

**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, Interstate Waste Services, Inc, Oak Ridge Transfer Stations, LLC, and all subsidiaries 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



# 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 or your insurance carrier.	CONTACT NAME: <b>Contact of Agent/Broker</b>	
	PHONE (A/C, No, Ext): <b># of Agent/Broker</b>	FAX (A/C, No):
	E-MAIL ADDRESS: <b>Email Address of Agent/Broker</b>	
INSURED  Full entity name here (including any D.B.A, LLC, Inc)	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>General Liability Carrier</b>	
	INSURER B: <b>Auto Liability Carrier (if different)</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y					EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>Included</b>
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							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 (HARRA), ALL HARRA MEMBER MUNICIPALITIES, INTERSTATE WASTE SERVICES, INC, OAK RIDGE TRANSFER STATION, LLC AND ALL SUBSIDIARIES ARE ALL ADDITIONAL INSURED UNDER THE GENERAL AND AUTO LIABILITY POLICY

## CERTIFICATE HOLDER

## CANCELLATION

HARRA is the certificate holder

CT 06804

AUTHORIZED REPRESENTATIVE