Town of Plainville
2026 PumpkinFest Insurance Requirements

All truck and booth vendors must have current insurance policies written EXACTLY as shown with the following requirements: SAMPLE ATTACHED

Certificate Holder: **Town of Plainville**
1 Central Square
Plainville, CT 06062
Attn: Michael Paulhus, Town Manager

Additional Named Insured: **Town of Plainville**
AND
PumpkinFest Committee
(two separate entities)

Liability Limits: **$1,000,000 (minimum)**

Event: **Plainville PumpkinFest**

Date: **October 17, 2026**

Proof of Insurance needed NO LATER THAN: SEPTEMBER 1ST, 2026
EMAIL DIRECTLY TO: Kris Dargenio: KRISSYD6363@GMAIL.COM

Please contact Michael Paulhus, Town Manager immediately
ONLY if you do not have Commercial/Business Insurance
to determine if any alternative arrangements can be made.

Michael Paulhus, Town Manager, Town of Plainville
at 860-793-0221 ext. 8701 or via email at: mpaulhus@plainville-ct.gov

KEITLAM-01 RSARDA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2025

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).

PRODUCER World Insurance Associates, LLC 400 Carillon Parkway, Ste. 125 Saint Petersburg, FL 33716	CONTACT NAME: Ronn Sarda PHONE (A/C, No, Ext): (727) 344-5500 386 FAX (A/C, No): (737) 344-5501 E-MAIL ADDRESS: ronaldsarda@worldinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Ohio Security Insurance Company — 24082
INSURED Keith Lambert DBA New England Novelty DBA National Team Sports 36 School Street South Easton, MA 02375	INSURER B : West American Insurance Company — 44393
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR	X		BZS60678803	1/22/2025	1/22/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
	X General Liability						MED EXP (Any one person)	$ 15,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 2,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS			BAW60678803	1/22/2025	1/22/2026	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH)	N/A		XWS60678803	1/22/2025	1/22/2026	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

RE: Plainville PumpkinFest

Town of Plainville & PumpkinFest Committee are listed as additional insured in regards to general liability when required by written contract.

CERTIFICATE HOLDER

Town of Plainville
Attn: Michael Paulhus, Town Manager
1 Central Square
Plainville, CT 06062

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

Gregory Leifer