

## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/19/2019 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). Taylor Allen Swanson Insurance LLC PHONE (A/C, No, Ext): E-MAIL (860) 443-1500 FAX (A/C, No): (860) 443-1900 210 Boston Post Road taylor@swansonins.com ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # Waterford CT 06385 Ohio Security 24082 INSURER A : INSURED INSURER B: Hartford Fire Insurance 19682 Dev's Bistro LLC INSURER C : 312 State St INSURER D : INSURER E : New London CT 06320 INSURER F: **COVERAGES** CL1961913047 **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. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE LTR POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE | X OCCUR 300 000 PREMISES (Ea occurrence) 15,000 MED EXP (Any one person) BKS57776270 01/17/2019 01/17/2020 1,000,000 PERSONAL & ADV INJURY 5 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY 2,000,000 PRODUCTS - COMP/OP AGG OTHER Experience Mod Factor 1 S COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) s OWNED SCHEDULED AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY **BODILY INJURY (Per accident)** s PROPERTY DAMAGE (Per accident) s s UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB AGGREGATE DED RETENTION S
WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 100,000 E.L. EACH ACCIDENT 02WECCI1580 NIA 12/01/2018 12/01/2019 100,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of New London is listed as additional insured **CERTIFICATE HOLDER** 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. City of New London

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town Allen

181 State Street

New London

CT 06320

**AUTHORIZED REPRESENTATIVE** 

## **PERMIT NO. 19-017-EN**

Date of Issue:

7/25/19

CITY OF NEW LONDON 111 UNION STREET NEW LONDON, CT 06320



W				S SUBJECT TO FI	
Upon application m	ade, this PEF	RMIT is grante	d to: DEV'	S BISTRO/CAN	DACE DEVENDITTIS/
			CHRIS 7	TEHAN	
Contact's Phone Nu	mber: 860	-874-4171			The same of the same
Description of work	.: Street D	Deck in (2) p	arking sp	aces in front	of 312 State St.
Location of work: _	312 State	e St.	and an area of the		
SPECIAL CONDIT	<i>ION(S):</i> F	Provide Refl	ective Ma	terial on Stre	et Deck
for vehicular t	traffic safe	ety.			
pavement or fails to com accordance with the term necessary for public safe further that every person	ply with the proves of said Ordinanty, at the expense, firm or corporate terms, and to the	visions contained in nce, cause said wor e of the Permittee a tion acting under th he ordinances of th	Article III of s k to be done or and deduct the countries of the best of the countries of t	aid Ordinance, the Di take such reasonable a lost thereof from the bo conform to the represe	erly restore the ground and rector of Public Works may, in neasures as in his opinion are and filed or deposit made; and nations of the application or thereof; and that said permit
PERMIT VALID F	ROM: 7/25	5/19	UNTIL:	8/25/19	(30 DAYS MAX.)
Extension of Postreet Deck (Pa	arklet) sha	Il be remove	Permit car ed by Nov	n be re-newed v.1, 2019.	l prior to 8/25/19.
		ineering Techniciar	- 1		
DISTRIBUTION: Blue Copy – Permittee					
NLPW Department of Public Utilities		For Dept. Us	se Only:		
		Final Acceptar	nce:		Date:

Thomas J. Quintin, Engineering Technician