

TEMPORARY PERMISSION. In consideration for the use of the facility described in this agreement, temporary permission is hereby granted to \_\_\_\_\_  
(the "Permittee") to enter and use property and facilities owned and/or controlled by the Town of Fairfield, known as the Fairfield Regional Fire Training Center and located at 205 One Rod Highway, Fairfield for the purpose of conducting Fire and related Rescue Training under the terms and conditions set forth below:

IDEMNIFICATION. The Permittee shall defend, indemnify and hold harmless the Town of Fairfield, its departments, officials, employees, agents, servants, successors, and assigns, irrespective, specifically of their negligence or fault, from and against any and all losses and liabilities, penalties, fines, demands, claims, causes of action, suits, costs and expenses incidental thereto (including cost of defense and attorney's fees), which any or all of them may hereafter incur, be responsible for, or pay as a result of injury, death, disease, or occupational disease to any person, and for damage to or loss of any property, arising out of or in any degree directly or indirectly caused by or resulting from or by reason of the presence of any employees or agents of the Permittee being upon the property at the Fairfield Regional Fire Training Center and activities of by Permittee, its officers, employees, agents, servants, contractors, subcontractors, or any other person acting for or by permission of Permittee. These obligations shall extend to and include injury, death, disease, or occupational disease to employees of the Permittee, its agents, servants, contractors, subcontractors, or any other person acting for or by permission of the Permittee. The foregoing obligation shall not be limited by the existence of any insurance policy or by any limitation on the amount or type of damages, compensation, or benefits payable by or for Permittee or any contractor or subcontractor.

The undersigned acknowledges that by signing this agreement, he or she has fully read it, understands it and has voluntarily signed it.

Date: \_\_\_\_\_

By \_\_\_\_\_

Please print name, sign above and indicate permission with Permittee



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2014

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).

PRODUCER Connecticut Interlocal Risk Management Agency 900 Chapel Street New Haven, CT 06510	CONTACT NAME: Penny Smith
	PHONE (A/C, No. Ext): 203-946-3793 FAX (A/C, No.):
	E-MAIL ADDRESS: psmith@ccm-ct.org
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Connecticut Interlocal Risk Management Agency
INSURED Town of _____ Address _____	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 17667 REVISED NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICYHOLDER(S) INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR AGREEMENT 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 ENDORSEMENTS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			72	07/01/2014	07/01/2015	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) EXP (Any one person) PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 3,000,000 PRODUCTS - COMP/OP AGG
	GENL AGGREGATE LIMIT S.P. POLICY LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			LAP2014003777	07/01/2014	07/01/2015	EACH OCCURRENCE 10,000,000 AGGREGATE 10,000,000
	DED RETENTIONS						
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			WC2014003782	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER Town of _____ Address _____	CANCELLATION 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 