



# STATE OF CONNECTICUT

## DEPARTMENT OF INSURANCE

### Proof of Financial Responsibility for Amusements per Event

#### Instructions

- It is the responsibility of the applicant to complete this form and submit to the State of Connecticut, Department of Insurance at the address below. Any questions regarding this requirement should be directed to the Department of Insurance.
 

→ Property Casualty Division  
 Department of Insurance  
 PO Box 816  
 Hartford, CT 06142-0816  
 Telephone: (860) 297-3867 ♦ Fax: (860) 297-3941
- Once this form is completed and signed by the Department of Insurance, include with the Application to Conduct a Carnival or Circus. The completed Application to Conduct a Carnival or Circus must be returned to the Department of Consumer Protection at least ten (10) days prior to the event.

#### Amusement Company

Name			
Street Address	City	State	Zip Code

#### Event

Event Location Address	City	State	Zip Code
Date(s) of Event			
From	To		

#### Insurance

Name of Insurance Company		
Policy Number	Effective Date	Expiration Date

#### Certification

*The above named Amusement Company has complied with Section 29-139 of the Connecticut General Statutes relating to financial responsibility for the operation of amusements.*

\_\_\_\_\_  
*Signature of State Insurance Commissioner*

\_\_\_\_\_  
*Date*