



**Town of Hamden  
2750 Dixwell Avenue  
Hamden, Connecticut 06518**

**APPLICATION AND PERMIT FOR THE USE OF TOWN PARK**

- **Applicants seeking permits for use of a park/facility must also certify to compliance with the current and future Governor’s Orders and the DECD Sector Rules.**
- **Applicant agrees to adhere to all proclamations and orders pursuant to Hamden EMERGENCY ORDER NO. 9 REGARDING PARKS, PLAYGROUNDS AND FIELDS IN THE TOWN OF HAMDEN as it remains in effect during the public health emergency (9/2/2020) and any subsequent changes to ORDER NO. 9 as they become available.**
- **INSURANCE/INDEMNIFICATION: To the fullest extent permitted by law, Applicant will indemnify, defend and hold harmless the Town of Hamden, its officers, employees, agents and assigns from and against any and all claims, expenses and judgments alleged to arise from or arising from use and occupancy of the Town Park. Each applicant is required to provide a minimum of \$1,000,000 in general liability insurance for each event. This indemnification provision shall survive expiration of this permit. A current Certificate of Insurance must also be produced naming “The Town of Hamden” as an additional insured on the policy. This documentation must be provided in advance of park usage. All documentation should be sent to the town’s Risk Manager. No applicant will be approved to use a town park until all relevant documentation has been received.**
  - See insurance certificate example for specific information required for the certificate of insurance that will be delivered to the town.
  - Permit insurance certificates must be submitted minimally 7-days before the event to confirm adequate coverage.

I agree, to the fullest extent permitted by law, to knowingly and voluntarily release, on behalf of myself and my heirs, and hold harmless the Town of Hamden from any and all claims that occur or may occur during my use and occupancy of the Town Park.

***I have read, understand, and agree to the foregoing and I agree to abide by all town, state, and federal laws.***

Signature of Applicant: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
Town/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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***For Office Use Only:  
(Provide Initials  
for Signature)***

*Application Received on:* \_\_\_\_\_  
*Risk Manager Approval:* \_\_\_\_\_  
*Recreation Approval:* \_\_\_\_\_

*Insurance Received:* \_\_\_\_\_ *Fee:* \_\_\_\_\_  
*Public Works Approval:* \_\_\_\_\_  
*Denied:* \_\_\_\_\_

# Town of Hamden

## Sample Accord COI W/Description

1. 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 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).

PRODUCER Agent  <b>2</b>	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Insurance carrier	NAIC #
INSURED  Permit Requester  <b>1</b>	INSURER B :	<b>3</b>
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <b>4</b>	X	X	abc123 <b>5</b>	01/01/2025 <b>6</b>	01/01/2026 <b>7</b>	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>8</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER: \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event/Location details

**10****CERTIFICATE HOLDER****CANCELLATION**

Town of Hamden 2750 Dixwell Ave  Hamden, CT 06518  <b>11</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Producer/agent signature</i> <b>12</b>
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# 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 requirements also apply to any subcontractor or common carrier used by the Vendor.

<input type="checkbox"/>	I.	WORKERS COMPENSATION	
		a) Connecticut	Statutory Limits
		b) Applicable Federal	Statutory Limits
		c) Employer's Liability	\$100,000 per Accident
			\$500,000 Disease
			\$100,000 Disease, Per employee

<input checked="" type="checkbox"/>	II.	COMMERCIAL GENERAL LIABILITY	
		Bodily Injury and Property Damage	
		General Aggregate	\$1,000,000
		Products & Completed Operations Aggregate	\$1,000,000
		Personal Injury/Advertising	\$1,000,000
		Each Occurrence	\$1,000,000
		Fire Damage	\$ 50,000
		Medical Expense	\$ 5,000

Coverage to include Premise-Operations, Contractors Protective Liability, Products & Completed Operations, Explosion, Collapse & Underground, Contractual Liability, & Broad Form Property Damage.

<input type="checkbox"/>	III.	BUSINESS AUTOMOBILE LIABILITY (including owned, hired & non-owned vehicles)	
		Liability (Combined Single Limit)	\$1,000,000

(If hazardous material or potential pollutants are transported, MCS90 – Accidental Pollution coverage is required)

<input type="checkbox"/>	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

- V. RAILROAD PROTECTIVE 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 \$1,000,000 Each  
Occurrence \$1,000,000 Aggregate
- VII. PROFESSIONAL LIABILITY (If Required)  
Bodily Injury and Property Damage \$1,000,000 Each  
Occurrence \$1,000,000 Aggregate

VIII. CYBER LIABILITY (If Required)

**IX. *The Town of Hamden and/or Hamden Board of Education to be named as an additional insured on all policies except Workers Compensation.***

**X. *If the insurance request is made to a vendor, The Vendor shall hold the Town of Hamden and/or Hamden Board of Education harmless for any and all injuries to persons and/or property resulting out of the performance of this contract and resulting from the Vendors negligence.***

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

***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 individual 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 [gatherguard.com](https://gatherguard.com), Intact Insurance's simple online system. Their support team is available by phone or email to answer questions about GatherGuard or to offer technical assistance to you or the host/organizer.

## PROTECTION IN THREE EASY STEPS

1. The host/organizer visits [gatherguard.com](https://gatherguard.com) and answers a few basic questions.
2. Once approved, the host/organizer purchases their insurance coverage online and the coverage is bound.
3. 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.



# Intact Insurance GatherGuard Special Event Coverage

## Limits and Coverage

### Limits

Limits up to \$5 Million are available for products/operations, including liability for bodily injury and property damage. The policy will pay those sums that the insured (the host/organizer) becomes legally obligated to pay damages because of the bodily injury or property damage to which this insurance applies.

### Coverage includes:

- Premises Operations
- Products/Completed Operations
- Contractual Liability
- Broad Form Property Damage
- Personal Injury Liability
- Third-Party Personal Property
- Limits are Outside Cost of Defense (Cost of Defense is in addition to the limit of liability for any coverage)
- Liquor Liability\*
- The Public Entity and/or School District is an Additional Insured for Each Covered Event

\* If there are any charges or fees collected by the host/organizer, or any participating vendor, and alcohol is provided or sold, then we recommend purchasing Liquor Liability Coverage in addition to the General Liability to avoid any potential exclusions applying to the event. If the host/organizer is providing alcohol, but no fees or charges are involved (such as a private party or reception) then the Host Liquor Liability included in the basic coverage will apply, subject to the term and conditions of the policy.

## Cancellations

GatherGuard policies can be cancelled for a full refund prior to the policy effective date per the policy terms and conditions. Please contact Intact Insurance or your CIRMA representative for additional information as there are several conditions which must be met for a full refund to be received.

**For More Information** - Please contact David Villecco at CIRMA: [dvillecco@ccm-ct.org](mailto:dvillecco@ccm-ct.org) -or- 203-498-3053



GatherGuard, available through Intact Insurance, is sponsored by the National League of Cities (NLC) for the benefit of its member state municipal pools and their member cities, towns, counties, school districts, and other special districts.



Your public entity is registered to use the GatherGuard account through HUB International New England.



GatherGuard—a liability insurance program available through Intact Insurance, provides event hosts/organizers with convenient, low-cost coverage for special events. GatherGuard can help mitigate risks, while providing valuable protections to your entity and to the host/organizer.

This material is intended for informational purposes only, and descriptions of insurance coverage are general in nature and are not to be construed as actual policy language.

This material does not amend, extend, or otherwise affect the provisions or coverages of any insurance policy issued by Connecticut Interlocal Risk Management Agency (CIRMA) or placed with a commercial carrier by CIRMA on the behalf of the CIRMA membership, nor is it a representation that coverage does or does not exist. Coverage depends on the facts and circumstances of each claim or loss, all relevant policy provisions and applicable law. Availability of any coverage referenced in this document depends on underwriting qualifications and Connecticut State and Federal regulations.

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