

CONNECTICUT RESOURCES RECOVERY AUTHORITY
REGISTRATION INSTRUCTIONS

These instructions are to be used by parties that deliver or remove waste or waste byproducts from any Connecticut Resources Recovery Authority (CRRA) facility. Prior to CRRA authorizing admittance to any facility, parties are required to complete the enclosed application form(s) and submit it to CRRA for approval before permits may be issued.

NOTE: ALL VEHICLES MUST HAVE AUTOMATIC / MECHANICAL DUMPING CAPABILITIES. NO HAND UNLOADING

INSTRUCTIONS

1. Permit Application Form (all applicants must complete Part I - IV)

- A.** Part I - General Information
- B.** Part II - Vehicle Information
- C.** Part III – Guaranty of Payment Worksheet
- D.** Part IV - Terms and Conditions
- E.** Part V - Solid Waste Delivery Agreement (Required for Waste Haulers, as defined in the Procedures)

2. Attachments

A. Certificate(s) of Insurance

Sample ACORD form enclosed. Must meet the required limits of liability listed in the Permitting, Disposal and Billing Procedures (“Procedures”).

B. Guaranty of Payment

Must meet the required limits as listed in the Procedures and remain valid through June 30th of each fiscal year. The Procedures requires a guaranty of payment of two (2) months worth of disposal fees for the Bridgeport, Mid-CT, Southeast and Wallingford Projects.

Acceptable Forms for Security includes Financial Guarantee Bond [**B1**] (required language enclosed), Bank Letter of Credit [**B2**] (required language enclosed) or a Cashier’s Check.

C. Current Fiscal Year Pricing Tables

3. Permit Fees (per vehicle)

Payment is required for permits fees when submitting your application. Permit fees are NOT pro-rated. Prices shown below are per vehicle.

Customer	Municipalities	Non-Municipalities
One Facility	\$0.00	\$100.00
Two or More Facilities	\$0.00	\$125.00

If registering for two or more facilities, all vehicles listed will be permitted at each facility and are subject to the two or more facility fee.

Upon approval of your application, CRRA will issue separate permits for each registered vehicle(s). Each permit must be affixed to its respective vehicle in accordance with the Procedures. All permits expire JUNE 30th of each fiscal year.

Please return all documents to: **CONNECTICUT RESOURCES RECOVERY AUTHORITY**
ATTN: BILLING DEPARTMENT
100 CONSTITUTION PLAZA, 6TH FLOOR
HARTFORD, CONNECTICUT 06103

Should you have any questions please contact CRRA's BILLING DEPARTMENT at (860) 757-7700

CONNECTICUT RESOURCES RECOVERY AUTHORITY
PERMIT APPLICATION FORM

PART I: GENERAL INFORMATION

A. Project (check box for each facility to be used):

Bridgeport		Mid-Connecticut		Southeast		Wallingford	
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B. Company Information (Street Address only - No Post Office Boxes)

Company Name: _____

Address: _____

Town, State, Zip Code: _____ Contact _____

Telephone # (____) _____ Fax # (____) _____

E-Mail: _____

C. Billing Address (if different from above)

Company Name: _____

Address: _____

Town, State, Zip Code: _____

D. Bill Payer's Federal Tax I.D. # _____ **OR Social Security #** _____

E. Type of Business

Sole Prop. _____ Partnership _____ LLC _____ Corp. _____ Municipal. _____

Required – Listing of All Owners and/or Officers of Corporation (See Table On Reverse Side)

F. Is your company required by law to carry Workers' Compensation Coverage? Yes _____ No _____

G. Describe waste to be delivered (e.g., household waste, pallets, cardboard, etc.) See definitions in Procedures for Acceptable Waste _____

H. Have you ever received a permit from CRRA before? Yes _____ No _____
If yes, please provide account number and expiration date of permit(s), if known. _____

I. INCLUDE: Proof of insurance (Certificate of Insurance) as required by the Procedures.

J. INCLUDE: Submit Guaranty with application as determined in Part IV (Guaranty of Payment).

K. INCLUDE: Applicable amount for permit fees per vehicle (cash or company check)

CRRA USE ONLY: Date Received: _____ Account Number: _____

Reviewed By: _____ Title: _____ Date: _____

CONNECTICUT RESOURCES RECOVERY AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

Corporation Owners and/or Officers Listing

_____	_____
Title	Name
_____	_____
Title	Name
_____	_____
Title	Name
_____	_____
Title	Name
_____	_____
Title	Name

CONNECTICUT RESOURCES RECOVERY AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PART II: VEHICLE INFORMATION

Vehicle #1

Vehicle #2

<i>CRRRA Use Only</i> Paid \$	PERMIT # Date:	<i>CRRRA Use Only</i> Paid \$	PERMIT # Date:
Current Permit # (if applicable):		Current Permit # (if applicable):	
COMPANY TRUCK #:		COMPANY TRUCK #:	
LICENSE PLATE # :		LICENSE PLATE # :	
MAKE OF VEHICLE:		MAKE OF VEHICLE:	
MODEL:		MODEL:	
VEHICLE TYPE (Use Codes below):		VEHICLE TYPE (Use Codes below):	
YEAR:		YEAR:	
VIN #		VIN #	
* OWNER'S NAME:		* OWNER'S NAME:	

Vehicle #3

Vehicle #4

<i>CRRRA Use Only</i> Paid \$	PERMIT # Date:	<i>CRRRA Use Only</i> Paid \$	PERMIT # Date:
Current Permit # (if applicable):		Current Permit # (if applicable):	
COMPANY TRUCK #:		COMPANY TRUCK #:	
LICENSE PLATE # :		LICENSE PLATE # :	
MAKE OF VEHICLE:		MAKE OF VEHICLE:	
MODEL:		MODEL:	
VEHICLE TYPE (Use Codes below):		VEHICLE TYPE (Use Codes below):	
YEAR:		YEAR:	
VIN #		VIN #	
* OWNER'S NAME:		* OWNER'S NAME:	

Vehicle Type Codes: DT - Dump Truck FL - Front Loader RL - Rear Loader RO - Rolloff
RY - Recycling SL - Side Loader TO - Toter/Can Carrier TR - Tractor VT - Vacuum

* **NOTE:** If the vehicles listed above are **NOT OWNED and/or REGISTERED** under the company name that appears on this application, you must list the name of the company in the section marked OWNERS NAME and provide a Certificate of Insurance for this company,

**** Make Additional Copies of this Page if Needed ****

CONNECTICUT RESOURCES RECOVERY AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PARTICIPATING PROJECT TOWNS ** (Circle Towns Hauling From)

1. Not all materials/products are accepted from every town. Refer to the Appropriate Price Listing (Attachment C) for details.
2. Some towns may have individual permitting requirements. Please check with each town before you begin deliveries. If you are already permitted with the town, please indicate below.

<p>CRRR Bridgeport:</p> <table border="0" style="width:100%;"> <tr> <td style="width:80%;"></td> <td align="center">Town Permit Y or N</td> </tr> <tr><td>Bethany</td><td>_____</td></tr> <tr><td>Bridgeport</td><td>_____</td></tr> <tr><td>Darien</td><td>_____</td></tr> <tr><td>East Haven</td><td>_____</td></tr> <tr><td>Easton</td><td>_____</td></tr> <tr><td>Fairfield</td><td>_____</td></tr> <tr><td>Greenwich</td><td>_____</td></tr> <tr><td>Milford</td><td>_____</td></tr> <tr><td>Monroe</td><td>_____</td></tr> <tr><td>Norwalk</td><td>_____</td></tr> <tr><td>Orange</td><td>_____</td></tr> <tr><td>Shelton</td><td>_____</td></tr> <tr><td>Stratford</td><td>_____</td></tr> <tr><td>Trumbull</td><td>_____</td></tr> <tr><td>Weston</td><td>_____</td></tr> <tr><td>Westport</td><td>_____</td></tr> <tr><td>Wilton</td><td>_____</td></tr> <tr><td>Woodbridge</td><td>_____</td></tr> </table> <hr style="border-top: 1px dashed black;"/> <p>Mid-Connecticut</p> <table border="0" style="width:100%;"> <tr> <td 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** Note: CRRR submits a monthly report to the towns which showing deliveries by hauler.

CONNECTICUT RESOURCES RECOVERY AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PART III: GUARANTY OF PAYMENT WORKSHEET

As a condition of permitting, the Authority requires all companies to have a guaranty of payment equivalent to two (2) months worth of disposal fees for the Bridgeport, Mid-CT, Southeast and Wallingford Projects. Please complete the following worksheet to calculate the estimated guaranty of payment. When calculating the guaranty of payment, please include all types of waste to be delivered to the Authority.

	Bridgeport	Mid-Ct	Southeast	Wallingford
Type of Waste (1)				
CALCULATION				
Estimated Monthly Deliveries (2)				
Multiplied by Required Months (3)	X 2	X 2	X 2	X 2
Equals Estimated Security Deliveries	=====	=====	=====	=====
Multiplied by Cost Per Ton (4)				
Equals Estimated Guaranty of Payment By Project	=====	=====	=====	=====
Grand Total Guaranty of Payment of All Projects				

1. Include any Acceptable Waste to be delivered to the Authority as defined in the Procedures.
2. Estimate should be based upon the average deliveries of Acceptable Waste per month.
3. The Procedures requires a guaranty of payment of two (2) months worth of disposal fees for the Bridgeport, Mid-CT, Southeast and Wallingford Projects.
4. Use the cost per ton of waste as shown on the attached CRRA price listings or your contract amount if it is different.

TYPE OF GUARANTY

A. Bond or Letter of Credit

If your guaranty of payment will be in the form of a Bank Letter of Credit or Financial Guaranty Bond, please instruct your agent to use the CRRA required format. (Sample formats are located in the attachment section of this application)

B. Cash Deposits

If your guaranty of payment will be a cash deposit, please submit a Bank or Certified Check with your application. Please **do not** include this amount with your permit fee.

CONNECTICUT RESOURCES RECOVERY AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PART V: SOLID WASTE DELIVERY AGREEMENT

REQUIRED FOR "WASTE HAULERS" ONLY

De-attached from this package

This document applies to the delivery of Municipal Solid Waste from member towns. Please execute this agreement (two originals are required) and return with your application. After review and completion by CRRA, one copy will be returned to you for your files.

Questions regarding this document should be directed to CRRA's Operations Senior Analyst at (860) 757-7700.

ATTACHMENTS

ATTACHMENT A – SAMPLE CERTIFICATE OF INSURANCE (ACORD Form)

ATTACHMENT B – GUARANTY OF PAYMENT

B1 SAMPLE FINANCIAL GUARANTEE BOND (Required Format For All Bonds)

B2 SAMPLE BANK LETTER OF CREDIT (Required Format For All Letters of Credit)

ATTACHMENT C – CURRENT FISCAL YEAR PRICING TABLES

ATTACHMENT A

SAMPLE CERTIFICATE OF INSURANCE

See required Limits of Liability as outlined in the Project Permitting, Disposal and Billing Procedures

- 1 Agent/Broker's name & address
- 2 Your business name & address
- 3 Name of Insurance companies issuing your policies.
- 4 Coverage you carry.
- 5 CRRA must be listed as an additional insured
- 6 30 days cancellation notice required
- 7 CRRA must have the ORIGINAL certificate bearing the original signature.
- 8 CRRA's name and address (as written on sample)

ACORD	CERTIFICATE OF INSURANCE	ISSUED DATE (MM/DD/YY)												
1 Agent/Broker's name & address 2 Your business name & address 3 Name of Insurance companies issuing your policies. 4 Coverage you carry. 5 CRRA must be listed as an additional insured	Producer HAPPY INSURANCE CO. 44 MAIN STREET HOME TOWN, USA 888888 Insured ABC HAULING CO. INC. 111 OLD TOWN ROAD HOME TOWN, USA 88888	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">3</td> <td style="width: 70%;"></td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">A</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">C</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">D</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">E</td> </tr> </table>	3		COMPANY LETTER	A	COMPANY LETTER	B	COMPANY LETTER	C	COMPANY LETTER	D	COMPANY LETTER	E
3														
COMPANY LETTER	A													
COMPANY LETTER	B													
COMPANY LETTER	C													
COMPANY LETTER	D													
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4 coverages														
This is to certify that the policies of insurance listed below have been issued to the insured name above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, limits shown may have been reduced by paid claims														
co itr	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
A	GENERAL LIABILITY <input checked="" type="checkbox"/> commercial general liability <input type="checkbox"/> [] claims made <input checked="" type="checkbox"/> occur <input type="checkbox"/> owner's & contractor's prot <input type="checkbox"/> <input type="checkbox"/>				GENERAL AGGREGATE \$ PRODUCTS-COM/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$									
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> any auto <input checked="" type="checkbox"/> all owned autos <input type="checkbox"/> scheduled autos <input type="checkbox"/> hired autos <input type="checkbox"/> non-owned autos				COMBINED SINGLE LIMIT \$ BODILY INJURY \$ (per person) BODILY INJURY \$ (per accident) PROPERTY DAMAGE \$									
	GARAGE LIABILITY <input type="checkbox"/> any auto <input type="checkbox"/> <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$									
C	EXCESS LIABILITY <input type="checkbox"/> umbrella form <input type="checkbox"/> other than umbrella fom				EACH OCCURRENCE \$ AGGREGATE \$									
	WORKER'S COMPENSATION and EMPLOYERS' LIABILITY the proprietor/partners/ <input type="checkbox"/> incl executive offers are: <input type="checkbox"/> excl				X STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$									
	OTHER													
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS														
5 ADDITIONAL INSURED: CONNECTICUT RESOURCES RECOVERY AUTHORITY														
CERTIFICATE HOLDER			CANCELLATION											
8 Connecticut Resources Recovery Authority Attn: Billing Department 100 Constitution Plaza, 6th Floor Hartford, CT 06 103			Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 6 30 DAYS written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. Authorized Representative 7											

ATTACHMENT A
(Reverse Side)

CRRA'S INSURANCE REQUIREMENTS
(ALL PERMITTEES & SUBCONTRACTOR MUST MEET THESE LIMITS)
as stated in Permitting, Disposal and Billing Procedures

Each Permittee shall procure and maintain, at its own cost and expense, throughout the term of any permit issued to such Permittee, the following insurance, including any required endorsements thereto and amendments thereof:

Commercial general liability insurance alone or in combination with, commercial umbrella insurance with a limit of not less than one million (\$1,000,000.00) dollars each occurrence covering liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insurance contract (including the tort liability of another assumed in a business contract).

Business automobile liability insurance alone or in combination with commercial umbrella insurance covering any auto (including owned, hired, and non-owned autos), with a limit of not less than one million (\$1,000,000.00) dollars each accident.

Workers' compensation insurance with statutory limits and employers' liability limits of not less than five hundred thousand (\$500,000.00) dollars each accident for bodily injury by accident and five hundred thousand (\$500,000.00) dollars for each employee for bodily injury by disease.

Each applicant or Permittee shall submit along with its permit or permit renewal application to the Authority an executed original certificate or certificates for each above required insurance certifying that such insurance is in full force and effect and setting forth the requisite information referenced in Section 3.1(c) below. Additionally, each Permittee shall furnish to the Authority within thirty (30) days before the expiration date of the coverage of each above required insurance a certificate or certificates containing the information required in Section 3.1(e) below and certifying that such insurance has been renewed and remains in full force and effect.

All policies for each insurance required above shall:

- Name the Authority as an additional insured (this requirement shall not apply to automobile liability or workers' compensation insurance);
- Include a standard severability of interest clause;
- Provide for not less than thirty (30) days' prior written notice to the Authority by registered or certified mail of any cancellation, restrictive amendment non-renewal or change in coverage;
- Hold the Authority free and harmless from all subrogation rights of the insurer; and
- Provide that such required insurance hereunder is the primary insurance and that any other similar insurance that the Authority may have shall be deemed in excess of such primary insurance.

All policies for each insurance required above shall be issued by insurance companies that are either licensed by the State of Connecticut and have a Best's Key Rating Guide of A-VII or better, or otherwise deemed acceptable by the Authority in its sole discretion.

Subject to the terms and conditions of this Section 3.1, any applicant or Permittee may submit to the Authority documentation evidencing the existence of umbrella liability insurance coverage in order to satisfy the limits of coverage required hereunder for commercial general liability, business automobile liability insurance and employers' liability insurance.

If any Permittee fails to comply with any of the foregoing insurance procedures, then the Authority may in its sole discretion deny such Permittee any further access to the Facilities and/or suspend or revoke its permit for same.

No provision of this Section 3.1 shall be construed or deemed to limit any Permittee's obligations under these procedures to pay damages or other costs and expenses.

The Authority shall not, because of accepting, rejecting, approving, or receiving any certificates of insurance required hereunder, incur any liability for:

- The existence, nonexistence, form or legal sufficiency of the insurance described on such certificates,
- The solvency of any insurer, or
- The payment of losses.

For purposes of this Section 3, the terms applicant or Permittee shall include any subcontractor thereof.

Indemnification

Permittee shall at all times defend, indemnify and hold harmless the Authority, any Operator and their respective directors, officers, employees and agents on account of and from and against any and all liabilities, actions, claims, damages, losses, judgments, fines, workers' compensation payments, costs and expenses (including but not limited to attorneys' fees and court costs) arising out of injuries to the person (including death), damage to property or any other damages alleged to have been sustained by: (a) the Authority, any Operator, or any of their respective directors, officers, employees, agents or subcontractors or (b) Permittee or any of its directors, officers, employees, agents or subcontractors, or (c) any other person, to the extent any such injuries or damages are caused or alleged to have been caused, in whole or in part, by the acts, omissions and/ or negligence of Permittee or any of its directors, officers, employees, agents or subcontractors. Permittee further undertakes to reimburse the Authority for damage to property of the Authority caused by Permittee or any of its directors, officers, employees, agents or subcontractors. The existence of insurance shall in no way limit the scope of this indemnification. Permittee's obligations under this Section 3.2 shall survive the termination or expiration of Permittee's permits.

ATTACHMENT B1

FINANCIAL GUARANTEE BOND SAMPLE FORMAT

Please Use This Format For All Financial Guaranteed Bonds

FINANCIAL GUARANTEE BOND

BOND #

Know all men by these presents, that **(NAME OF HAULER)**, a **(STATE OF HAULER'S INCORPORATION)** corporation, as principal, and **(NAME OF SURETY)**, a **(STATE OF SURETY'S INCORPORATION)** corporation, as surety, are held and firmly bound unto Connecticut Resources Recovery Authority ("CRRA"), in the sum of \$ _____, lawful money of the United States of America, to be paid to the said CRRA, its successors or assigns, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

This Bond is to be effective from **(DATE)** to **(DATE)** (The "Expiration Date").

The condition of this obligation is such that, whereas, the above-bounded principal agrees to pay to CRRA all charges including, but not limited to Disposal Charges, Penalties, Fines, Interest Charges, and Adjustments incurred at All CRRA Projects, Waste Projecting Facilities, Landfills, Transfer Stations, and Recycling Facilities.

It is understood by the undersigned parties that should the principal be delinquent in the above described payments, CRRA will then notify **(NAME OF SURETY)** in writing of CRRA's claim and **(NAME OF SURETY)** shall immediately pay the amount of such claim to CRRA, subject to the terms of this bond.

Now, therefore, if the above described payments are well and truly made, then the bond shall be null and void, otherwise it shall remain in full force and effect. It is a condition of this bond that it is deemed to be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless sixty (60) days prior to the expiration date hereof (or any future expiration), **(NAME OF SURETY)** notifies CRRA by registered mail that **(NAME OF SURETY)** elects not to renew this bond.

In Witness whereof, we have set our hands and seals this _____ day of _____, 200__.

By: _____
(SURETY COMPANY)

By: _____
(NAME OF HAULER)

Signed, Sealed, and Accepted
Connecticut Resources Recovery Authority

By: _____
Authorized Signature

Title

ATTACHMENT B2

SAMPLE BANK LETTER OF CREDIT
Please Use This Format For All Letters Of Credits
(To be issued by a Bank pre-approved by CRRA)

LETTER OF CREDIT

(Name & Address of Issuing Bank

Irrevocable Letter of
Credit No. _____

Issuance Date: _____

Beneficiary

Expiration Date: _____

Connecticut Resources Recovery Authority
211 Murphy Road
Hartford, CT 06114

Gentlemen:

We hereby establish our Irrevocable Letter of Credit **No.** _____ in favor of the Connecticut Resources Recovery Authority (the "Beneficiary"), at the request and for the account of **[name and address of company]** for the sum or sums up to the aggregate amount of _____ and 00/100 in U.S. Dollars (\$ _____ .00) available for payment against your draft(s) at sight on us.

Drafts must be drawn and presented to us at the office address noted above not later than our close of business on _____, **200**__ or any duly extended expiration date, and each draft must bear the following clause: "Drawn Under Letter of Credit **No.** _____."

Drafts must be accompanied by a certified statement from the Beneficiary that **[name of company]** has failed to satisfy or perform one or more of its obligations to Beneficiary.

Partial drawings hereunder are permitted. Each draft must also be accompanied by this Letter of Credit and any person paying drafts drawn hereunder must note the date and amount of the draft on the reverse side hereof.

We hereby agree with you that drafts drawn under and in compliance with the above terms of this Letter of Credit shall be duly and promptly honored on due presentation and delivery to us on or before the above-referenced expiration date or any duly extended expiration date.

The term "Beneficiary" includes any successor by operation of law of the named Beneficiary including, without limitation, any liquidator, rehabilitator, receiver or conservator.

Except as expressly stated herein, this undertaking is not subject to any agreement, condition or qualification. The obligation of **[name of the issuing Bank]** under this Letter of Credit is the individual obligation of **[name of the issuing Bank]** and is in no way contingent upon reimbursement with respect thereto.

This Letter of Credit shall be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless not later than sixty (60) days prior to the expiration date stated above or the then current expiration date we notify you by registered mail that we elect not to renew this Letter of Credit for any such additional period.

We hereby agree that all drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored by us at your first demand, notwithstanding any contestation or dispute between you and **[name of company]**, if presented to us in accordance with the provisions hereof.

This Letter of Credit is subject to and governed by the laws of the State of Connecticut, the decisions of the courts of that state, and the Uniform Customs and Practice for Documentary Credits (2007 Revision) International Chamber of Commerce Publication No. 600, and in the event of any conflict, the laws of the State of Connecticut and the decision of the courts of that state will control. If this Letter of Credit expires during an interruption of business of this bank as described in Article 17 of said Publication 600, **[name of issuing Bank]** hereby specifically agrees to effect payment if this Letter of Credit is drawn against within thirty (30) days after the resumption of business from such interruption.

Very truly yours,

Authorized Signature for
[name of issuing Bank]

ATTACHMENT C

CURRENT FISCAL YEAR PRICING TABLES

INSERT APPROPRIATE PROJECT'S
CURRENT PRICE LISTING

LISTED SEPARATELY