



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, email or fax number 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) 297-3841 ♦ Fax: (860) 297-3941
 Email: cid.pc@ct.gov
- 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
Telephone Number	Email Address		

Event Information

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

Insurance Information

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