

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A

INSURED

COMPANY
B

COMPANY
C

COMPANY
D

INDIVIDUAL POLICY COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM, CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, & CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/YY/DD)	MINIMUM REQUIRED: \$1,000,000.00	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY INSURANCE <input type="radio"/> CLAIMS MADE <input checked="" type="radio"/> OCCURRENCES				GENERAL AGGREGATE	\$ 2,000,000.00
					PRODUCTS : COMP/OP AGG	
					PERSONAL/ADV INJURY	\$ 1,000,000.00
					EACH OCCURRENCE	\$ 1,000,000.00
					FIRE DAMAGE : ANY 1 FIRE	\$ 50,000.00
					MEDICAL EXP : ANY 1 INDIV.	\$ 1,000.00
	<input type="checkbox"/> AUTOMOBILE AND VEHICLE INSURANCE [ANY & ALL VEHICLES]				COMBINED SINGLE LIMIT	\$ 1,000,000.00
					BODILY INJ. PER PERSON	
					BODILY INJ. PER ACCIDENT	\$ 1,000,000.00
					PROPERTY DAMAGE	\$ 1,000,000.00
	<input type="checkbox"/> EXCESS LIABILITY <input checked="" type="radio"/> UMBRELLA FORM <input type="radio"/> OTHER THAN UMBR.				EACH OCCURRENCE	\$ 10,000,000.00
					AGGREGATE	\$ 10,000,000.00
					OTHER (SPECIFY BELOW)	
	<input type="checkbox"/> WORKERS' COMP. EMPLOYERS' LIABILITY				<input checked="" type="radio"/> WC STATUTORY LIMITS <input type="radio"/> OTHER	
					EMP LIAB : EACH ACCIDENT	\$ 100,000.00
					EMP LIAB : DISEASE POL. LIM.	\$ 500,000.00
					EMP LIAB : DISEASE EA. EMP.	\$ 100,000.00
	<input type="checkbox"/> ADDITIONAL COVERAGES <input type="radio"/> EXCAVATION BOND <input type="radio"/> OTHER				<input type="radio"/> EXCAVATION BOND	\$ 5,000.00
					<input type="radio"/> PROFESSIONAL LIABILITY	\$ 1,000,000.00
					<input type="radio"/> OTHER (SPECIFY) ↓	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPEC. ITEMS

CITY OF WATERBURY IS LISTED AS ADDITIONAL INSURED.
CERTIFICATE HOLDER

CITY OF WATERBURY
236 GRAND STREET
WATERBURY, CT 06702

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO CERTIFICATE HOLDER [AT THE LEFT]. FAILURE TO DO SO, SHALL IMPOSE NO OBLIGATION OR LIABILITY UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE