

CONNECTICUT WEB SITE

ADDRESS:

(www.ct.gov/dot)

When you open the web-site on the top of the page to the right click on **Permits and License Info.**

When this opens, you go down the center of page and under **Highways** you will look for **Encroachment Permit** click on this.

When this opens you will find several forms.

- A) Bond (Cla-5)
- B) Application (Pmt-1)
- C) Instruction on how to fill out a permit application
- D) Information tells you how much a permit will cost per job.
- E) District Towns. This lets you know what district the town belongs to.

You also have a list of each District with their address and phone numbers.

You will need to get your certificate of Insurance and send this in with your applications.

DO NOT SEND ANY APPLICATIONS, BONDS, INSURNANCE AND FEES FOR ANY PERMITS JOBS TO NEWINGTON.

A STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF INSURANCE (FORM CON-32, REVISED 7/02) IS THE
ONLY ACCEPTABLE
FORM FOR PROOF OF INSURANCE

COVERAGE AND LIMITS OF LIABILITY FOR THE
CERTIFICATE OF INSURANCE ARE AS FOLLOWS:

BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY
EACH ACCIDENT OR OCCURRENCE: \$1,000,000.00
AGGREGATE: \$2,000,000.00

| | | |
|------------------------------------------|---------------------------|---------------------------|
| ITEM A (REQUIRED) | \$1,000,000.00 | \$2,000,000.00 |
| ITEM B (REQUIRED) | <u>\$1,000,000.00</u> | <u>\$2,000,000.00</u> |
| ITEM C (IF REQUIRED) | <u>\$1,000,000.00</u> | <u>\$2,000,000.00</u> |
| ITEM H (IF REQUIRED) | <u>\$1,000,000.00</u> | <u>\$2,000,000.00</u> |
| ITEM I IF ITEM I DOES NOT APPLY TYPE N/A | | |

MUST HAVE EFFECTIVE DATES AND POLICY NUMBERS.

*POLICY NUMBERS FOR ITEM A & ITEM B CAN NOT BE THE SAME.

THIS FORM MUST BE TYPED. IT CAN NOT BE HAND WRITTEN.

IF UMBRELLA COVERAGE IS NEEDED TO MEET THE INSURANCE
REQUIREMENTS FOR THE ENCROACHMENT PERMIT, THE
AMOUNT MUST BE 5,000,000.00 AND MUST NAME THE STATE OF
CONNECTICUT AS ADDITIONAL INSURED.

CON-32 REV. 11/07
STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF INSURANCE

This is to certify that the Insurance Company named herein has issued to the named insured the policies listed below, that these policies are written in accordance with the Insurance Company's standard policies and endorsements, except as indicated below or as noted in the attachments hereto, which policies and endorsements will be made available to the Department of Transportation upon request, that they provide coverages and limits of liability shown with respect to the hazards indicated, that they are in force on this date, and that this Certificate is furnished in accordance with and for the purpose of satisfying the requirements of the Department of Transportation in connection with the award and the performance of any contract of agreement, or the issuance of any permit or authorization by the Transportation Commissioner or duly authorized agent.

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.

| NAME OF INSURED _____ | | CITY _____ | | STATE _____ | |
|----------------------------------------------------------------------------------------------------------|----------------|----------------|-----------------|-------------------------------------------------------------------------------------------|-----------|
| ADDRESS _____ | | | | | |
| HAZARDS | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | COVERAGES AND LIMITS OF LIABILITY / BODILY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY | |
| | | | | ALL PERSONS / ALL DAMAGES EACH ACCIDENT or OCCURRENCE | AGGREGATE |
| A OWNERS AND CONTRACTORS PROTECTIVE LIABILITY FOR AND IN THE NAME OF THE STATE OF CONN. (1)(2) SEE BELOW | | | | | |
| *B COMMERCIAL GENERAL LIABILITY (1) SEE BELOW | | | | | |
| *C EXPLOSION, COLLAPSE, OR UNDERGROUND DAMAGE LIABILITY (1) SEE BELOW | | | | | |
| *D AUTOMOBILE LIABILITY OWNED AUTOMOBILES HIRED AUTOMOBILES NON-OWNED AUTOMOBILES (1) SEE BELOW | | | | | |
| *E RAILROAD PROTECTIVE LIABILITY (1) (2) SEE BELOW | | | | | |
| *F UMBRELLA LIABILITY (1) SEE BELOW | | | | | |
| G VALUABLE PAPERS and RECORDS | XXXXXXXXXXXXXX | XXXXXX | XXXXXX | POSSESSION | ALL OTHER |
| VALUABLE PAPERS and RECORDS | | | | | |
| H BLASTING (1) SEE BELOW | | | | | |
| I ** WORKERS' COMPENSATION | | | | STATUTORY COVERAGES AND LIMITS | |
| J | | | | | |

* State of Connecticut is Named as Additional Insured.

** Compensation Commissioner's Certificate shall be supplied herewith by self-insured party.

Note: If Excess/Umbrella Liability Insurance is needed to meet the Agreement/Contract, etc. minimum requirements, complete Section H above.

Check _____ This Certificate is issued in accordance with the terms of _____

| | | |
|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Construction Contracts | <input type="checkbox"/> Lease Agreement Rights of Way | <input type="checkbox"/> Demolition Contracts |
| <input type="checkbox"/> Permit Work No. _____ | | <input type="checkbox"/> Agree No. _____ |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Project No. _____ | <input type="checkbox"/> Other Specify & including all operations incidental thereto. |

PARTY FOR NOTICE Bureau: _____ Under _____ Name: _____

(1) It is agreed that the herein named Insurance Company will not use the defense of sovereign immunity in the adjustment of claims or in the defense of any suit brought against the State, unless requested to do so in writing by the State.

(2) It is agreed that the Insurance Company will bill premiums and audit charges earned under the protective liability policy(ies) to the above named insured; however, if named insured is different from the vendor, consultant, contractor or party of record, the vendor, consultant, contractor or party of record will be billed.

IN THE EVENT OF ANY REDUCTION IN LIMITS, CANCELLATION OF OR FAILURE TO RENEW ANY ONE OR MORE OF SAID POLICIES THE _____ (INSURANCE COMPANY) SHALL GIVE NOT LESS THAN THIRTY DAYS WRITTEN NOTICE TO THE PARTY FOR NOTICE TO WHOM THIS CERTIFICATE IS ISSUED OF SUCH REDUCTION IN LIMITS, CANCELLATION, OR FAILURE TO RENEW.

DATED THIS _____ DAY OF _____

ISSUED TO: CONNECTICUT DEPARTMENT OF TRANSPORTATION
CONTRACT ADMINISTRATION
2800 BERLIN TURNPIKE
NEWINGTON, CT 06111

(Insurable Company)

(Address)

(Agency)

(Address)

(Authorized Agent's Name & Signature)

Printed on recipient or receiver's paper.