

CON-32 REV. 11/07
STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF INSURANCE

This is to certify that the Insurance Company named herein has issued to the named insured the policies listed below, that these policies are written in accordance with the Insurance Company's standard policies and endorsements, except as indicated below or as noted in the attachments hereto, which policies and endorsements will be made available to the Department of Transportation upon request, that they provide coverages and limits of liability shown with respect to the hazards indicated, that they are in force on this date, and that this Certificate is furnished in accordance with and for the purpose of satisfying the requirements of the Department of Transportation in connection with the award and the performance of any contract or agreement, or the issuance of any permit or authorization by the Transportation Commissioner or duly authorized agent.

The Insurance Company has a right and duty to defend the insured against any suit seeking damages (or under Workers' Compensation benefits) to which the referenced insurance policy applies and may investigate and settle any claim or suit as they deem appropriate. The Insurance Company's duty to defend or settle any claim or suit ends when the applicable limit of liability has been exhausted in the payment of judgments or settlements.

NAME OF INSURED _____
ADDRESS _____ CITY _____ STATE _____

HAZARDS	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	COVERAGES AND LIMITS OF LIABILITY BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY	
				ALL PERSONS / ALL DAMAGES EACH ACCIDENT or OCCURRENCE	AGGREGATE
A OWNER'S AND CONTRACTOR'S PROTECTIVE LIABILITY FOR AND IN THE NAME OF THE STATE OF CONN. (1)(2) SEE BELOW					
*B COMMERCIAL GENERAL LIABILITY (1) SEE BELOW					
*C EXPLOSION, COLLAPSE, OR UNDERGROUND DAMAGE LIABILITY(1) SEE BELOW					
*D AUTOMOBILE LIABILITY OWNED AUTOMOBILES HIRED AUTOMOBILES NON-OWNED AUTOMOBILES (1) SEE BELOW					
*E RAILROAD PROTECTIVE LIABILITY (1) (2) SEE BELOW					
*F EXCESS/UMBRELLA LIABILITY (1) SEE BELOW					
G VALUABLE PAPERS and RECORDS	XXXXXXXXXXXXXX	XXXXXXX	XXXXXXX	POSSESSION	ALL OTHER
VALUABLE PAPERS and RECORDS					
H BLASTING (1) SEE BELOW					
I ** WORKERS' COMPENSATION				STATUTORY COVERAGES AND LIMITS	
J					

* State of Connecticut Is Named as Additional Insured.

** Compensation Commissioner's Certificate shall be supplied herewith by self-insured party.

Note: If Excess/Umbrella Liability Insurance is needed to meet the Agreement/Contract, etc. minimum requirements, complete Section F above.

Check This Certificate is issued in accordance with the terms of:

- Construction Contracts
 Lease Agreement Rights of Way
 Demolition Contracts
 Permit Work No. _____
 Project No. _____
 Agree No. _____
 Engineering
 Other Specify & including all operations incidental thereto.

PARTY FOR NOTICE Bureau: _____ Unit: _____ Name: _____

(1) It is agreed that the herein named Insurance Company will not use the defense of sovereign immunity in the adjustment of claims or in the defense of any suit brought against the State, unless requested to do so in writing by the State.

(2) It is agreed that the Insurance Company will bill premiums and audit charges earned under the protective liability policy(ies) to the above named insured; however, if named insured is different from the vendor, consultant, contractor or party of record, the vendor, consultant, contractor or party of record will be billed.

IN THE EVENT OF ANY REDUCTION IN LIMITS, CANCELLATION OF OR FAILURE TO RENEW ANY ONE OR MORE OF SAID POLICIES THE _____ (INSURANCE COMPANY) SHALL GIVE NOT LESS THAN THIRTY DAYS WRITTEN NOTICE TO THE PARTY FOR NOTICE TO WHOM THIS CERTIFICATE IS ISSUED OF SUCH REDUCTION IN LIMITS, CANCELLATION, OR FAILURE TO RENEW.

DATED THIS _____ DAY OF _____ _____ (Insurance Company)

ISSUED TO: CONNECTICUT DEPARTMENT OF TRANSPORTATION
CONTRACT ADMINISTRATION
2800 BERLIN TURNPIKE
NEWINGTON, CT 06111

 Printed on recycled or recovered paper. _____ (Address)
 _____ (Agency)
 _____ (Address)
 _____ (Authorized Agent's Name & Signature)