

ACORD 25 (2014/01)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2017

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

| PRO | DUCER: | | ١ | CONTACT NAME: | J. Philip Houson | | | | |
|-------------|---|------------------|---|---|----------------------------|----------------------------|---|----------------|--|
| | CPH & Associates 711 S DearbornSt, Ste 205 | | (| PHONE FAX (A/C, No, Ext): 312-987-9823 (A/C, No, Ext): 312-987-0902 | | | | | |
| | Chicago, IL 60605 | | | E-MAIL ADDRESS: info@cphins.com | | | | | |
| INSU | JRED: | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| sheJ | AMs | | | NSURER A: Philade | | 058 | | | |
| | podbury st portland, ME 04106 | | | INSURER B: | | | | | |
| Souti | portiand, ME 04106 | | | NSURER C: NSURER D: | | | | | |
| | | | | NSURER E: | | | | | |
| | | | | NSURER F: | | | | | |
| THIS | COVERAGES IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED | тот | HE IN: | SURED NAMED ABO | REVISON NUMB | | TED. NOTWITHSTANDING | SANY | |
| POLI | UIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RES CIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITION | NS O | F SUC | H POLICIES. LIMITS | SHOWN MAY HAVE | BEEN REDUCED E | | FFORDED BY THE | |
| INSF LTD | I THE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$1,000,000 | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence | \$100,000 | |
| | CLAIMS MADE X OCCUR | | | | | | MED EXP (Any one persor |) \$0 | |
| Α | | Х | | EV13088 | 07/06/2017 | 07/11/2017 | PERSONAL & ADV INJUF | | |
| | | | | | | | GENERAL AGGREGATE | \$3,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | AGG | \$3,000,000 | |
| | X POLICY PROJECT LOC | | | | | | | | |
| | AUTOMOBILE LIABILITY: | | | | | | COMBINED SINGLE LIMI (Ea accident) | Т | |
| | ANY AUTO | | | | | | BODILY INJURY (Per | \$ | |
| | ALL OWNED SCHEDULED | | | | | | person) PROPERTY DAMAGE(Pe | ur V | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | accident) BODILY INJURY (Per | \$ | |
| | ППП | | | | | | accident) | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DED RETENTIONS \$ | | | | | | | | |
| | WORKERS COMPENSATION | | | | | | WC STATU- O TORY LIMITS EI | TH- | |
| | AND EMPLOYERS' LIABILITY | | | | | | E.L. EACH ACCIDENT | ¢ | |
| | ANY PROPIETOR/PARTNER/EXECUTIVE Y/N | NI/A | | | | | E.L. DISEASE - EA | | |
| | OFFICE/MEMBER EXCLUDER? (Mandatory in NH) | N/A | | | | | EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | DESCRIPTION OF OPERATIONS DEIOW | | | | | | CHVIII | | |
| | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schit: Yoga Effective Date: 07/06/2017 End Date: 07/11/2017 Venue Location: Ea | | | be attached if more munity Community Sch | | Dortland ME 04101 | | | |
| Lvei | it. Toga Effective Date: 07/00/2017 Effic Date: 07/11/2017 Vehicle Location: Ea | a5t ⊑t | u Com | munity Community Sci | iooi, 195 Notiti Street, | Fortiand, IVIE 04101 | | | |
| Certi | ficate Holder is also added as Additional Insured. | | | | | | | | |
| | | | | | | | | | |
| CEF | RTIFICATE HOLDER | | (| CANCELLATION | | | | | |
| | | | | | | | | | |
| | The City of Portland | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE | | | | | | |
| | 389 Congress Street Portland, MN 04101 | | POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE | | | | | | |
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| ı | | C. Philip Hodson | | | | | | | |