PRO	DUCE	CORD, CERTIFI	CATE OF LIA					Insert Date	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Company Name		ONLY AN	D CONFERS I	SUED AS A MATTER ON RIGHTS UPON T	HE (	CERTIFICATE	
		Street Address		ALTER TH	E COVERAGE	ATE DOES NOT AME AFFORDED BY THE P	OLIO	CIES BELOW	
	Town, State Zip Code			INSURERS AFFORDING COVERAGE				NAIC#	
INSI	Sewer Installer Name Street Address Town, State Zip Code				INSURERA: Name of Insurance Company #1				
				INSURER D:				#####	
				INSURER E:					
	and the same of the same of	AGES	LOWING DEEM LOOK TO THE						
M	AY P	OLICIES OF INSURANCE LISTED BE EQUIREMENT, TERM OR CONDITI ERTAIN, THE INSURANCE AFFORD IES. AGGREGATE LIMITS SHOWN M	ON OF ANY CONTRACT OR O	THER DOCUMENT WIT	U DECDECT TO M	A ROLL TIME OFFICIONTE		DE 10011MB 00	
INSR LTR	ADD'	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS		
Λ	V	GENERAL LIABILITY				EACH OCCURRENCE	T <sub>s</sub>	1,000,000	
A	X	X COMMERCIAL GENERAL LIABILITY	Policy Number	Start Date	End Date	DAMAGE TO RENTED PREMISES (Ea occurence)	\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$		
						RSONAL & ADV INJURY	\$		
		OFFIL ACODE OF THE LINE AND THE PER				GENERAL AGGREGATE	\$	1,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC				ODUCTS - COMP/OP AGG	\$	1,000,000	
Α	Χ	X ANY AUTO	Policy Number	Start Date	End Date	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS  X HIRED AUTOS				BODILY INJURY (Per person)	\$	-	
		X HIRED AUTOS X NON-OWNED AUTOS	The second secon			BODILY INJURY (Per accident)	s		
_						PROPERTY DAMAGE (Per accident)	s		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	5		
		ANY AUTO				OTHER THAN EA ACC	\$	CAL ATERIOR CONTRACTOR OF THE STATE OF THE S	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	S	1,000,000	
4	X	X OCCUR CLAIMS MADE	Policy Number	Start Date	End Date	AGGREGATE	5	1,000,000	
						AGGREGATE	S		
		DEDUCTIBLE					\$		
		RETENTION \$					\$		
		KERS COMPENSATION AND LOYERS' LIABILITY	Policy Number	Start Date	End Date	X WC STATU- OTH- TORY LIMITS ER			
`	ANY	PROPRIETOR/PARTNER/EXECUTIVE	T dilloy I tall i bei	Otall Date	LIIU Date	E.L. EACH ACCIDENT	\$	100,000	
	Ifyes	CER/MEMBER EXCLUDED? , describe under		00 10		E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	OTH	CIAL PROVISIONS below ER				L. DISEASE - POLICY LIMIT	\$	100,000	
Α		•	Vai		ノノ				
ESC	RIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	ES / EXCLUSIONS ADDED BY ENDOR	SEMENT/SPECIAL P. DVISI	ONS				
		roject Name/Location -							
		own, WPCA, and Tighe	,	l as additional i	neurade				
				ao additional il	nourcus.				
EF	RTIF	CATE HOLDER		CANCELLAT	ION				
		T (0)				ED POLICIES BE CANCELLED B			
Town of Canton 4 Market Square P.O. Box 168			1	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN					
			1	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.					
		Canton, CT 06022-0	)168	AUTHORIZED REP		A STATE OF THE STA			
		and through the second section of the section							

ACORD, CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) Insert Date			
PRODUCER  Company Name  Street Address  Town, State Zip Code				ONLY AND	THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THI HOLDER. THIS CERTIFICATE DOES NOT AMEN ALTER THE COVERAGE AFFORDED BY THE PO				
		romi, oldio zip oodo		INSURERS A	INSURERS AFFORDING COVERAGE				
INSURED				INSURER A: Name of Insurance Company #1					
Developer Name			INSURER B:	INSURER B:					
	Tayon Otata 7:- Osala			INSURER C:					
	•			INSURER E:	INSURER D: INSURER E:				
CO	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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI			
Α	X	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	Pelicy Number	Start Date	End Date	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000		
		CLAIMS MADE X OCCUR	Martine	Otan Date	Ziii Dato	PREMISES (Ea occurence)  MED EXP (Any one person)	\$		
				00		RSONAL & ADV INJURY	\$		
						GENERAL AGGREGATE	s 1,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-	VUI			ODUCTS - COMP/OP AGG	s 1,000,000		
Α	X	AUTOMOBILE LIABILITY  X ANY AUTO	Policy Number	Start Date	End Date	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000		
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
		X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
_		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				OTHER THAN AUTO ONLY:  AGG			
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s 1,000,000		
Α	X	X OCCUR CLAIMS MADE	Policy Number	Start Date	End Date	AGGREGATE	\$		
							\$		
		DEDUCTIBLE					\$		
	WOR	RETENTION \$ RKERS COMPENSATION AND	5 11 11 1	0	E . D .	X WC STATU- OTH TORYLIMITS ER			
Α	EMPI	PLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	Policy Number	Start Date	End Date	E.L. EACH ACCIDENT	\$ 100,000		
	OFF	ICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE			
	SPEC	CIAL PROVISIONS below				DISEASE - POLICY LIMIT	\$ 100,000		
Α		lution Liability (Contractor Only)	Policy VI (1DE	Star Dite	n D te	\$1,000,000 (Each Claims made for)	Occurrence and/or		
1000000000		ION OF OPERATIONS / LOCATIONS / VEHICI		SEMENT/SPECIAL PROVISI	ONS				
1		roject Name/Location -							
Th	e T	Town, WPCA, and Tigh	e & Bond are named	l as additional i	nsureds.				
CEI	RTIF	ICATE HOLDER		CANCELLAT			DESCRIPTION TON		
Town of Conton				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL					
Town of Canton 4 Market Square					NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
P.O. Box 168			IMPOSE NO OBI	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
Canton CT 06022 0160				REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					
Canton, O1 00022-0100			AUTHORIZED REF	RESENTATIVE					

	ORD, CERTIFIC	ATE OF LIAE	-			Insert Date		
PRODUCER	Company Name Street Address Town, State Zip Code		ONLY AN HOLDER.	ID CONFERS N THIS CERTIFIC	SUED AS A MATTER OF RIGHTS UPON THATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE ND, EXTEND OR		
	Town, State Zip Code		INSURERS	AFFORDING COV	/ERAGE	NAIC#		
INSURED				INSURER A: Name of Insurance Company #1				
	Design Professional Street Address	Name	INSURER B:					
Town, State Zip Code			INSURER C: INSURER D:					
			INSURER E:					
COVERAG								
MAY PER POLICIES	CIES OF INSURANCE LISTED BELO UIREMENT, TERM OR CONDITION TAIN, THE INSURANCE AFFORDEN AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OT D BY THE POLICIES DESCRIB	THER DOCUMENT WIT ED HEREIN IS SUBJEC AID CLAIMS.	TH RESPECT TO WI	HICH THIS CEDTIFICATE	MAY DE ICCHED OD		
LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS		
G	ENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$		
	CLAIMS MADE OCCUR				PREMISES (Ea occurence)  MED EXP (Any one person)	s		
			m r		RSONAL & ADV INJURY	\$		
					GENERAL AGGREGATE	\$		
GI	EN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC	V VII			ODUCTS - COMP/OP AGG	\$		
Al	JTOMOBILE LIABILITY  ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
G/	ARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANYAUTO		<b>M</b>		OTHER THAN EA ACC AUTO ONLY: AGG	S		
EX	(CESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
	7					\$		
	DEDUCTIBLE RETENTION \$					\$		
	RS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	3		
ANY PRO	PRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	s		
If yes, des	WMEMBER EXCLUDED? scribe under				E.L. DISEASE - EA EMPLOYEE			
SPECIAL OTHER	PROVISIONS below				L. DISEASE - POLICY LIMIT	\$		
A Error	rs & Ommissions	Policy N nbe	Star Di e	n D te	\$500,000 (Each occ laims made)	urrence and/or		
	OF OPERATIONS / LOCATIONS / VEHICLE		SEMENT/SPECIAL F. DVIS	IONS				
Re. Pro	ject Name/Location - (	Canton, CT						
CERTIFICA	ATE HOLDER	TO THE STATE OF TH	CANCELLAT					
Town of Conton				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
Town of Canton 4 Market Square			1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
P.O. Box 168				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
Canton, CT 06022-0168				REPRESENTATIVES.				
	Canton, C1 00022-0	100	AUTHORIZED REI	PRESENTATIVE				