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.
- D. HRRA, and all HRRA 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. Oak Ridge must be listed as additional insured on all policies except those for workers' compensation and employer's liability insurance if a permit for Oak Ridge is sought.

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.
- I. 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



ACOND	

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).												
REODUCER												
		The "produc	•	-	nt/bro	oker	(A/C, No, Ext)# OT Agent/ DTOKET (A/C, No):					
or your insurance carrier.					ADDREss: Email Address of Agent/Broker							
						INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED						INSURER A: General Liability Carrier INSURER B: Auto Liability Carrier (if different)						
		Full entity na					INSURER C :					
		(including ar	ny D.B.A, Ll	_C,	Inc)							
								INSURER E :				
co	VER	AGES	CER	TIFIC	TIFICATE NUMBER: CL208240676					REVISION NUMBER:		
						LISTED BELOW HAVE BEEN	ISSUE	TO THE INSU			RIOD	
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 LTR		TYPE OF INSUR	ANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	COMMERCIAL GENERA	L LIABILITY					, ,	, , ,	EACH OCCURRENCE	\$ 1,00	0,000
		CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<mark>\$ 100</mark>	000
										MED EXP (Any one person)	\$ <mark>5,00</mark>	0
A				Y						PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEI	N'L AGGRE <u>GATE</u> LIMIT APP	PLIES PER:							GENERAL AGGREGATE	φ '	0,000
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	_{\$} Inclu	ıded
		OTHER:									\$	
	AUTOMOBILE LIABILITY Accepted Symbol Option				IS:			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
					A - Symbol 1 (Any)		BODILY INJURY (Per person)	n) \$		
	A AUTOS ONLY A AUTOS			- Symbol 1 (Any Auto) - Symbol 2;8;9 (Owed, Hired, Non-owned)				BODILY INJURY (Per accident)	dent) \$			
HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			Option C - 7;8;9 (Scheduled, Hired, Non-owed)					PROPERTY DAMAGE (Per accident)	\$			
				C - 7;8;9 (Schedule	a, Hire	ea, Non-ov	ved)	\$				
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$										\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N								PER OTH- STATUTE ER				
	ANY	PROPRIETOR/PARTNER/I	EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$			
		CRIPTION OF OPERATION	NS below							E.L. DISEASE - POLICY LIMIT	\$	
	I			I		I				<u> </u>	I	
						101, Additional Remarks Schedul						
THE HOUSATONIC RESOURCES RECOVERY AUTHORITY (HRRA), ALL HRRA MEMBER MUNICIPALITIES,												
AND OAK RIDGE TRANSFER STATIONS, LLC ARE ALL ADDITIONAL INSUREDS UNDER THE												
GENERAL AND AUTO LIABILITY POLICY .												
CERTIFICATE HOLDER CANCELLATION												
	_			_	_							
Ι.	-											
HRRA is the certificate holder												
	AUTHORIZED REPRESENTATIVE											
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