



# STATE OF CONNECTICUT

## DEPARTMENT OF INSURANCE

### Proof of Financial Responsibility for Amusements (Seasonal)

#### 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

- This form may be completed and submitted yearly for all events operated by your company.
- Once the Proof of Financial Responsibility form is completed by the Department of Insurance, return to the Department of Consumer Protection at least ten (10) days prior to the first event of the season.

→ Department of Consumer Protection  
 License Services Division  
 450 Columbus Blvd, Ste 801  
 Hartford, CT 06103

#### Amusement Company

Name			
Street Address	City	State	Zip Code

#### 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*