$oldsymbol{ACORD}_{\!\scriptscriptstyle{ iny M}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/09/2017

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).

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PRODUCER	CONTACT Name				
Your Insurance Agency	PHONE (A/C, No, Ext): Phone	(A/C, No): Fax			
Street Address	E-MAIL ADDRESS: Email				
City, State, & Zip	INSURER(S) AFFORDING COVERAG	GE NAIC#			
Phone Number	INSURER A: Your Insurance Company	xxxxx			
INSURED	INSURER B: Your Insurance Company	xxxxx			
Your Name	INSURER C: Your Insurance Company	XXXXX			
Street Address	INSURER D: Your Insurance Company	xxxxx			
City, State, & Zip	INSURER E: Your Insurance Company	xxxxx			
	INSURER F:	xxxxx			

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.

	SR POLICY EXP							
INSR LTR	TYPE OF INSURANCE	INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY	X	X	XXXXXXXX	xxxxxxx	xxxxxxx	EACH OCCURRENCE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC							\$
В	AUTOMOBILE LIABILITY	Х	X	xxxxxxxx	xxxxxxx	xxxxxxx	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
С	X UMBRELLA LIAB X OCCUR	X	X	xxxxxxxx	xxxxxxx	xxxxxxx	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	XXXXXXXX	xxxxxxx	xxxxxxx	X WC STATU- TORY LIMITS OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
E	Pollution			XXXXXXX	XXXXXXX	XXXXXXX	5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Town of Fairfield,its officers, officials, employees, agents, Boards, and Commissions shall be named as Additional Insured, on a primary and non contributory basis on the General Liability, Automobile & Umbrella policies. Certificate holder will be Additional Insured on the General Liability to include products/completed operations coverage, contractual liability, premises operations liability, advertising & personal injury, or by using a company specific endorsement. A waiver of subrogaton in favor of the (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
Town of Fairfield Sullivan Independence HII 725 Old Post Rd.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Fairfield, CT 06824	AUTHORIZED REPRESENTATIVE			

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DESCRIPTIONS (Continued from Page 1)
certificate holder is included on all policies. Insured's insurance carrier will be no less than A- rated and admitted carrier or subject to certificate holder's review. Policies to include a 30 day notification to the certificate holder in the event of cancellation or non-renewal, 10 day for non payment.
Pollution coverage is primary, notice of cancellation to certificate holder is 60 days.