



# TOWN OF AVON

60 West Main St. Avon, CT 06001-3719  
www.avonct.gov

**POLICE, FIRE & MEDICAL  
EMERGENCY - 911**

**TOWN MANAGER'S OFFICE**  
Tel. (860) 409-4300  
Fax (860) 409-4368

**ASST. to the TOWN MANAGER**  
Tel. (860) 409-4377  
Fax (860) 409-4368

**ACCOUNTING**  
Tel. (860) 409-4339  
Fax (860) 677-2847

**ASSESSOR'S OFFICE**  
Tel. (860) 409-4335  
Fax (860) 409-4366

**BUILDING DEPARTMENT**  
Tel. (860) 409-4316  
Fax (860) 409-4321

**COLLECTOR OF REVENUE**  
Tel. (860) 409-4306  
Fax (860) 677-8428

**ENGINEERING DEPARTMENT**  
Tel. (860) 409-4322  
Fax (860) 409-4364

**FINANCE DEPARTMENT**  
Tel. (860) 409-4339  
Fax (860) 409-4366

**FIRE MARSHAL**  
Tel. (860) 409-4319  
Fax (860) 409-4321

**HUMAN RESOURCES**  
Tel. (860) 409-4303  
Fax (860) 409-4366

**LANDFILL**  
281 Huckleberry Hill Rd.  
Tel. (860) 673-3677

**PLANNING & ZONING**  
Tel. (860) 409-4328  
Fax (860) 409-4375

**POLICE DEPARTMENT**  
Tel. (860) 409-4200  
Fax (860) 409-4206

**PROBATE**  
Tel. (860) 658-3277  
Fax (860) 658-3204

**PUBLIC LIBRARY**  
281 Country Club Road  
Tel. (860) 673-9712  
Fax (860) 675-6364

**PUBLIC WORKS**  
11 Arch Road  
Tel. (860) 673-6151  
Fax (860) 673-0338

**RECREATION AND PARKS**  
Tel. (860) 409-4332  
Fax (860) 409-4334  
Cancellation (860) 409-4365

**REGISTRAR OF VOTERS**  
Tel. (860) 409-4350  
Fax (860) 409-4368

**SOCIAL SERVICES**  
Tel. (860) 409-4346  
Fax (860) 409-4366

**TOWN CLERK**  
Tel. (860) 409-4310  
Fax (860) 677-8428

**TDD-HEARING IMPAIRED**  
Tel. (860) 409-4361

## Documentation Requirements for Permit Town of Avon Recreation and Parks Department

### For an Individual:

Hold Harmless agreement must be signed and received. Should autos be used on Town of Avon property, compliance with Connecticut motor vehicle laws - including maintaining automobile liability coverage - is required.

### For Non-profit Organizations:

Hold Harmless agreement must be signed and received. Certificate of Insurance shall be emailed to [avonrec@avonct.gov](mailto:avonrec@avonct.gov) General Liability shall include:

Each Occurrence - \$1,000,000 Damage to rented Premises- \$10,000  
Personal/Advertising - \$1,000,000  
General Aggregate - \$2,000,000

Should autos be used on Town of Avon property, compliance with Connecticut motor vehicle laws including maintaining automobile liability coverage is required. Commercial automobile liability coverage for owned, hired, or non-owned automobiles with a minimum level of \$1,000,000 combined single limit is required.

### For Corporate and all Others:

Hold Harmless agreement must be signed and received.

Certificate of Insurance shall be emailed to [avonrec@avonct.gov](mailto:avonrec@avonct.gov)

General Liability shall include:

Each Occurrence - \$1,000,000 Damage to rented Premises - \$10,000  
Personal/Advertising - \$1,000,000  
General Aggregate - \$2,000,000

Workers Compensation Coverage shall be present if required by law.

Should autos be used on Town of Avon property, compliance with Connecticut motor vehicle laws including maintaining automobile liability coverage is required. Commercial automobile liability coverage for owned, hired, or non-owned automobiles with a minimum level of \$1,000,000 combined single limit is required.

The Town of Avon shall be included as "Additional Insured" on Permittee's General Liability Coverage, and listed as Certificate Holder in the appropriate Certificate section.

A sample Certificate of Insurance is included on last page for your convenience.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 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<br><br>Agency Name & Address      | CONTACT NAME:                 |                |
|  | PHONE (A/C, No, Ext):         | FAX (A/C, No): |
| INSURED<br><br>Organization Name & Address | E-MAIL ADDRESS:               |                |
|  | INSURER(S) AFFORDING COVERAGE |                |
|  | INSURER A : Insurer Name      |                |
|  | INSURER B :                   |                |
|  | INSURER C :                   |                |
|  | INSURER D :                   |                |
| INSURER E :                                |                               |                |
| INSURER F :                                |                               |                |

COVERAGES CERTIFICATE NUMBER: 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | X         | X        | Policy Number | Eff. Date               | Exp. Date               | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>10,000</b><br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |           |          | Policy Number | Eff. Date               | Exp. Date               | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | X        | Policy Number | Eff. Date               | Exp. Date               | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ <b>100,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>                           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Re: Event, Time, Location, Type, the Town of Avon is included as "Additional Insured" on Permittee's General Liability coverage.**

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Town of Avon<br>60 West Main St.<br>Avon, CT 06001 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | AUTHORIZED REPRESENTATIVE<br><br><i>Signature must appear here</i>  |