ACORD.

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).

PR	ODUCER	CONTA	ACT			_				
Name, Address & Phone Number				NAME: PHONE FAX						
				(A/C, No, Ext): (A/C, No):						
· ·				E-MAIL ADDRESS:						
1				INSURER(S) AFFORDING COVERAGE NAIC #						
				INSURI	ERA: ABC	(-)			IVAIO #	
INSURED					INSURER B : GHI					
Name & Address				INSURER C:						
				INSUR						
1				INSUR	ERE:					
					INSURER F:					
	VERAGES CERTIFIC	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.									TERMS,	
INSF	ADDI	SUBF	3			POLICY EXP (MM/DD/YYYY)				
Α	GENERAL LIABILITY X	X	#123				LIMITS			
1		Α Α π123			M-D-Y	M-D-Y		\$1,000		
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	000	
CLAIMS-MADE X OCCUR			,				MED EXP (Any one person)	ne person) \$5,000		
							PERSONAL & ADV INJURY	\$1,000	,000	
							GENERAL AGGREGATE \$2,000,000		.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	N'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$2,000,000		100 000	
	POLICY PRO- JECT LOC							\$,,,,,,	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT			
	ANY AUTO							\$		
	ALL OWNED SCHEDULED							\$		
	AUTOS AUTOS NON-OWNED						DDODEDTY DAMAGE	\$		
	HIRED AUTOS AUTOS				*		(Per accident)	\$		
							-	\$		
	UMBRELLA LIAB OCCUR			- 1			EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION\$			1				\$ \$		
В	WORKERS COMPENSATION	PRIETOR/PARTNER/EXECUTIVE 7/N #891		M-D-Y		M-D-Y	WC STATU- OTH-	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							\$500,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					ľ				
	If yes, describe under			1		-		500,0		
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	500,00	00	
				1						
						×				
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										
	Certificate is issued in connection w	ith t	ne following: (Insert Ex	vent D	ates) A Wa	iver of Sub	rogation			
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										
con	tributory basis Except for Workers Co	mp	ensation.							
CERTIFICATE HOLDER CANCELLATION										
	Town of Glastonbury c/o Park	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
	Recreation Director				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	2143 Main St									
	Glastonbury, CT 06033				NUTHORIZED REPRESENTATIVE					
	1									