLDER	CANCELLATION			
HRRA is the certificate holder				
	AUTHORIZED REPRESENTATIVE			
CT 06804				

© 1988-2015 ACORD CORPORATION. All rights reserved.