

CERTIFICATE OF LIABILITY INSURANCE

AGATH-2 OP ID: MA

DATE (MM/DD/YYYY) 08/23/2013

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

	he terms and conditions of the policy ertificate holder in lieu of such endors				ndorser	nent. A stat	tement on th	is certificate does not c	onfer	rights to the
	DDUCER	501110	(0)		CONTAC NAME:	т				
Bradly S. Michals Insurance Agency, Inc. 19 Main Street				Fax: 617-926-2162	2 PHONE FAX (A/C, No, Ext): (A/C, No):					
				1 ax. 017 020 2102						
Watertown, MA 02472					ADDRESS:					
Nicholas Lotfey				INSURER(S) AFFORDING COVERAGE INSURER A : Hartford Insurance Company				NAIC #		
INSURED A Gathering of Stitches, LLC					INSURER B:				19002	
	54 Cove St									
	Portland, ME 04101				INSURE					+
					INSURE					
					INSURE					
COVERAGES CERTIFICATE NUMBER:						INSURER F : REVISION NUMBER:				
_	HIS IS TO CERTIFY THAT THE POLICIES				VE BEEN	N ISSUED TO			HF PC	OLICY PERIOD
11	NDICATED. NOTWITHSTANDING ANY RE	EQUIF	REME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH								O ALL	. THE TERMS,
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP			
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		4 000 000
	<u></u>	V		08SBATP6463		07/04/2042	07/04/2044	DAMAGE TO RENTED	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	X		003DA1F0403		07/01/2013	07/01/2014	PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
								(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUB							EAGU GOOLIDDENGE		
	- OCCOR							EACH OCCURRENCE	\$	
	OLAIIVIO-IVIADE	1						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							-	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	-	
Α	Property			08SBATP6463		07/01/2013	07/01/2014	E.L. DISEASE - POLICY LIMIT	\$	10,000
^	roperty					0770172010	0170172011	Ded.		1,000
								Deu.		1,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (Attach	ACORD 101 Additional Remarks (Schedule	if more snace is	required)			
	: Operations of the named i	•			oonedale,	ii iiiore space ie	, required)			
	e City of Portland is liste					the Gene	eral			
ште	ability insurance in regard	is c	o s.	ign being installe	a.					
CE	BTIEICATE HOLDER				CANC	ELLATION				
UE	RTIFICATE HOLDER			1	CANC	ELLATION				
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCE	LLED BEFORE
City of Portland					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	- ,				ACC	OKDANCE WI	IN INE POLIC	JI PRUVISIUNS.		
					AUTHOR	RIZED REPRESE	NTATIVE			
					~~~~		11			