

**STREET USE PERMIT
APPLICATION**

**CITY OF STAMFORD
OFFICE OF OPERATIONS
ENGINEERING BUREAU**



FOR LANE OR SIDEWALK RELATED ACTIVITY
Telephone No. 203-977-4180 Fax No. 203-977-4137

DATE: _____

PERMIT FEE: \$100.00 **METHOD OF PAYMENT:** CHECK or CASH **CHECK #** _____
(SELECT ONE)

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE No.: _____ **OFFICE / CELL No.:** _____

FAX No.: _____ **E-MAIL:** _____

LOCATION OF ACTIVITY:

DESCRIPTION OF ACTIVITY: (attach sketch – including “north” arrow and nearest intersecting road) :

ESTIMATED ACTIVITY PERIOD: _____ **DAYS** **START DATE:** _____
(90 Days Maximum)

THE CITY ENGINEER REQUIRES A VALID CERTIFICATE OF INSURANCE WHEN APPLYING FOR THIS PERMIT:

CERTIFICATE OF INSURANCE POLICY NUMBER **EXPIRATION DATE**

PRINT NAME: _____

APPLICANT'S SIGNATURE: _____ **TITLE:** _____

City of Stamford
Certificates of Insurance Requirements
(minimum requirements)

1. General liability insurance, within a minimum limit of liability of \$1,000,000 combined single limit per occurrence for bodily injury and property damage. Coverage shall include, but not be limited to operations liability, products liability and completed operations and contractual liability, which insures the indemnity contained in this Agreement.
2. Automobile liability insurance if vehicles are utilized in the activity. Minimum limit of liability is \$1,000,000 combined single limit of liability per occurrence for bodily injury and property damage.
3. Workers' Compensation coverage, if applicable, which complies with the Workers' Compensation Regulations and Statutes of the State of Connecticut.
4. Employer's liability insurance, if applicable.
5. Professional liability insurance, with a minimum limit of liability of \$1,000,000 per claim or accident. This coverage is required of businesses, associations and other similar entities which have a professional component to their activities, e.g., architects, engineers, accountants, etc.
6. The City of Stamford, the Board of Education (for school-related activities and activities which take place on school grounds) and their employees, agents and officers designated as additional insureds under all liability policies except professional liability.
7. All insurance required hereunder shall contain provisions requiring thirty (30) days prior written notice of cancellation, termination or material change in coverage terms and conditions.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

NAME OF PRODUCER
ADDRESS OF PRODUCER

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

NAME OF INSURED
ADDRESS OF INSURED

INSURER A: Insurance Company A
INSURER B: Insurance Company B
INSURER C: Insurance Company C
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	XXXXXXXXXX	xx/xx/xx	xx/xx/xx	EACH OCCURRENCE \$ \$1,000,000 FIRE DAMAGE (Any one fire) \$ \$50,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$500,000 GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	XXXXXXXXXX	xx/xx/xx	xx/xx/xx	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	XXXXXXXXXX	xx/xx/xx	xx/xx/xx	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ \$100,000 E.L. DISEASE - EA EMPLOYEE \$ \$500,000 E.L. DISEASE - POLICY LIMIT \$ \$100,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Includes interest of City of Stamford and its employees, agents and officers named as additional insured as their interest may appear.

CERTIFICATE HOLDER

CITY OF STAMFORD
ENGINEERING BUREAU
888 WASHINGTON BLVD.
STAMFORD, CT 06904

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE