

**TOWN OF ROCKY HILL
ROCKY HILL, CONNECTICUT 06067
INSURANCE CERTIFICATE**

This is to certify that this Company has in force the policies indicated herein below, covering all work and operations of:

(Contractor)

for the Town, including work and operations now in progress, or which may be undertaken during the terms of the policies. Policy information is only necessary for the kinds of Insurance indicated as required in left margin.

REQ.	NOT REQ.	KIND OF INSURANCE	LIMITS		POLICY NUMBER, STARTING AND EXPIRATION DATES
X		WORKMEN'S COMPENSATION AND EMPLOYERS' LIABILITY	IN ACCORDANCE WITH THE WORKMEN'S COMPENSATION LAW FOR THE STATE OF CONNECTICUT		NUMBER: STARTS: EXPIRES:
X		PUBLIC LIABILITY INCLUDING LIABILITY ASSUMED IN CONTRACT OR AGREEMENT (SEE OVER)	BODILY INJURY	EACH PERSON	NUMBER: STARTS:
			PROPERTY DAMAGE	EACH PERSON	EXPIRES:
				AGGREGATE	
X		AUTOMOBILE LIABILITY INCLUDING COVERAGE FOR HIRED OR BORROWED CARS AND EMPLOYER'S NON-OWNERSHIP LIAB.	BODILY INJURY	EACH PERSON	NUMBER: STARTS:
			PROPERTY DAMAGE	EACH PERSON	EXPIRES:
				AGGREGATE	
X		PROTECTIVE LIABILITY FOR AND IN THE NAME OF THE TOWN OF ROCKY HILL, CONN.	BODILY INJURY	EACH PERSON	NUMBER: STARTS:
			PROPERTY DAMAGE	EACH PERSON	EXPIRES:
				AGGREGATE	

It is agreed that ten days' notice of cancellation or restrictive amendment of said policies shall be mailed to the Town, and its further agreed that the Company and it is further agreed that the Company will bill all premiums and audit charges earned under the Protective Liability Policy to the above named Contractor .

MINIMUM LIABILITY INSURANCE REQUIREMENTS		
BODILY	\$250,000.00	EACH PERSON
INJURY	\$500,000.00	EACH ACCIDENT
PROPERTY	\$50,000.00	EACH ACCIDENT
DAMAGE		AGGREGATE
MINIMUM LIMITS SHALL BE HIGHER IF AND WHEN REQUIRED BY ANY STATE OR LOCAL LAW ORDINANCE REGULATION OR PER ORDER OF BOARD OF SELECTMEN AS INDICATED ABOVE		

INSURANCE COMPANY

BY _____
AUTHORIZED AGENT OR OFFICIAL

ADDRESS OF AGENT OR OFFICIAL

DATE