



Town of Avon
Avon Town Hall
60 West Main Street
Avon, CT 06001
Phone: 860-409-4300
Fax: 860-409-4368

Documentation Requirements for Permit Town of Avon Recreation and Parks Department

Hold Harmless Agreement is included on last page for your convenience. Please print, complete and sign, then scan and email to sbrummert@town.avon.ct.us or return by fax (860-409-4334) or directly.

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 sbrummert@town.avon.ct.us

General Liability shall include:

Each Occurrence - \$1,000,000

Damage to rented Premises - \$100,000

For Corporate and all Others:

Hold Harmless agreement must be signed and received.

Certificate of Insurance shall be emailed to sbrummert@town.avon.ct.us

General Liability shall include:

Each Occurrence - \$1,000,000

Damage to rented Premises - \$100,000

Workers Compensation Coverage shall be present.

The Town of Avon shall be listed as Holder on the Certificate.

The Town of Avon shall be named as an Additional Insured.

CERTIFICATE OF INSURANCE DATE (MM/DD/YYYY)

PRODUCER

Insurance Company

S A M P L E

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

COMPANIES AFFORDING COVERAGE

COMPANY
A

INSURED
3rd Party

S A M P L E

COMPANY
B

COMPANY
C

COMPANY
D

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, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY COMPREHENSIVE FORM	XXXXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	BODILY INJURY OCC	
	<input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD	S A M P L E	S A M P L E	S A M P L E	BODILY INJURY AGG	
	<input type="checkbox"/> PRODUCTS/COMPLETE ORDER CONTRACTUAL				PROPERTY DAMAGE OCC	
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PROPERTY DAMAGE AGG	
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				BI & PD COMBINED OCC	1,000,000
	<input type="checkbox"/> PERSONAL INJURY				BI & PD COMBINED AGG	3,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				PERSONAL INJURY AGG	1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				BODILY INJURY (Per accident)	
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				PROPERTY DAMAGE	
<input type="checkbox"/> HIRED AUTOS	BODILY INJURY & PROPERTY DAMAGE COMBINED					
<input type="checkbox"/> NON-OWNED AUTOS	EACH OCCURRENCE					
<input type="checkbox"/> GARAGE LIABILITY	AGGREGATE					
<input type="checkbox"/> EXCESS LIABILITY	UMBRELLA FORM				<input type="checkbox"/> WC STATUTORY LIMITS	
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					EL EACH ACCIDENT	
<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY					EL DISEASE - POLICY LIMIT	
THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL					EL DISEASE - EA EMPLOYEE	
<input type="checkbox"/> OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
WITH RESPECTS TO GENERAL LIABILITY: TOWN OF AVON IS ADDED AS AN ADDITIONAL INSURED

S A M P L E

CERTIFICATE HOLDER **CANCELLATION**

TOWN OF AVON

S A M P L E

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OF REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE FOR CIRMA