

POLICE, FIRE & MEDICAL EMERGENCY - 911

TOWN MANAGER'S OFFICE Tel. (860) 409-4300

Fax (860) 409-4368

ASST, to the TOWN MANAGER

Fax (860) 409-4368

ACCOUNTING

Tel. (860) 409-4339 Fax (860) 677-2847

ASSESSOR'S OFFICE

Tel. (860) 409-4335 Fax (860) 409-4366

BUILDING DEPARTMENT

Tel. (860) 409-4316 Fax (860) 409-4321

COLLECTOR OF REVENUE

Tel. (860) 409-4306 Fax (860) 677-8428

ENGINEERING DEPARTMENT

Tel. (860) 409-4322 Fax (860) 409-4364

FINANCE DEPARTMENT

Tel. (860) 409-4339 Fax (860) 409-4366

FIRE MARSHAL

Tel. (860) 409-4319 Fax (860) 409-4321

HUMAN RESOURCES

Tel. (860) 409-4303 Fax (860) 409-4366

LANDFILL 281 Huckleberry Hill Rd. Tel. (860) 673-3677

PLANNING & ZONING

Tel. (860) 409-4328 Fax (860) 409-4375

POLICE DEPARTMENT

Tel. (860) 409-4200 Fax (860) 409-4206

PROBATE

Tel. (860) 658-3277 Fax (860) 658-3204

PUBLIC LIBRARY

281 Country Club Road Tel. (860) 673-9712 Fax (860) 675-6364

PUBLIC WORKS

11 Arch Road Tel. (860) 673-6151 Fax (860) 673-0338

RECREATION AND PARKS

Tel. (860) 409-4332 Fax (860) 409-4334 Cancellation (860) 409-4365

REGISTRAR OF VOTERS

Tel. (860) 409-4350 Fax (860) 409-4368

SOCIAL SERVICES

Tel. (860) 409-4346 Fax (860) 409-4366

TOWN CLERK

Tel. (860) 409-4310 Fax (860) 677-8428

TDD-HEARING IMPAIRED

Tel. (860) 409-4361

TOWN **AVON**

60 West Main St. Avon, CT 06001-3719 www.avonct.gov

Documentation Requirements for Permit Town of Avon Recreation and Parks Department

For an Individual:

Hold Harmless agreement must be signed and received. Should autos be used on Town of Avon property, compliance with Connecticut motor vehicle laws - including maintaining automobile liability coverage - is required.

For Non-profit Organizations:

Hold Harmless agreement must be signed and received. Certificate of Insurance shall be emailed to shenry@avonct.gov General Liability shall include:

Each Occurrence - \$1,000,000 Damage to rented Premises- \$10,000 Personal/Advertising - \$1,000,000 General Aggregate - \$2,000,000

Should autos be used on Town of Avon property, compliance with Connecticut motor vehicle laws including maintaining automobile liability coverage is required. Commercial automobile liability coverage for owned, hired, or non-owned automobiles with a minimum level of \$1,000,000 combined single limit is required.

For Corporate and all Others:

Hold Harmless agreement must be signed and received.

Certificate of Insurance shall be emailed to shenry@town.avonct.gov General Liability shall include:

> Each Occurrence - \$1,000,000 Damage to rented Premises - \$10,000 Personal/Advertising - \$1,000,000 General Aggregate - \$2,000,000

Workers Compensation Coverage shall be present if required by law.

Should autos be used on Town of Avon property, compliance with Connecticut motor vehicle laws including maintaining automobile liability coverage is required. Commercial automobile liability coverage for owned, hired, or non-owned automobiles with a minimum level of \$1,000,000 combined single limit is required.

The Town of Avon shall be included as "Additional Insured" on Permittee's General Liability Coverage, and listed as Certificate Holder in the appropriate Certificate section.

A sample Certificate of Insurance is included on last page for your convenience.

Client#: 629366

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

TOWNLISB

Current Date

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 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).

	certificate holder in lieu of such endorsement(s).											
PRO	DUCER		<u> </u>		CONTAC NAME:	T						
						PHONE FAX (A/C, No, Ext): (A/C, No):						
Agency Name & Address					E-MAIL ADDRESS:							
9007					INSURER(S) AFFORDING COVERAGE				NAIC#			
					INCHES	INSURER A : Insurer Name						
INSURED					INSURER B:							
Organization Name & Addr			ress			INSURER C:						
					INSURE							
						INSURER E :						
						INSURER F:						
CO	VERAGES CER	REVISION NUMBER:										
COVERAGES CERTIFICATE NUMBER: 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 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)						
	GENERAL LIABILITY		1		I.				· · · · · · · · · · · · · · · · · · ·	000		
Α		Х	X	Policy Number	ŀ	Eff. Date	Exp. Date	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000			
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR								\$10,000			
								MED EXP (Any one person)	\$ \$1,000,000			
								PERSONAL & ADV INJURY	\$2,000,000			
								GENERAL AGGREGATE	1			
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ \$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	·	ስ ስስስ		
A	X ANY AUTO ALL OWNED SCHEDULED			Policy Number			Exp. Date	(Ea accident) BODILY INJURY (Per person)	_{\$} 1,000,000 s			
						Eff. Date						
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE)			
	HIRED AUTOS AUTOS							(Per accident)	\$			
	UMBRELLA LIAB OCCUB											
								EACH OCCURRENCE	\$			
	1 JOCAMO MACE							AGGREGATE	\$			
┢	DED RETENTION \$ WORKERS COMPENSATION		~	Deline Number		E# Data	Eva Data	X WC STATU- OTH-	\$			
AND EMPLOYERS' LIABILITY			X	Policy Number		Eff. Date	Exp. Date		\$100,000			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT				
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$500,0)UU		
1												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
Re: Event, Time, Location, Type, the Town of Avon is included as "Additional Insured" on Permittee's General												
Liability coverage.												
CEDTIFICATE HOLDED							ANCELLATION					
CERTIFICATE HOLDER						ELLATION						
						ULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CA	NCELLI	D BEFORE		
	Town of Avon					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	60 West Main St. Avon, CT 06001				ACCORDANCE WITH THE POLICY PROVISIONS.							
7,101,01 0001					AUTHORIZED REPRESENTATIVE							

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Signature must appear here