



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF ENGINEERING & HIGHWAY OPERATIONS
 2800 BERLIN TURNPIKE, P.O. BOX 317546
 NEWINGTON, CONNECTICUT 06131-7546

Date:	PMT-1 Rev. 5/91 State of Connecticut Department of Transportation APPLICATION FOR PERMIT	Application form must be filled in completely and mailed or delivered to the Bureau of Engineering and Highway Operations District Office
Fee: (for DOT use)		

LOCATION OF PROPOSED WORK:

- (a) Town _____ (b) Route _____ (c) Street Name & No. _____
- (d) (Circle One) N. S. E. W. side of Highway (e) Located Between Utility Poles No. _____ & No. _____
- (f) Distance and direction from nearest intersecting road. _____ Miles (N. S. E. W.) of _____ (St/Rd)

Application is hereby made to: (Describe fully & include sketch or attach plans) _____

PERMIT FEE can be paid only by check or money order payable to Treasurer - State of Conn.

<p>Name of Surety Company & amount of Bond _____</p> <p>Party whom Bond is issued:</p> <p>Print Name _____</p> <p>Signed _____ Phone _____</p> <p>_____</p> <p>Party to whom Insurance is issued:</p> <p>Print Name _____</p> <p>Signed _____</p> <p>Approximate Time Required _____ Desired Starting Date _____</p> <p>_____</p> <p>Complete Plans and Specifications must be submitted for major encroachment permits. On other work a careful sketch shall be shown on space above or on back side of application.</p>	<p>Permit to be issued to:</p> <p>Name _____</p> <p>& _____</p> <p>Address _____</p> <p>Town _____ ZIP _____</p> <p>_____</p> <p>The owner of the property for whom this work is being performed agrees to accept all future maintenance responsibility for the work specified in the permit.</p> <p>Print Owner's Name _____</p> <p>Address _____</p> <p>Signed _____ Phone _____</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date Issued

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 Insurance Agent Issuing	CONTACT NAME: Agent's Name	PHONE (A/C, No, Ext): 000-000-0000	FAX (A/C, No): 000-000-0000
	E-MAIL ADDRESS: Agent Writing Insurance		
INSURED Insured	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Insurance Company		00000
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

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.

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	Y		Policy #	Eff. Date	Exp. Date	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 500,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000
	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						PERSONAL & ADV INJURY	\$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						GENERAL AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Policy #	Eff. Date	Exp. Date	PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Minimum 1,000,000	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							WC STATUTORY LIMITS	
							OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

The State of Connecticut Department of Transportation is included as an additional insured with respect to General Liability subject to policy terms, conditions and exclusions as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

State of Connecticut
Department Of Transportation
1107 Cromwell Ave.
Rocky Hill, CT 06067

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

Signature of Insurance Agent

State of Connecticut
Department of Transportation
Bureau of Highways, District 3
140 Pond Lily Avenue
New Haven, CT 06515-0111

ISSUANCE OF PERMIT - Surety Bond Requirements

Prior to the issuance of a Permit, the applicant shall submit a completed Permit Bond (Connecticut Department of Transportation Form CLA-5) in the amount specified by the State Department of Transportation Permit Agent.

The amount of the Surety Bond will be established separately for each permit so that the State will be protected against loss in the event of the failure of the permit holder to complete the work or make required repairs or restorations and from claims arising from accidents or damage involving the work or encroachment authorized by the permit.

A continuing blanket Surety Bond, acceptable to the Department, may be deposited to avoid the inconvenience and expense of obtaining individual bonds for each permit requested.

It is emphasized that the required surety information must be submitted on a **Fully Completed Original Copy** of the Connecticut Department of Transportation Permit Bond Form CLA-5. Incomplete CLA-5 Forms, Photo Copies and/or Bonding Company Forms are not acceptable.

The Bond shall remain in effect for a minimum period of one year after the completion of construction to insure the repair of any work done under the permit which has settled, eroded, or deteriorated. The Bond may be released after the waiting period upon request, in writing, of the permittee's bonding company.

THIS FORM TO BE USED IN CONNECTION WITH EACH PERMIT, FOR WHICH A BOND IS REQUIRED FOR THE PERFORMANCE OF ALL THE TERMS, CONDITIONS, OF SAID PERMIT.

STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF ENGINEERING & HIGHWAY OPERATIONS
CLA-5 REV. 8/00
(302-06-0087)
PERMIT BOND

NAME OF PERMIT HOLDER

BOND NUMBER

Know all Men by these Presents,

That we, of the Town of , County of
(Permittee)

..... , and State of Connecticut, as Principal, and
(Bonding Company)

of the State of having an office and place of business at.....

..... , as surety, are held and firmly bound unto the State of

Connecticut, in the sum of DOLLARS,
lawful money of the United States, to be paid to assure completion of all work for which payment, well and truly to be made, we bind ourselves, our heirs, executors and administrators and assigns, jointly and severally by these presents, the said bond and surety to continue to be holden to the State of Connecticut until consent to the cancellation thereof is given in writing by the Commissioner of Transportation of Connecticut or his authorized agent

The condition of this obligation is such, that

WHEREAS, the above named Principal has received, or may, upon his application, receive a permit or permits from the State of Connecticut to perform work on, about or adjacent to a highway or for the use of the state highway right of way, on, over, or below, within said State of Connecticut as is or may be particularly specified in said permit or permits, to which permit or permits reference is hereby made and are made a part hereof; and

WHEREAS, the said Principal has undertaken and does hereby agree to comply with all the rules, regulations and restrictions of said State of Connecticut in regard to said permit or permits.

NOW THEREFORE, if the said Principal fails to complete the required work described in the permit, it will be the responsibility of the bonding company to arrange for the completion of all necessary work as required, to the satisfaction of the State and, if the said Principal shall well and truly perform and fulfill all the undertakings, covenants, terms, conditions and agreements specified in said permit or permits, and shall well and truly save harmless and indemnify the said State of Connecticut and the Commissioner of Transportation of said State, or either of them, from damages and costs that the State of Connecticut of the Commissioner of Transportation may suffer, be liable for, or be compelled to pay, or in fact does pay, for any injuries or damages which may be caused by any action or work being carried on either by the said Principal, his servants, agents or employees, under any permit or permits issued or which may be issued by said State of Connecticut or its authorized agent, or by reason of negligence or violation of any law on the part of said Principal, his servants, agents, or employees, and, further, idemnify said State of Connecticut for any expenses that said State of Connecticut or the Commissioner of Transportation may suffer, be liable for, or be compelled to pay, or in fact does pay for any required adjustments to the highway and its facilities to a comparable condition, including but not limited to refilling openings or excavations, removing cable guide railings, removing trees, tree stumps and other obstructions, replacing drainage involving driveways and restoring pavements open or excavated, satisfactory to the State, as existed prior to the initiation of the work by said principal, his servants, agents or employees, then his obligation shall be void; otherwise to remain in full force and effect.

All of the provisions of the foregoing are to be subject to the present statute laws of the State of Connecticut and to any change, alteration or repeal of any existing laws as may be enacted by any future session of the Legislature of the State of Connecticut.

IN WITNESS WHEREOF, we have hereunto set our hands and seals the day of
..... , in the year two-thousand.....

Witness to Permittee's Signature

..... L. S.
Permittee's Signature

..... L. S.
Bond Company Name

.....
Bond Company Address

..... L. S.
Agent Representing Bond Company

DRAINAGE CONNECTION CONCURRENCE

This Drainage Connection Concurrence hereinafter referred to as the Concurrence made and concluded at Rocky Hill, Connecticut, this 31st day of **October 2022** by and between the State of Connecticut, Department of Transportation, acting herein by the Bureau Chief, Bureau of Highway Operations, duly authorized, and hereinafter referred to as the State, and **Town of East Hartford** hereinafter referred to as the Owner.

WITNESSETH: That, whereas, the State has issued to the owner Encroachment Permit Numberto establish a private connection to the Bureau of Highway Operations storm drainage system as follows:

The municipal road known as King Court located between #69-71 and #73 King Court (near Rte. 2) in the town of East Hartford, shall be drained by a proposed 36" RC pipe. This 36" pipe runs southeasterly 100 linear feet from a proposed manhole and connects to an existing State catch basin located in the right of way of Rte. 2 EB right side grass area.

WHEREAS such connection may, in the future, prove a detriment to said drainage system by reason of contamination, overloading, malfunction, relocation or other causes,

NOW, THEREFORE, KNOW YE, that, it is understood and agreed, between the parties hereto, that this Concurrence is a revocable privilege to make and maintain a certain drainage connection as above described; that only clear and uncontaminated water will be discharged through said connection; that in the event that the State deems it advisable, convenient or necessary to design, construct, reconstruct or relocate its highway and/or highway appurtenances or any other construction activity within the area of said connection , the Owner shall bear the entire cost of relocating the connection that may be required as a result of such future State activity; that if in the opinion of the State, the connection malfunctions or ceases to function or causes any damage or any threat of damage to State property, the Owner shall immediately rectify such condition or the State shall take steps to repair such damage and/or threat of damage and all cost incurred thereby shall be reimbursed by the Owner and any and all consequential damages, if any, resulting from such action shall be borne completely by the Owner; that the State reserve the right to block off and/or disconnect the connection as a means of removing any further threat of damage; that the Owner is making the connection totally at his/her own risk and should the Owner incur any damages as a result of the State drainage system backing up or flooding, or malfunctioning or ceasing to function in any manner, the State or its agents will not be liable in any respect; that the Owner shall indemnify and save harmless the State, its officers, agents and employees from all claims, suits, actions, damages and cost of every name and description caused by or resulting from the connection; that all the obligations incurred by the Owner under this Concurrence shall be binding upon any successor in interest to the Owner and they shall be permanently bound to maintain the connection as long as it shall so exist.

For the Bureau Chief
Bureau of Highway Operations

Witness as to District Special Services Section
Manager

District Special Services Section Manager

Date: _____

Witness as to Owner

Owner

Date: _____

INSURANCE REQUIREMENTS
THE STATE OF CONNECTICUT DEPARTMENT OF TRANSPORTATION
REQUIRES PROOF OF INSURANCE.

COVERAGE AND LIMITS OF LIABILITY ARE AS FOLLOWS:

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

Bert Heller

*Commercial General Liability (required)(1) See below	\$1,000,000.00	\$2,000,000.00
*Explosion, Collapse, or Underground Damage Liability (required)(1) See below	\$1,000,000.00	\$2,000,000.00
*Automobile Liability Owned Automobiles, Hired Automobiles, Non-Owned Automobiles (required)(1) See below	\$1,000,000.00	\$2,000,000.00
*Railroad Protective Liability (1)(2) See below	\$1,000,000.00	\$2,000,000.00
*Excess/Umbrella Liability (1) See below	\$1,000,000.00	\$2,000,000.00
Blasting (1) See below	\$1,000,000.00	\$2,000,000.00
**Workers Compensation	\$1,000,000.00	\$2,000,000.00

EFFECTIVE DATES AND POLICY NUMBERS MUST BE TYPED IN.

IF UMBRELLA COVERAGE IS NEEDED TO MEET THE INSURANCE REQUIREMENTS FOR THE ENCROACHMENT PERMIT, THE AMOUNT MUST EQUAL THE AGGREGATE (\$2,000,000.00) AND MUST NAME THE STATE OF CONNECTICUT AS ADDITIONAL INSURED.

Continuance of the insurance will be required during the entire term of the Encroachment Permit. It is the responsibility of the insurance holder to update their policy and notify this office with a copy of the updated policy.

*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, that must be completed.

- (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 the Connecticut Department of Transportation Commissioner consents in writing to do so.
- (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 is different from the vendor, consultant, contractor or party of record, the vendor, consultant, contractor or party of record will be billed.

Department of Transportation
District 1 Permits
1107 Cromwell Avenue
Rocky Hill, CT 06067
Tel.: (860) 258-4544
Fax: (860) 258-4507