



TOWN OF AVON

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

Documentation Requirements for Permit Town of Avon Recreation and Parks Department

For an Individual:

Hold Harmless agreement must be signed and received.

For Non-profit Organizations:

Hold Harmless agreement must be signed and received. Certificate of Insurance shall be emailed to shenry@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

For Corporate and all Others:

Hold Harmless agreement must be signed and received.

Certificate of Insurance shall be emailed to shenry@town.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.

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.

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



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 Agency Name & Address	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <hr/> INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Insurer Name
INSURED Organization Name & Address	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	GENERAL LIABILITY	X	X	Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$10,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$2,000,000
	ANY AUTO						PRODUCTS - COMP/OP AGG \$
	ALL OWNED AUTOS						\$
	HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
	UMBRELLA LIAB						BODILY INJURY (Per accident) \$
	EXCESS LIAB						PROPERTY DAMAGE (Per accident) \$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	Policy Number	Eff. Date	Exp. Date	EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				AGGREGATE \$
							\$
							<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$100,000
							E.L. DISEASE - EA EMPLOYEE \$100,000
							E.L. DISEASE - POLICY LIMIT \$500,000

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.

CERTIFICATE HOLDER Town of Avon 60 West Main St. Avon, CT 06001	CANCELLATION 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 <i>Signature must appear here</i>
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