## Insurance Requirements-Use of Facilities w/ Alcohol

User shall agree to maintain in force at all times during the contract the following minimum coverage and shall name the Town of Cheshire as an Additional Insured on a primary and non-contributory basis to all policies. All policies should also include a Waiver of Subrogation. Insurance shall be written with Carriers approved in the State of Connecticut and with a minimum AM Best's rating of "A-"VIII.

		(Minimum Limits)
General Liability	Each Occurrence	\$1,000,000
	General Aggregate	\$2,000,000
	Products/Completed Operations Aggregate	\$2,000,000
Liquor Liability	Each Claim or Each Occurrence	\$1,000,000
	Aggregate	\$1,000,000

Original, completed Certificates of Insurance must be presented to the Town of Cheshire prior to event.

Special Event Insurance Website: https://www.rvnuccio.com/

Additional Insured Name & Address: Town of Cheshire

84 South Main Street Cheshire, CT 06410

Additional Insured Email:		



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/19/2019

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(les) must have ADDITIONAL INSURED provisions or 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). CONTACT Lindsay Trueb
NAME:
PHONE
(AIC, No, Ext): (203) 699-4500 Hollis D. Segur Inc. 156 Knotter Drive FAX (A/C, No): Appress: Imt@hdsegur.com Cheshire, CT 06410 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Name of Company NAIC # INSURED INSURER B: INSURER C : INSURER D : INSURER E : INSURER F: COVERAGES <u>CERTIFICATE NUMBER:</u> 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 ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X OCCUR 100.000 X Policy # X 7/1/2019 7/1/2020 10,000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO: JECT 1,000,000 LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT
(Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) S SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-SWINED **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT X Liquor Liability Policy # 7/1/2019 7/1/2020 \$1M Occ / \$1M Agg DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is listed as Additional Insured on a primary non-contributory basis on the above referenced policies. General Liability policy includes a walver of subrogation. **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Town of Cheshire** ACCORDANCE WITH THE POLICY PROVISIONS. 84 South Main Street Cheshire, CT 06410 AUTHORIZED REPRESENTATIVE Kathyan McKeon