

Bid # 18-05

***Town of East Haven
Liability Insurance Program***

Bid Form

Term 7/01/2018 -6/30/2019

<i>Specific Limit</i>	4,000,000
<i>Aggregate Limit</i>	4,000,000
<i>Per Claim SIR</i>	1,000,000

<i>Please Complete The Following:</i>	
<i>Coverage:</i>	
<i>Carrier:</i>	
<i>Premium:</i>	
<i>Aggregate SIR:</i>	

1. All Bids **MUST** be submitted on this Form. Please use separate Forms for each option presented.
2. Specimen Policy Forms **MUST** be included.
3. The Town **MUST** have the right to employ its choice of Legal Counsel.

Name of Submitting Agency: _____

Contact: _____

Telephone: _____

Signature: _____