



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Erik Patchofsky, Athletic Director
Department of Physical Education, Health/Athletics/Floyd Little Athletic Center

Date: July 12, 2023

Re: Agreement with Connecticut Orthopaedics to provide Medical Services

Answer all questions and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advanced for consideration by the full Board of Education.

| Company Information | | |
|--|--|------------|
| Vendor Name: | Connecticut Orthopaedics Specialist, P.C. | |
| Doing Business as: (DBA) | COS | |
| Vendor Address: | 2408 Whitney Avenue, Suite 140, Hamden, CT 06518 | |
| Vendor Contact Name: | Susan Bader | |
| Vendor Contact Email: | sbader@ct-ortho.com | |
| Is the contractor a minority or women owned small business? | | NO |
| Agreement/Contract Information | | |
| New or Renewal Agreement/Contract? | | Renewal |
| Effective Dates: (mm/dd/yy) <small>Multi-yr. require Board of Aldermen approval</small> | From 8/1/23 | To 6/30/24 |
| Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small> | \$7,500 (\$500 per game/event) | |
| Funding Source Name: Acct. #: | 1904040056694 | |
| Contract #: <small>(Local or State)</small> | | |



NEW HAVEN PUBLIC SCHOOLS

Key Questions:

1. What specific service will the contractor provide:

To provide one physician to attend all New Haven High Schools Football Games and other specifically requested, agreed upon, athletic events.

2. How was the contractor selected? **Attach appropriate supporting documents*

- ☐ Quotes
- ☐ Sealed Bid # _____
- ☐ Sole Source # _____
- ☐ RFP# _____
- ☐ State Contract # _____
- ☒ **Exempt Professional**
 - ☐ Accountant
 - ☐ Actuary
 - ☐ Appraiser
 - ☐ Architect
 - ☐ Artist
 - ☐ Dentist
 - ☐ Engineer
 - ☐ Expert Professional Consultant
 - ☐ Land Surveyor
 - ☐ Lawyer
 - ☒ Physician/Medical Doctor

3. If the vendor was selected through Solicitation (Bid/RFQ/RFP) process; answer the following:

a. Please explain how the vendor was chosen? **Attach Vendor Proposal*

N/A

b. Who were the members of the selection committee? *(Minimum 3 members required)*

PE, Health/Athletics/Floyd Little Athletic Center Dept. Supervisor, Middle School Athletic Director, Consultant and Business Manager.



NEW HAVEN PUBLIC SCHOOLS

Key Questions: - Continued

4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?

Yes, Connecticut Orthopaedics Specialists, P.C. has been extremely effective in meeting the needs of our student athletes and very pleased with their work.

5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? *Attach Renewal Letters

Yes, \$50 per game/athletic event.

6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?

N/A

7. Is this a service that existing staff could provide? Why or why not?

No, Medical Physician Services.



NEW HAVEN PUBLIC SCHOOLS

Agreement/Contract Processing Checklist

To ensure timely processing of the submitted Agreement/Contract it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

Forms/Documents are available in: Drive G:\F&O Agenda Minutes\Agreement Contract Checklist\2022-2023

| | |
|--|--|
| 1. Has this vendor performed service(s) in prior fiscal years? | |
| If Yes, | Vendor # <u>23030</u> |
| If No or New, | Vendor must provide completed W9 |
| 2. A quotes or proposal submitting regarding the agreement/contract. | |
| If RFP | Attach Vendor Submitted |
| Other | Copy of State Contract, Quotes, etc. |
| 3. <u>Certificates of Liability Insurance (COI) are required for ALL agreements/contracts, read the following and select the applicable Rider.</u> It is the submitters responsibility to request the COI from the vendor and attach with submission; the COI from the Vendor <u>must match rider specifications outlined.</u> Failure to obtain or incorrect COIs will be returned for revision and will delay its processing. | |
| Rider 300 | Professional Services – Onsite Umbrella; w/ Auto; w/ Workers Compensation |
| Rider 305 | Professional Services – Onsite Umbrella; No Auto; No Workers Compensation |
| Rider 310 | Professional Services – Onsite Umbrella; w/ Auto; No Workers Compensation |
| Rider 315 | Professional Services – Onsite Umbrella; w/ Youth under 21 |
| Rider 320 | Professional Services – Offsite; No Auto; No Workers Compensation |
| Rider 325 | Professional Services – Offsite; No Auto; No Workers Compensation; w/ Youth under 21 |
| Rider 330 | Professional Services – Offsite Attorney; No Auto; No Workers Compensation |
| Rider 335 | Professional Services – Onsite; Physician/Dentist; No Auto |
| Rider 340 | Professional Services – Onsite Physician/Dentist w/ Youth under 21 |
| Rider 345 | Professional Services – Onsite Temp Nurses |
| Rider 350 | Professional Services – Cyber – Onsite |
| Rider 355 | Professional Services – Cyber – Offsite |
| 4. The City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any City agency, department, or city official seeking agreement/contract shall obtain them, notarized. | |
| Emailed Disclosures are acceptable. | |



NEW HAVEN PUBLIC SCHOOLS
AGREEMENT COVER SHEET

Cover Sheet is an Internal Document for Business Office Use

Please Type

Contractor full name: Connecticut Orthopaedic Specialists, P.C.

Doing Business As, if applicable: COS

Business Address: 2408 Whitney Avenue, Suite 140, Hamden, CT 06518

Business Phone: 203-407-3500

Business email: sbader@ct-ortho.com

Funding Source & Acct # including location code: 190-40400-56694

Principal or Supervisor: Erik Patchkofsky

Agreement Effective Dates: From 08/01/23 To 06/30/24

Hourly rate or per session rate or per day rate. \$500.00

Total amount: \$7,500.00

Description of Service: Please provide a one or two sentence description of the service. *Please do not write "see attached."*

Submitted by: Erik Patchkofsky Phone: 475-220-1100



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT
By And Between
The New Haven Board of Education
AND

CONNECTICUT ORTHOPAEDIC SPECIALISTS, P.C.
FOR
ATHLETIC MEDICAL SERVICES

FOR DEPARTMENT/PROGRAM:

Department of Physical Education, Health/Athletics/Floyd Little Athletic Center

This Agreement entered into on the 23th day of June 2023, effective (*no sooner than the day after Board of Education Approval*), the 1st day of August, 2023, by and between the New Haven Board of Education (herein referred to as the “Board” and, Connecticut Orthopaedic Specialists, P.C., located at, 2408 Whitney Avenue, Suite 140, Hamden, CT 06518 (herein referred to as the “COS”).

Compensation: The Board shall pay the contractor for satisfactory performance of services required the amount of \$500 per day, hour or session, for a total of 15 days, hours or sessions.

The maximum amount the contractor shall be paid under this agreement: Seven Thousand Five Hundred Dollars and No Cents (\$7,500.00). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

Fiscal support for this Agreement shall be by 2023-2024 Operating Budget – Athletics **Program** of the New Haven Board of Education, **Account Number:** 190 -40400 -56694 **Location Code:** 00.

This agreement shall remain in effect from August 1, 2023 to June 30, 2024.

SCOPE OF SERVICE: The professional services to be performed by the COS shall, in general, consist of: To provide one physician to attend all New Haven High Schools home football games and other specifically requested, agreed upon, athletic events. The attending physician shall be responsible for administering such care and treatment that, in his or her reasonable medical discretion

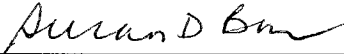
Exhibit A: Scope of Service: The services of the contractor is more fully described in the Scope of Services attached hereto as Exhibit A, which is incorporated herein and made it part of this agreement.

Exhibit B: Student Data and Privacy Agreement: Attached

APPROVAL: This Agreement must be approved by the New Haven Board of Education ***prior to service start date***. Contractors may begin service no sooner than the day after Board of Education approval.

HOLD HARMLESS: The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor' breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION: The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.



Susan Bader, Chief Executive Officer
Connecticut Orthopaedics Specialist, P.C.

Yesenia Rivera, President
New Haven Board of Education

7/11/23

Date

Date

Susan D. Bader, C.E.O.

Contractor Printed Name & Title

CONNECTICUT ORTHOPAEDIC SPECIALISTS, P.C

EXHIBIT A - SCOPE OF SERVICES
2023-2024

ATHLETIC MEDICAL SERVICES

SCOPE OF SERVICES

The **professional** services to be performed by the COS shall, in general, consist of:

To provide one physician to attend all New Haven High Schools home football games and other specifically requested, agreed upon, athletic events. The attending physician shall be responsible for administering such care and treatment that, in his or her reasonable medical discretion, is reasonable medical discretion, is reasonably necessary to any student participating in the event who is injured and/or becomes ill during or immediately after the conclusion of the event.

The attending physician is not required to administer any care or treatment to any other individuals present at the event, including, without limitation, coaches, referees, parents and/or other spectators. Nothing contained herein shall obligate COS or the Attending Physician to provide continued care to any student once the student leaves or is removed from the venue where the Event took place.

In the event COS is unable to provide an Attending Physician for any particular Event due to circumstances beyond its reasonable control, COS shall notify the Board of its inability to provide an Attending Physician as soon as is reasonably possible. Neither COS nor any Attending Physician shall be liable to the Board or to any third-party for any damages arising out of or related to its failure to provide an Attending Physician at any Event covered by the Services Agreement, unless such failure was due to the reckless or intentional conduct of COS and/or an Attending Physician. Under no circumstances shall COS or any Attending Physician be liable for damages to the City or to any third-party for failure to provide an Attending Physician at any Event if the Board failed to provide COS with at least forty-eight hour notice of the date, time and location of such Event.

COMPENSATION

The Board shall pay COS for satisfactory performance of the services required the amount of \$500.00 per event for each Attending Physician who is present at such Event regardless of whether the Attending Physician renders any Services to any student pursuant to the Services Agreement. The maximum amount the contractor may be paid under this agreement is Six Thousand Seven Hundred Fifty Dollars and No Cents (\$7,500.00).



NEW HAVEN PUBLIC SCHOOLS

EXHIBIT B

STUDENT DATA PRIVACY AGREEMENT SPECIAL TERMS AND CONDITIONS

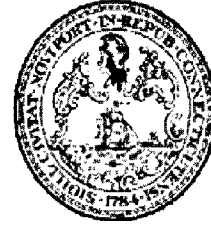
For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student-generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant to this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student-generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student- generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.



DISCLOSURE & CERTIFICATION AFFIDAVIT

EVERY SECTION MUST BE COMPLETED
For help completing this form contact 203-946-8201

| | |
|--------------------------------|---|
| Contractor/Vendor Name: | Connecticut Orthopaedic Specialists, P.C. |
| Address: | 2408 Whitney Ave. Hamden, CT 06518 |
| Telephone and/or Fax #: | 203-752-3100 |
| Email Address: | jmurphy@ct-ortho.com |
| Contact Person: | John Murphy |

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

- | | |
|-----|---|
| (a) | "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures. |
| (b) | "Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city. |
| (c) | "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven. |
| (d) | "Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor. |

| | | | |
|---|--|--|--|
| State of | Connecticut | County of | New Haven |
| I, | Susan Bader (type or print your name above) | being first duly sworn, hereby deposes and says that: | |
| 1. | I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein. | | |
| 2a. | I am the corporate secretary or majority owner (including sole proprietorship) of | Connecticut Orthopaedic Specialists, P.C. Insert Company Name above | |
| 2b. | Or I am an individual and my name is: | If an individual, insert your name above | |
| 3. | I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto. | | |
| 4. | Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply). | | |
| 4a. | As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current. | | |
| 4b. | <input checked="" type="checkbox"/> | The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement. | |
| 4c. | <input type="checkbox"/> | The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default. | |
| 5. | <input checked="" type="checkbox"/> | Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven. | |
| 6. | Please select the applicable representation about the Contractor's business registration: | | |
| 6a. | <input checked="" type="checkbox"/> | Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #: | 0990382-000 Insert State Registration # above |
| 6b. | <input type="checkbox"/> | Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #: | Insert State Registration # above |
| 6c. | <input type="checkbox"/> | Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of: | Please insert State name above |
| Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A). | | | |

7. The following list is a list of the names of all persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| | Name | City Affiliation Role & Time Frame | Contractor Affiliation Role & Time Frame | DOB |
|---|------|------------------------------------|--|-----|
| 1 | NONE | | | |
| 2 | | | | |

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| | Name of Contractor or Affiliate | Affiliation (if applicable) | Contract Number | DOB |
|---|---|-----------------------------|-----------------|-----|
| 1 | Connecticut Orthopaedic Specialists, P.C. | N/A | 190-40400-56694 | N/A |
| 2 | | | | |

9. The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| | Organization Name | Address | Type of Ownership |
|---|--|---------------------------|-------------------|
| 1 | CT Ortho Specialists Outpatient Surgical Center, LLC | 84 N. Main St. Building 2 | Member |
| 2 | | | |

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| | Name | Title | % of Ownership | DOB |
|---|----------------------|-------|----------------|-----|
| 1 | None that exceed 25% | | | |
| 2 | | | | |

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

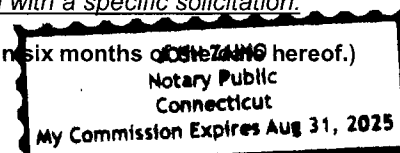
| | TRADE NAME | PLACE OF INCORPORATION/REGISTRY | PRINCIPAL PLACE OF BUSINESS |
|---|------------|---------------------------------|-----------------------------|
| 1 | NONE | | |
| 2 | | | |

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

| | | | |
|---|--|-----------------------------------|------|
| Signature & Title of person completing this form: | | <i>Jusan D M</i> C.E.O. | |
| THIS FORM MUST BE NOTARIZED | | NOTARY SEAL (if available) | |
| Signature of Notary: | | <i>[Signature]</i> | |
| Subscribed and sworn to, before me on this: | | Day of | 2023 |
| My Commission Expires: | | 8/31/25 | |

This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)



ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/12/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER USI Insurance Services LLC 530 Preston Avenue Meriden, CT 06450 855 874-0123 | CONTACT NAME: Michelle A. McIntyre PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 203 634-5701 E-MAIL ADDRESS: michelle.mcintyre@usi.com | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|---------------------------------------|-------|--|-------|---|------|--|-------|-------------|--|-------------|--|
| INSURED Connecticut Orthopaedic Specialists, PC 2408 Whitney Avenue Hamden, CT 06518 | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Property Cas. Co. of America</td> <td>25674</td> </tr> <tr> <td>INSURER C : Workers Compensation Trust (CT)</td> <td>NONE</td> </tr> <tr> <td>INSURER D : Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Phoenix Insurance Company | 25623 | INSURER B : Travelers Property Cas. Co. of America | 25674 | INSURER C : Workers Compensation Trust (CT) | NONE | INSURER D : Charter Oak Fire Insurance Company | 25615 | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Phoenix Insurance Company | 25623 | | | | | | | | | | | | | | |
| INSURER B : Travelers Property Cas. Co. of America | 25674 | | | | | | | | | | | | | | |
| INSURER C : Workers Compensation Trust (CT) | NONE | | | | | | | | | | | | | | |
| INSURER D : Charter Oak Fire Insurance Company | 25615 | | | | | | | | | | | | | | |
| 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | X | P6305R070635 | 01/01/2023 | 01/01/2024 | EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ |
| D | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | BA5R08110322 | 01/01/2023 | 01/01/2024 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10000 | X | X | CUP5R0812562 | 01/01/2023 | 01/01/2024 | EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | X | 0136600 | 01/01/2023 | 01/01/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,500,000 E.L. DISEASE - EA EMPLOYEE \$2,500,000 E.L. DISEASE - POLICY LIMIT \$2,500,000 |

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

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. The General Liability, Umbrella and Workers Compensation policies provide a Waiver of Subrogation when required by written contract. Coverage is written on a primary and non contributory basis.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| City of New Haven 200 Orange Street Rm 301 New Haven, CT 06510 | 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  |
|---|---|

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