



ACE TANKSAFE®
Storage Tank Liability
Insurance Policy

APPLICATION

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of the Applicant.

Required Attachments:

- Copies of the Applicant's past two (2) years of audited financial statements and annual reports
- Summary of Environmental Site Assessments/Remediation (past, current, planned) (check if none)
- Storage Tank Inventory – By Location Document (Attachment I)
- Marina Questionnaire (Attachment II) (check if no marina exposure)

NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY AND ANY ENDORSEMENTS ATTACHED THERETO. THE POLICY PROVIDES COVERAGE FOR THIRD-PARTY LIABILITY ON A CLAIMS-MADE AND REPORTED BASIS, WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE POLICY ALSO PROVIDES COVERAGE FOR FIRST-PARTY REMEDIATION COSTS ON A DISCOVERED AND REPORTED BASIS, WHICH COVERS ONLY STORAGE TANK INCIDENTS FIRST DISCOVERED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD.

1. Name of Applicant: Town of Canton

Principal Contact: Robert H Skinner E-mail Address: RSkinner@townofcantonct.org

Mailing Address: 4 Market St, P.O. Box 168
Collinsville, CT 06022

Telephone #: 860-693-7837 Fax #: (860) 693-7884

URL: www.townofcantonct.org Date Established: 11/26/2007

The Applicant is: Corporation Partnership Joint Venture LLC/LLP
 Other: municipality - Government entity

Federal Employer Identification Number (FEIN): 06-1002383

2. Details of locations where the insured storage tanks are located:
(Continue on a separate sheet, if necessary.)

Company Name:	Street Address City, State Zip Code:	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?*	Facility Type**
Town of Canton	4 Market St Collinsville CT 06022	1			Town Hall

- a. *If Yes, please provide details on a separate sheet. Include at a minimum:
- Prior Environmental Site Assessments (including date performed)
 - Past, current, planned sampling/remediation, etc.
- b. **Facility Type:
- Airport
 - Convenience Store
 - Gasoline Service Station
 - Marina
 - Automobile/Other Motor Vehicle Facility
 - Schools/Educational Services Facility
 - Petroleum Bulk Station/Terminal
 - Other (If "Other", please describe.)

3. Please complete the **Storage Tank Inventory – By Location** form as attached to this application. (If more than one location, please make duplicates of the inventory form and complete a separate form for each location.)

4. The Applicant's total gross revenues in the last filed tax return, excluding recovered expenses: N/A
\$ _____ [for the period ending: month _____ year _____]

5. The Applicant's estimated gross revenues for the current fiscal year: \$ _____

6. Desired effective date of coverage: 10/21/2016

- a. Desired Retroactive Date: Policy Inception Other _____
(In order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period.)

7. Limits of Liability and Deductible requested:

Limits of Liability:		Deductible:
Per Storage Tank Incident:	\$ _____	\$ _____
Aggregate:	\$ _____	(per Storage Tank Incident)
Aggregate Legal Defense Expense Limit:	\$ _____	

8. Were all of the Applicant's or any other party to the proposed insurance's storage tanks new at the time of installation? YES NO
9. Were any of the Applicant's or any other party to the proposed insurance's storage tanks installed prior to 1975? YES NO
10. Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) mile of a body of water?
(If "Yes", please complete the **Marina Questionnaire** form as attached to this application.) YES NO

11. Are any of the Applicant's or any other party to the proposed insurance's facilities located in the State of Florida? YES NO
12. Are Single-Walled Storage Tanks (i.e., Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP ¾ Tanks or Tanks operating under ACT 100), with or without any form of tank lining, located at the Applicant's or any other party to the proposed insurance's facilities in the State of Florida? (Only applicable if Question 11. is answered "Yes"). N/A YES NO
13. Within the past five (5) years has the Applicant purchased this type of insurance coverage? (If "Yes", please provide information regarding any such coverage and all available loss information.) YES NO
14. Are there currently, or have there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Gasoline, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene? YES NO
15. Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located?
- a. Will any scheduled storage tank(s) be removed, closed or upgraded at any of the facilities for which coverage is sought under this policy within the next eighteen (18) months? YES NO
16. Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? (If "Yes", please provide a copy of such plan.) N/A YES NO
17. Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(ies) where the tanks the Applicant is seeking coverage for are located? YES NO
18. Within the past ten (10) years have any repairs or upgrades been performed on any tanks?
- a. Are all underground storage tanks compliant with 1998 regulations? YES NO
19. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? YES NO
20. Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations? YES NO
21. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? YES NO
22. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed or been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency? YES NO
23. At the time of signing this application, do the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured either (a) intend to commence or

(b) know of any plan or threat to commence any proceeding relating to bankruptcy, receivership, and/or insolvency, whether by or against one or more of them?

YES NO

If "Yes" to Questions 14. through 23., above, provide a description of the information, claim, or circumstance.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN SUBSIDIARIES, WILL STRICTLY FOLLOW ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, INCLUDING ANY WATER INTRUSION, MOLD-RELATED, FUNGI-RELATED OR BACTERIA-RELATED DUE DILIGENCE PROCEDURES OR PROTOCOLS FOR THE ACQUISITION, LEASE, OPERATION, MANAGEMENT OR MAINTENANCE OF ANY PROPERTIES, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE MOLD, FUNGI AND/OR LEGIONELLA PNEUMOPHILA COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT IT AND THE OTHER PARTIES TO THIS INSURANCE, ALONG WITH ANY FOREIGN SUBSIDIARIES, WILL STRICTLY FOLLOW ANY LEAD-BASED PAINT OR ASBESTOS OPERATION AND MAINTENANCE PROCEDURES OR PROTOCOLS, WHICH WERE PROVIDED TO THE INSURER PRIOR TO THE INCEPTION OF ANY SUCH COVERAGE APPLIED FOR HEREIN. THE APPLICANT ACKNOWLEDGES THAT THE INSURER'S AGREEMENT TO PROVIDE LEAD-BASED PAINT AND/OR ASBESTOS COVERAGE AS PART OF THE COVERAGE APPLIED FOR PURSUANT TO THIS APPLICATION IS PREDICATED UPON THE APPLICANT'S AGREEMENT TO PROVIDE THIS WARRANTY.

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.


Signature of Authorized Applicant

Robert H. Skinner
Print Name

Chief Administrative Officer
Title

8/18/16
Date

Signature of Broker/Agent

Print Name

Date

Signed by Licensed Resident Agent
(Where Required By Law)

ACE TanksafeSM Storage Tank Liability Coverage

Facility No. 1 of 1

Facility Name: Canton Town Hall No. of USTs at this facility: 1

Address: 4 Market Street

City: Collingsville

State: CT

USA

ZIP: 06022 Facility EPA ID #: _____

- Which form of Tank Maintenance/Record Keeping is utilized at this facility?
- Statistically Inventory Reconciliation with Annual Tank Tightness Testing (SIR)
 - Automatic Tank Gauging/Electronic Monitoring (ATG)

Do you have a Written Tank Management Plan for this Facility? yes no

- Loss History Information for this Facility:
- No pollution related clean-ups or 3rd party claims at this facility in past 10 years
 - Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? yes no

Tank No.	Installation Date	Tank Construction	SP3/4 or ACT 100	Tank Size (gallons)	Tank Contents
1	3/4/1996	<input checked="" type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	<input checked="" type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel <input type="checkbox"/> STIP 3/4 or ACT 100 <input type="checkbox"/> Bare Steel	3,000	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(Use additional rows/pages as needed)

ACE TANKSAFE® ATTACHMENT II

Marina Questionnaire

Answer the following questions in relation to any facility identified as a "marina" or any storage tank(s) located within one (1) mile of a body of water:

1. Please provide the facility name, full address and photo of the storage tank(s) and associated piping and appurtenances connected thereto.
2. Has a Spill Prevention, Control and Countermeasure Plan been completed within the past five (5) years? (If "Yes", please provide a copy of the report.)
3. What is the distance from the storage tank to the nearest body of water? Also, please provide a description of the environment surrounding the tank?
 Less Than 2000 feet
 Less Than 1 mile
 More than 1 mile
4. What is the distance from the facility to the nearest recreational swimming area on this body of water?
 Less Than 2000 feet
 Less Than 1 mile
 More than 1 mile
5. Is all piping associated with the storage tank double-walled?
6. Is the piping associated with the storage tank UV Resistant?
7. What year was the piping associated with the storage tank installed? Has the piping ever been tested? (If "Yes", provide a copy of the test results.)
8. Does the facility have piping that extends under the water? (If "Yes", please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.) **NO**
9. Does the facility have piping that extends over the water, including along bulkheads, docks or floating docks? (If "Yes", please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.) **NO**
10. Does the facility have a shut-off valve located on land that will stop the flow of product in the event of a release? (If "Yes", please describe the placement of the valve and shut-off process.) **N/A**
11. Are all dispensers associated with the storage tank protected from impact from boats or watercraft? (If "Yes", please describe how.)
12. If the facility has aboveground storage tanks, do they have secondary containment? (If "Yes", please describe.) **N/A**

OToole, Amy

From: Papachristos, Dimitrios
Sent: Wednesday, July 20, 2016 8:55 AM
To: OToole, Amy
Cc: Martin, Robert
Subject: RE: 2015-16 UST - Notice of Nonrenewal of Insurance - Application Request

Hello Amy,

There weren't any changes made to the underground tank; everything is the same.

Thanks

Dimitrios Papachristos

Building Maintenance Supervisor
Town of Canton
4 Market Street
Collinsville, CT 06022

P: (860) 693-7850

Dpapachristos@TownofCantonCT.org



From: OToole, Amy
Sent: Tuesday, July 19, 2016 4:32 PM
To: Papachristos, Dimitrios
Cc: Martin, Robert
Subject: FW: 2015-16 UST - Notice of Nonrenewal of Insurance - Application Request

Can you tell me if there has been any change to the Town Hall Underground Oil Tank? I need to complete an insurance application for coverage.

Thanks

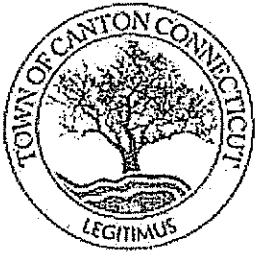
Amy

From: Skinner, Robert
Sent: Tuesday, July 19, 2016 11:52 AM
To: OToole, Amy
Subject: FW: 2015-16 UST - Notice of Nonrenewal of Insurance - Application Request

Amy,

Please check with Dimitri to determine whether there have been any changes from last year's application then complete the application for my signature. Thank you.

Robert H. Skinner
Chief Administrative Officer
Phone 860-693-7837



From: Stephen Nadeau [<mailto:SNadeau@CCM-CT.ORG>]
Sent: Tuesday, July 19, 2016 11:23 AM
To: Skinner, Robert; OToole, Amy
Cc: COLLEEN WHITE
Subject: 2015-16 UST - Notice of Nonrenewal of Insurance - Application Request

Good Morning Bob and Amy,

ACE issues these non-renewals automatically as they require the receipt of a completed application and tank tightness testing documentation in order to provide a renewal quote.

I have attached the following:

- UST policy for the 10/21/15 – 10/21/16 (1st attachment)
- Application submitted for the 10/21/15 – 10/21/16 policy (2nd attachment)
- Blank application to be completed for the 10/21/16 – 10/21/2017 renewal (3rd attachment)

If you wish to renew this policy please complete the attached application and return to me, along with the most recent tank test documents.

Please do not hesitate to contact me if you have any questions.

Thanks, Colleen

Thank You,

Stephen Nadeau
CIRMA Underwriting
203-946-3789
snadeau@ccm-ct.org



www.cirma.org

From: COLLEEN WHITE
Sent: Monday, July 18, 2016 2:25 PM

To: Stéphen Nadeau
Subject: Fwd: Member Equity Distribution Check Delivery

From: "OToole, Amy" <AOToole@TownofCantonCT.org>
Date: July 18, 2016 at 2:16:10 PM EDT
To: COLLEEN WHITE <Cwhite@CCM-CT.ORG>
Cc: "Skinner, Robert" <RSkinner@TownofCantonCT.org>
Subject: RE: Member Equity Distribution Check Delivery

We just received a non renewal notice from ACE for our Environmental Liability Insurance. Any idea why?

Amy

From: COLLEEN WHITE [mailto:Cwhite@CCM-CT.ORG]
Sent: Tuesday, July 12, 2016 2:50 PM
To: Hill, Leslee; Skinner, Robert; OToole, Amy
Subject: Member Equity Distribution Check Delivery

Good Afternoon Leslee, Bob and Amy,

I would like to meet to deliver the member equity distribution check. Please let me know if you have availability to meet on July 20th? Would you like a press release and a photo taken?

Thanks, Colleen

Colleen P. White
Senior Underwriter
CIRMA
900 Chapel Street
New Haven, CT 06510
W: (203) 498- 3039
F: (203) 773-9961
cwhite@ccm-ct.org



This message (including any attachments) may contain confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should delete this message.

www.cirma.org

ACE AMERICAN INSURANCE CO
436 WALNUT STREET
PHILADELPHIA, PA 19106

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: Z01634

TOWN OF CANTON
4 Market Street, PO Box 168
Collinsville, CT 06022

CONNECTICUT INTERLOCAL RISK MANAGEMENT AGENCY
900 CHAPEL STREET 9TH FLOOR, *
NEW HAVEN, CT 06510

Policy No.: TSP G24772111 003
Type of Policy: Environmental Liability - Claims Made
Date of Expiration: 10/21/2016; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following:

WE ARE NON-RENEWING YOUR POLICY BECAUSE, WHERE PERMITTED BY LAW, WE REEVALUATE ALL UNDERWRITING RISKS EACH YEAR IN LIGHT OF CHANGING CONDITIONS IN THE INSURANCE MARKET.

IN ORDER TO BE IN FULL COMPLIANCE WITH OUR REGULATORY AND STATUTORY RULES WE MUST SEND THIS NON-RENEWAL NOTICE.

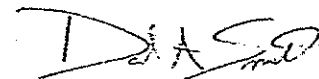
WE VALUE YOUR BUSINESS AND SHALL STRIVE TO REMAIN RESPONSIVE TO YOUR NEEDS AS NEXT YEAR'S PROGRAM IS DEVELOPED.

CERTIFICATE OF MAILING

Named Insured

TOWN OF CANTON
4 Market Street, PO Box 168
Collinsville, CT 06022

Date Mailed:
12th day of July, 2016



AUTHORIZED REPRESENTATIVE

Copy for Named Insured

Page 1 of 1

ACE AMERICAN INSURANCE CO
436 WALNUT STREET
PHILADELPHIA, PA 19106

Named Insured: TOWN OF CANTON

Policy Number: TSP G24772111 003

This page is separate and independent from the notice given.
We are informing you that the following parties were notified of this action.

**PARTIES
NOTIFIED**

Named Insured
TOWN OF CANTON
4 Market Street, PO Box 168
Collinsville, CT 06022

Producer
CONNECTICUT INTERLOCAL RISK MANAGEMENT AGENCY
900 CHAPEL STREET 9TH FLOOR, *
NEW HAVEN, CT 06510

CHUBB
Genius Processing
120 North 9th Street
Richmond, IN 47374

O 765.983.6202
F 765.983.6193
Beth.O'Neil@chubb.com

July 12, 2016

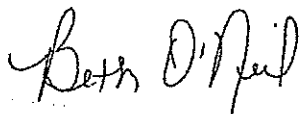
CHUBB®

Dear Insured,

It has come to our attention that an incorrect non-renewal notice was recently mailed. An incorrect Producer Name may have been shown in the Producer Address section of the notice. We ask that you please disregard the original notice and replace with the corrected renewal notice enclosed.

We apologize for the oversight. Please contact your agent or broker if you have any questions on this matter. Thank You.

Sincerely,

A handwritten signature in cursive script that reads "Beth O'Neil".

Beth O'Neil
Supervisor/Richmond Genius Processing