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PORTTRA-01

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DATE (MM/DD/YYYY)

1				BILLIYI	NS	URANC	E	8/	/15/2014
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
Р	RODUCER License # 0C36861		/-	CONTACT Ann	a Hi	11			
	nantilly-Alliant Ins Svc Inc.	PHONE (A/C, No, Ext): (703) 397-0977 FAX (A/C, No): (703) 397-0995							
	30 Walney Rd Ste 200 nantilly, VA 20151-2285	E-Mail ADDRESS: ahill@alliant.com							
	, , ,	INSURER(S) AFFORDING COVERAGE NAIC #							
		INSURER A : Federal Insurance Company					20281		
IN	SURED	INSURER B :							
		INSURER C :							
	Portland Trails 305 Commerical Street			INSURER D :					
	Portland, ME 04101			INSURER E :					
			INSURER F :						
С	OVERAGES CER	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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.									
		ADDL SUBI	POLICY NUMBER	(MM/DD/Y	YYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		35360425	05/01/2	2014	05/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
	OTHER:						Host Liquor	\$	Included
A	AUTOMOBILE LIABILITY		35360425		05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			05/01/2			BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYE	Е\$	
L	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	AD&D Accident Medica		64790582	05/01/2	2014	05/01/2015	AD&D 150K		
Relia	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Trail to Ale 10K Race/Walk held on 9/21 bility as their interest may appear as requesting the strength of the s	/14. City	of Portland, Recreation and	d Facilities Man	agerr			ured on	the general
	ERTIFICATE HOLDER			CANCELLATION					
	City of Portland, RECREAT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

City of Portland, RECREATION and FACILITIES MANAGEMENT 134 Congress Street Portland, ME 04101

AUTHORIZED REPRESENTATIVE

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