

Certificate of Insurance

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.**

NAME AND ADDRESS OF AGENCY	COMPANIES AFFORDING COVERAGES
NAME AND ADDRESS OF INSURED	COMPANY LETTER A
	COMPANY LETTER B
	COMPANY LETTER C
	COMPANY LETTER D
	COMPANY LETTER E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/>	GENERAL LIABILITY			BODILY INJURY	\$	\$
	<input type="checkbox"/> COMPREHENSIVE FORM			PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES-OPERATIONS EXPLOSION AND COLLAPSE HAZARD			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UNDERGROUND HAZARD			PERSONAL INJURY		
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD					
	<input type="checkbox"/> CONTRACTUAL INSURANCE					
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
<input type="checkbox"/> INDEPENDENT CONTRACTORS						
<input type="checkbox"/> PERSONAL INJURY						
<input type="checkbox"/>	AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON)	\$	
	<input type="checkbox"/> COMPREHENSIVE FORM			BODILY INJURY (EACH ACCIDENT)	\$	
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
<input type="checkbox"/> NON OWNED						
<input type="checkbox"/>	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM					
<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
<input type="checkbox"/>	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY	\$	(EACH ACCIDENT)
A	OTHER PROFESSIONAL LIABILITY INSURANCE			\$ _____ each claim or in the aggregate with a _____ ea. claim deductible.		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
 "Professional Liability Insurance has an aggregate limit which is the total insurance available for claims presented within the policy period for all operations of the insured. This insurance is not for a specific project."
 PROJECT: _____ BUREAU: _____ UNIT: _____ TITLE: _____

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail **30 days** prior written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

State of Connecticut
 Department of Transportation
 2800 Berlin Turnpike, P.O. Box 317546
 Newington, Connecticut 06131-7546

DATE ISSUED: _____