

INSURANCE

SAMPLE

Prior to the execution of an agreement, the Contractor shall fill out a "Request for Insurance Recommendation" and submit it to permits@ct.org. Once you receive your insurance recommendations from the Risk Management Department, use it to have the insurance company fill out the Certificate of Liability Insurance at no additional cost to the City of Waterbury (City), the Contractor shall purchase and maintain such insurance as set forth below. This insurance will help protect the City from claims, which may arise out of or result from the Contractor's acts, errors and/or omissions arising out of the Contractor's obligations due to a Permit Issuance to Contractor. The obligations of the Contractor are not limited solely to the Contractor but also include any obligations arising out of the Contractor's Subcontractors or anyone directly or indirectly employed by them or by anyone whose acts that they may be liable.

The Contractor's General Liability Insurance policies shall be endorsed to add the City as an Additional Insured. The insurance afforded the Additional Insured shall be primary insurance and the coverage and limits provided under the Contractor's policies shall not be reduced or prorated by the existence of any other insurance applicable to any loss the Additional Insured may have suffered. If any insurance policy required here is to be issued or renewed on a Claims Made basis as opposed to an Occurrence based form, the Retroactive Date for coverage shall be no later than the commencement date of the Permit Issuance or commencement of work. The Claims Made policy should remain in force for a period of at least 24 months or include "Tail Coverage" for a period of 24 months minimum, from the date of policy expiration or the completion of the work, whichever is later.

The following insurance coverages and limits shall be maintained at all times during the period of time when services are to be performed by the Contractor for occurrence-based policies or longer for Claims-Made policies:

- A. **General Liability Insurance:** \$ 1,000,000 per Occurrence/\$ 2,000,000 per Aggregate limit
- B. **Automobile Liability Insurance:** \$ 1,000,000 per Accident combined single limit (CSL) including Hired & Non-owned Auto
- C. **Workers' Compensation:** \$ 1,000,000
- D. **Excess Liability Insurance:** \$2,000,000 aggregate
- E. **Professional Liability:** \$ 1,000,000 each Wrongful Act/\$1,000,000 Aggregate Limit [Engineering contracts only]
- F. **Excavation Bond:** \$ 5,000
- G. **Pollution Liability** \$ 1,000,000 (as required)

Insurance shall be provided by insurers, satisfactory to the City and authorized to do business in the State of Connecticut and having an "A" Best's Rating as shown in the most current "A.M. Best Company Ratings".

- A. **General Liability Insurance:** Providing coverage to protect the Contractor and City for all damages arising out of bodily injury, sickness, and/or death of all persons in any one accident or occurrence, and for all damages arising out of destruction of property in any one accident or occurrence. Coverage must include Contractor's operations, completed operations and products.
- B. **Automobile Liability Insurance:** Providing coverage to protect the Contractor and City with respect to claims for damage, bodily injury and/or property damage arising out of ownership, maintenance, operation, and use or loading/unloading of any owned or non-owned vehicles.
- C. **Workers' Compensation:** Contractor shall comply with all State of Connecticut statutes as it relates to workers' compensation.
- D. **Professional Liability:** Provides coverage for the City for any financial costs incurred due to Contractor's acts, errors or omissions of a Professional nature.
- E. **Permit Bond:** Providing coverage by contractor to protect the City for work performed under a permit issued by the City of Waterbury
- F. **Pollution Liability:** If required

Failure to Maintain Insurance: In the event the Contractor fails to maintain the minimum required coverage as set forth herein, the City may at its option purchase same, and invoice offset the Contractor's invoices of said insurance.

Cancellation: THE CITY OF WATERBURY SHALL RECEIVE WRITTEN NOTICE OF CANCELLATION FROM THE INSURER AT LEAST 30 CALENDAR DAYS PRIOR TO THE DATE OF ACTUAL CANCELLATION, REGARDLESS OF THE REASON FOR SUCH CANCELLATION.

Certificates of Insurance: Prior to the execution of this agreement, the Contractor shall furnish to the City of Waterbury, Office of the Corporation Counsel, subject to the approval of the risk manager, certificate(s) of insurance verifying the coverage's, including, the naming of the City of Waterbury, as follows: "The City of Waterbury, its public officials and its employees and any person acting under, through or for them are listed as additional insured as their interest may appear." The Work Order Number must be shown on the certificate of insurance to assure correct filing. The Contractor must supply replacement/renewal certificates at least 30 days prior to the expiration of the policy(ies). Said certificates shall contain a provision that coverage afforded under the policies shall not be cancelled or reduced for any reasons unless notice of more than 30 days has been mailed to the Office of the Corporation Counsel, 236 Grand Street, Waterbury, CT 06702.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/0000

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		CONTACT NAME:	
Agency Name		PHONE (A/C, No, Ext):	FAX (A/C, No):
Agency Address		E-MAIL ADDRESS:	
Agency Address		INSURER(S) AFFORDING COVERAGE	
Agency Address		NAIC #	
INSURED		INSURER A : Company A	
Insureds Name		INSURER B : Company B	15105
Insureds Address		INSURER C :	
Insured Address		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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Number	Dates	Dates	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/PO/AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Number	Dates	Dates	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Number	Dates	Dates	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/>	Number	Dates	Dates	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Pollution Liability (as required)		<input checked="" type="checkbox"/>	Number	Dates	Dates		\$ 1,000,000

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

The City of Waterbury is shall be listed as an additional insured as their interests may appear on a primary/non-contributory basis on all policies except Workers Compensation. All policies shall include a Waiver of Subrogation.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF WATERBURY Dept. of Public Works - Permits 185 South main St 5th FL Waterbury, CT 06706	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

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