

TOWN OF WASHINGTON, CONNECTICUT

**APPLICATION FOR USE OF
THE PAVILION AT WASHINGTON PRIMARY SCHOOL**

ORGANIZATION OR APPLICANT: _____

PERSON RESPONSIBLE FOR BUILDING: _____

ADDRESS: _____

PHONE: _____

FOR THE PURPOSE OF: _____

I/WE WOULD LIKE TO RESERVE THE PAVILION FOR THE FOLLOWING DATE: _____

FEES:	DEPOSIT:	\$25
	DAY OF EVENT:	\$25

(FEES WILL BE WAIVED FOR PUBLIC SCHOOLS AND PUBLIC YOUTH ORGANIZATIONS BASED IN THE TOWN OF WASHINGTON)

USE OF THE PAVILION IS LIMITED TO DAYLIGHT HOURS ONLY. LOUD MUSIC IS NOT ALLOWED. YOUR CONSIDERATION OF THE NEIGHBORS IN THE AREA IS APPRECIATED.

IF USE OF ELECTRICITY IS REQUIRED, IT IS YOUR RESPONSIBILITY TO OBTAIN KEY AT TOWN HALL DURING NORMAL BUSINESS HOURS PRIOR TO THE EVENT AND RETURN IT THE DAY FOLLOWING THE EVENT.

YOU MUST CONTACT THE WASHINGTON RESIDENT TROOPER TO DETERMINE NECESSITY OF HIRING CONDTABLE FOR YOUR EVENT. AN INVOICE FOR THIS SERVICE WILL BE SENT SEPARATELY.

A CERTIFICATE OF LIABILITY INSURANCE NAMING THE TOWN AS AN ADDITIONAL INSURED MUST BE SUBMITTED WITH THIS APPLICATION.

BY SIGNING THIS APPLICATION, YOU/YOUR ORGANIZATION CLAIMS FULL RESPONSIBILITY FOR THE CARE OF THE BUILDING, REMOVAL OF TRASH, RESULTING CLEANING, DAMAGES AND/OR INJURY THAT MAY RESULT FROM THE USE OF THIS BUILDING AND WILL HOLD THE TOWN OF WASHINGTON HARMLESS FOR SAME. YOU WILL COMPLY WITH THE REGULATIONS AS REQUIRED AND WILL LEAVE THE BUILDING IN THE SAME OR BETTER CONDITION THE SAME DAY AS THE EVENT.

I HAVE READ THE ABOVE REGULATIONS AND ACCEPT FULL RESPONSIBILITY AS STATED.

SIGNATURE _____ DATE _____

FEE RECEIVED _____ AMOUNT _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/10/01

PRODUCER
LITCHFIELD PERSONAL LINES

82 H BENNETT SQUARE
SOUTHURY CT 06488

INSURED
PERRY CABLE JR
CHERYL CABLE
324 CANDLEWOOD LAKE RD. S.
NEW MILFORD CT 06776-4504

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 BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A COVENANT INSURANCE COMPANY

COMPANY B

COMPANY C

COMPANY D

COVERAGE
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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> HOMEOWNERS	HLT0026891	10/15/00	10/15/01	GENERAL AGGREGATE \$ PRODUCTS - COMP/OF AGO \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$300,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS \$ OTHER \$ CL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<i>Sample</i>			
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	<i>Sample</i>			
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<i>Sample</i>			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<i>Sample</i>			
	OTHER	<i>Sample</i>			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
WASHINGTON FIRE HOUSE

B BROOK ROAD
WASHINGTON CT 06794

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Robin Fleischer

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CUMMINS CORPORATION 1998