

CERTIFICATE OF INSURANCE
EXPIRATION NOTICE

To: Name and Address _____
of Contractor/Lessee _____

Re: Contract Name/Lease Name or Permit # _____

Date: _____

Your Certificate of Insurance evidencing coverage for _____
(Type of Policy)

will expire on _____. In conformance with the conditions of your contract/lease/permit, please submit renewal certificates to:

Town Agency

Town Address

immediately. Failure to do so will be considered a breach of agreement with THE TOWN.

If the agreement has expired, or otherwise been completed, please provide the following information:

Date of expiration/completion _____*

Name of person or Town agency to confirm _____

*Please note that if the coverage provided was on a "claims-made" policy form, evidence of renewal or "tail" coverage must be provided for a minimum of 12 months beyond expiration of the agreement.

If you have questions, please call: _____