

PORTTRA-01

AHILL

ACORD [®] C			ERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 8/29/2016		
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORD BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								ICATE HOLDER. THIS ED BY THE POLICIES RER(S), AUTHORIZED			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does no certificate holder in lieu of such endorsement(s).												
Р	PRODUCER License # 0C36861	,	CONTA NAME:	^{ст} Anna Hi								
Chantilly-Alliant Ins Svc Inc. 4530 Walney Rd Ste 200						PHONE (A/C, No, Ext): (703) 397-0977 FAX (A/C, No): (70 E-MAIL						
Chantilly, VA 20151-2285					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #		
					INSURER A : Federal Insurance Company					20281		
IN	INSURED					INSURER B :						
Portland Trails 305 Commercial Street Portland, ME 04101					INSURER C :							
					INSURER D :							
					INSURER E :							
	l					INSURER F :						
_	COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
	THIS IS TO CERTIFY THAT THE P INDICATED. NOTWITHSTANDING / CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF 3	NY REQI MAY PE	JIREM RTAIN	IENT, TERM OR CONDITIO	N OF A DED B	NY CONTRA (THE POLIC	CT OR OTHE	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	PECT TO	WHICH THIS		
IN	ISR TR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS			
A	X COMMERCIAL GENERAL LIABILITY	,						EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR	Х		35360425		05/01/2016	05/01/2017	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		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		Included		
	OTHER:							Host Liquor COMBINED SINGLE LIMIT	\$	Included		
A							05/04/0047	(Ea accident)	\$	1,000,000		
	ANY AUTO	п		35360425		05/01/2016	05/01/2017	BODILY INJURY (Per person)	\$			
								BODILY INJURY (Per accident				
	X HIRED AUTOS X NON-OWNE	-						(Per accident)	\$			
-	UMBRELLA LIAB											
								EACH OCCURRENCE	\$			
		-MADE						AGGREGATE	\$			
-	WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N /	A					E.L. DISEASE - EA EMPLOYE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
	DESCRIPTION OF OPERATIONS / LOCATIONS / vent Date: September 18, 2016	VEHICLES	(ACOR	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)				
E	vent Name: Trail to Ale 10K Race/Wa	lk	_									
	ertificate holder as additional insure	d on the (Gener	al Liability policy as require	ed by w	ritten contra	ct.					
CERTIFICATE HOLDER						CANCELLATION						
City of Portland, Recreation and Facilities Management Attn: Ted Musgrave 55 Portland Street Portland, ME 04101					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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