### **Town of Hamden**

### Sample Accord COI W/Description

- Company Name and Address: Legal name and address of the insured entity or Individual.
  - Must match applicant exactly
- 2. Producer/Agent name and address: The insurance Agent/Broker who issues certificates.
- 3. Carrier names: Name of the company(ies) that holds your insurance policy(ies). They are responsible for paying when you file a covered claim.
- 4. Policy type: The types of insurance required by the contract.
- 5. Policy Number: Complete Number Can not be Masked
  - Example based on standard coverage however, coverage may vary depending on relationship request.
- 6. Policy Effective date: The date the policy coverage begins.
  - Must be on or before requested engagement date.
- 7. Policy expiration date: The date the policy coverage ends.
  - Must be on or after the requested engagement date.
- 8. Policy limits: The maximum amount of money an insurance company will pay you for a covered loss.
  - Must minimally be what is requested by town, per policy line.
- 9. Denotation of additional insured and waiver of subrogation: The Town request to be Additional insured with Waiver of subrogation, both boxes must be checked for each required policy line.
- 10. Description box: Summary of event with the date(s) and actual event location.

  Example: Mayor Peter Villano Park: Millrock, 58 Wadsworth st., Hamden, CT 06517
- 11. Certificate holder: Town of Hamden, 2750 Dixwell Ave, New Haven, CT 06514
- 12. Producer's signature: signature of the Insurance Agent/Broker who issues certificates must be signed.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2025

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 have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights							equire an endorsement	. A st	atement on	
PRODUCER	.o uit	, cert	moute notice in lieu of S	CONTACT						
Agent	NAME: PHONE FAX									
Agent	(A/C, No, Ext): (A/C, No):									
				E-MAIL ADDRESS:						
_	INSURER(S) AFFORDING COVERAGE INSURER A . Insurance carrier				NAIC#					
INSURED	INCORER A									
Permit Requester				INSURER B:						
T CHIRT REQUESTED				INSURER C:						
1				INSURER D:						
				INSURER E :						
00//504050				INSURER F:						
			NUMBER:	VE DEEN IO	CUED TO		REVISION NUMBER:	IE DOI	IOV DEDIOD	
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	SUBR	POLICY NUMBER	POI	LICY EFF (DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY	INSD	WVVD	I OLIO I NOMBER	(IVIIVI/	(۱۱۱۱۱ بر <i>و</i> د	(ווווויטטיייייייייייייייייייייייייייייי	EACH OCCURRENCE		00,000	
CLAIMS-MADE X OCCUR			_				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
		У	5		6	7	MED EXP (Any one person)	\$	X	
	X	X	abc123	01/	1/2025	01/01/2026	PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC								\$		
OTHER:							111000010 0011117017100	\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULED							` ' /	\$		
AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
UMBRELLA LIAB OCCUR								•		
I H EVOTOGUAR							EACH OCCURRENCE	\$		
EXCESS LIAB   CLAIMS-MADI	4						AGGREGATE	\$		
DED   RETENTION \$   WORKERS COMPENSATION							PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y / N							STATUTE   ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under	'						E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	TES (	ACOPO	101 Additional Pomarke Schod	le may be attac	shed if mer	enace is require	nd)			
Event/Location details	LES (/	ACORD	101, Additional Remarks Schedu	ne, may be attac	cnea ir more	space is require	ea)			
10										
10										
CERTIFICATE HOLDER CANCELLATION										
Town of Hamden 2750 Dixwell Ave				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2100 BixWoll / Wo					AUTHORIZED REPRESENTATIVE					
Hamden, CT 06518					Producer/agent signature					

### **Town of Hamden**

## Sample Accord COI W/Description

The Vendor shall obtain and pay for the insurance coverage described below with the indicated minimum limits. The Vendor agrees to furnish Certificates of Insurance to the Town and/or Board of Education certifying coverage to be in effect for the term of this contract and that the Town and/or Board of Education will be given sixty (60) days written notice of cancellation or non-renewal.

These require Vendor.	ements also apply to any subcontractor or comm	on carrier used by the
l.	WORKERS COMPENSATION  a) Connecticut  b) Applicable Federal  c) Employer's Liability	Statutory Limits Statutory Limits \$100,000 per Accident \$500,000 Disease \$100,000 Disease, Per employee
X II.	COMMERCIAL GENERAL LIABILITY Bodily Injury and Property Damage General Aggregate Products & Completed Operations Aggregate Personal Injury/Advertising Each Occurrence Fire Damage Medical Expense	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$50,000 \$5,000
	Coverage to include Premise-Operations, Con- Products & Completed Operations, Explosion, Contractual Liability, & Broad Form Property D	Collapse & Underground,
III.	BUSINESS AUTOMOBILE LIABILITY (including vehicles) Liability (Combined Single Limit)  (If hazardous material or potential pollutants an Accidental Pollution coverage is required)	\$1,000,000
IV.	UMBRELLA/EXCESS LIABILITY (If Required) Liability Limit – Each Occurrence over primary Self-Insured retention	\$ \$ 10,000

### **Town of Hamden**

### Sample Accord COI W/Description

	<b>X</b> .	The Town of Hamden and/or Hamden Board of Education to be named as an additional insured on all policies except Workers Compensation.  If the insurance request is made to a vendor, The Vendor shall hold the Town of Hamden and/or Hamden Board of Education harmless					
	IX.						
	VIII.	CYBER LIABILITY (If Required)					
		Occurrence	\$1,000,000 Aggregate				
	VII.	PROFESSIONAL LIABILITY (If Required) Bodily Injury and Property Damage	\$1,000,000 Each				
		Occurrence	\$1,000,000 Aggregate				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	VI.	POLLUTION LIABILITY (If Required) Bodily Injury and Property Damage Occurrence	\$1,000,000 Each				
			\$1,000,000 Aggregate				
	V.	Bodily Injury and Property Damage Occurrence	\$1,000,000 Each				

In the event the permittee does not have their own insurance coverage they may purchase a special event policy through Gatherguard at <a href="https://gatherguard.com/">https://gatherguard.com/</a>.

for any and all injuries to persons and/or property resulting out of the performance of this contract and resulting from the Vendors

negligence.

Note: The Town of Hamden does not own any rights Gatherguard or Intact insurance, nor are they a subsidiary of the Town of Hamden. This is merely a recommendation as a vendor in which to obtain the necessary special event coverage. No Town employee would be able to answer any policy specific questions beyond what is requested to secure the location



# GATHERGUARD Special Event Coverage

An exclusive CIRMA member value+ coverage enhancement.

#### **OVERVIEW**

Special events, whether a wedding reception or a professional seminar, involve considerable coordination and careful planning. But despite these efforts the unexpected may occur—exposing your entity and the host/organizer to potential liability for bodily injury or property damage. CIRMA can help with GatherGuard—a liability insurance program that provides hosts/organizers with convenient, low-cost coverage for special events held at local venues. GatherGuard, available through Intact Insurance, can help mitigate your risks, while providing valuable protections to your entity and to the host/organizer.

#### WHAT IS GATHERGUARD?

When an invidual or organization rents a facility or venue for an event, GatherGuard provides low-cost insurance protections. It protects both the host/organizer and your entity against claims by guests who may be injured as a result of attending the event. It's an easy-to-use, fast method of insuring most types of events including:

- weddings and receptions
- meetings and seminars
- · birthday parties
- festival and cultural events
- concerts

#### **HOW IT WORKS**

Intact Insurance will work with you to set coverage limits, special additional insured language (if required by your entity; must be approved by Intact Insurance); and contact preferences. You will be able to see predetermined information, options customized to your entity, and the type of event being held.

Hosts/organizers can purchase special event insurance directly at <u>gatherquard.com</u>, Intact Insurance's simple online system. Their support team is available by phone or email to answer questions about Gather-Guard or to offer technical assistance to you or the host/organizer.

#### **PROTECTION IN THREE EASY STEPS**

- The host/organizer visits <u>qatherquard.com</u> and answers a few basic questions.
- Once approved, the host/organizer purchases their insurance coverage online and the coverage is bound.
- A Certificate of Insurance (COI) is automatically sent via email to your public entity and/or school district's COI contact, the host/organizer and to CIRMA.

It's that easy. Scan and see for yourself.



