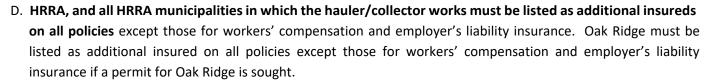
Housatonic Resources Recovery Authority CERTIFICATE OF INSURANCE - INSTRUCTIONS

- 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, 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.
- 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.

The "producer" is your agent/broker

Or your insurance carrier.

INSURED Full entity name here

(including any D.B.A, LLC, Inc)

E-MAIL
ADDRESS: Email Address of Agent/Broker

INSURER(S) AFFORDING COVERAGE

INSURER A: General Liability Carrier

INSURER B: Auto Liability Carrier (if different)

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.

NSR TR	TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER (M		POLICY EFF	POLICY EXP	LIMITS	
K	CLAIMS-MADE OCCUR	INSD WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		\$ 1,000,000 \$ 100,000
A		Y				MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000,000
-	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					GENERAL AGGREGATE	\$ 2,000,000 \$ Included
	POLICY JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	\$
-	ANY AUTO	Accepted Symbol Options: Option A - Symbol 1 (Any Auto) Option B - Symbol 2;8;9 (Owed, Hired, Non-owned)			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ 1,000,000 \$	
					BODILY INJURY (Per accident)	\$	
ŀ	HIRED AUTOS ONLY AUTOS ONLY	Option C - 7;8;9 (Scheduled, Hired, Non-owed)				PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE AGGREGATE	\$
	DED RETENTION \$						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A				PER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$
	DESCRIPTION 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, INTERSTATE WASTE SERVICES, INC, OAK RIDGE TRANSFER STATION, LLC AND ALL SUBSIDIARIES ARE ALL ADDITIONAL INSUREDS UNDER THE GENERAL AND AUTO LIABILITY POLICY

CERTIFICATE HOLDER	CANCELLATION
HRRA is the certificate holder	
	AUTHORIZED REPRESENTATIVE
CT 06	6804

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