

TOWN OF GLASTONBURY
Insurance Requirements – Special Events & Activities (Low Risk)

Typical low risk activities could include the Art Show, Antiques Show, Craft Show, Sports Tournaments such as Softball, Baseball, Soccer and Lacrosse, Road Races, Walk-a-thons, and outdoor Concerts.

The Sponsoring Organization and/or the outside vendor hired by the Sponsoring Organization to present shows, performances or activities that present a low exposure (the extent of exposures to be determined in the sole opinion of the Town) shall provide the following insurance coverages. The insurance must be placed through companies approved in the State of Connecticut and with a minimum Best's Financial Rating of A-.

1. When applicable, Worker's Compensation Insurance covering all employees for Statutory Benefits as required by the State of Connecticut and Employer's Liability with minimum limits of:

\$500,000	Each Accident
\$500,000	Each Employee
\$500,000	Policy Limit

2. Comprehensive General Liability including Premises & Operations, Products and Completed Operations, Personal Injury, Contractual Liability and Independent Contractors. Minimum Limits for Bodily Injury and Property Damage are as follows:

\$1,000,000 Per Occurrence, \$2,000,000 Annual Aggregate

Requirements or Policy Language

1. Application for Public Use of Grounds including a Hold Harmless Agreement signed by an authorized representative of the Sponsoring Organization.
2. A Certificate of Insurance must be presented to the Town of Glastonbury as Certificate Holder. The Certificate shall be sent to the attention of Parks & Recreation Director, 2143 Main Street, Glastonbury, CT 06033.

The Sponsoring Organization must complete and sign the customary Application for Use of Public Grounds, along with the standard Hold Harmless Agreement contained therein.

All required Insurance coverage is subject to the review and approval of the Town, following recommendations of the Town's Insurance Agent of Record. The Insurance must be placed through companies approved in the State of Connecticut. In addition, all insurers are subject to approval by the Town of Glastonbury.

All required insurance policies above must contain a Waiver of Subrogation in favor of the Town. Except for Worker's Compensation, all required insurance policies above must be endorsed to include an Additional Insured for the Town of Glastonbury, its employees and agents on a primary and non-contributory basis.

A Certificate of Insurance must be delivered to the Town prior to the commencement of any activities. This Certificate must indicate the inclusion of the Waiver of Subrogation, the addition of the Additional Insureds on a primary and non-contributory basis, and shall specify that the Town will receive 30 days written notice of any policy cancellation or non-renewal.

1. Application Form including the customary Hold Harmless Agreement
2. Sample/Language: Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/20/2013

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 Name, Address & Phone Number	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Name & Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : ABC	
	INSURER B : GHI	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
		NAIC #

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	#123	M-D-Y	M-D-Y	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OCCUR						BODILY INJURY (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	#891	M-D-Y	M-D-Y	EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A				AGGREGATE \$
							\$
							WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$500,000
							E.L. DISEASE - EA EMPLOYEE \$500,000
							E.L. DISEASE - POLICY LIMIT \$500,000

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

This Certificate is issued in connection with the following: (Insert Event Dates) A Waiver of Subrogation is granted in favor of the Town on all policies. All policies have been endorsed to include an Additional Insured Endorsement covering the Town of Glastonbury, it's employees and agents on a primary and non contributory basis Except for Workers Compensation.

CERTIFICATE HOLDER

CANCELLATION

Town of Glastonbury c/o Park & Recreation Director 2143 Main St Glastonbury, CT 06033	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

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.