



**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. **HRRRA, and all HRRRA 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 (HRRRA), all HRRRA 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 HRRRA as well as the owner's name listed on the motor vehicle registration of any and all permitted vehicles.
- G. HRRRA must receive notice at least 30 days prior to cancellation of insurance policies.
- H. HRRRA must have the original certificate bearing the original signature.
- I. HRRRA'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

