

<b>ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) <b>DATE</b>
PRODUCER  <div style="border: 1px solid black; padding: 5px; text-align: center;">NAME AND ADDRESS OF INSURANCE AGENCY</div>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURERS AFFORDING COVERAGE</b>		
INSURED  <div style="border: 1px solid black; padding: 5px; text-align: center;">NAME AND ADDRESS OF INSURED</div>	INSURER A: <div style="border: 1px solid black; padding: 2px;">NAME OF INSURANCE CARRIER WITH</div> INSURER B: <div style="border: 1px solid black; padding: 2px;">A "BEST RATING" OF A-VII OR BETTER</div> INSURER C: _____ INSURER D: _____ INSURER E: _____	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			<div style="border: 1px solid black; padding: 2px;">MINIMUM</div>	EACH OCCURRENCE \$ <div style="border: 1px solid black; padding: 2px;">1,000,000</div>
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	<div style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</div>			FIRE DAMAGE (Any one fire) \$ <div style="border: 1px solid black; padding: 2px;">10,000</div>
<input checked="" type="checkbox"/>					MED EXP (Any one person) \$ <div style="border: 1px solid black; padding: 2px;">5,000</div>
					PERSONAL & ADV INJURY \$ <div style="border: 1px solid black; padding: 2px;">1,000,000</div>
					GENERAL AGGREGATE \$ <div style="border: 1px solid black; padding: 2px;">2,000,000</div>
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ <div style="border: 1px solid black; padding: 2px;">2,000,000</div>
<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	<b>AUTOMOBILE LIABILITY</b>				
<input checked="" type="checkbox"/>	ANY AUTO	<div style="border: 1px solid black; padding: 2px;">ANY AUTO MUST BE COVERED</div>			COMBINED SINGLE LIMIT (Ea accident) \$ <div style="border: 1px solid black; padding: 2px;">1,000,000</div>
<input checked="" type="checkbox"/>	ALL OWNED AUTOS	<div style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</div>			BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS				
	<b>GARAGE LIABILITY</b>				
	ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b>				
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
	<input type="checkbox"/> RETENTION \$				\$
					\$
					\$
					\$
<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<div style="border: 1px solid black; padding: 2px;">XXXXXXXXXX</div>			<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
					E.L. EACH ACCIDENT \$ <div style="border: 1px solid black; padding: 2px;">100,000</div>
					E.L. DISEASE - EA EMPLOYEE \$ <div style="border: 1px solid black; padding: 2px;">100,000</div>
					E.L. DISEASE - POLICY LIMIT \$ <div style="border: 1px solid black; padding: 2px;">500,000</div>
	<b>OTHER</b>				
				<div style="border: 1px solid black; padding: 2px;">THIS STATEMENT MUST APPEAR AS SHOWN</div>	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**EVIDENCE OF INSURANCE**

THE FOLLOWING IS INCLUDED AS ADDITIONAL INSURED; CITY OF TORRINGTON, ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS.

**CERTIFICATE HOLDER**☒ ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 

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 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE