

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/4/2015

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)

0	ne terms and conditions of the polic ertificate holder in lieu of such endo	y, ce rsen	rtain nent(s	policies may require an e s).	endors	ement. A sta	itement on t	his certificate does not	confe	r rights to the	
PRODUCER						CONTACT Lori Laverriere					
P&C Insurance						PHONE (A/C, No. Ext): (207) 283-1486 FAX (A/C, No): (207) 283-4258					
260 Main St.						E-MAIL ADDRESS: 1laverriere@insurancepc.com					
P.	О. Вож 356				AUDRO					T	
Biddeford ME 04005					INSURER(S) AFFORDING COVERAGE INSURER A Peerless Indemnity Ins. Co.					NAIC# 18333	
INSURED						INSURER B:					
Pliny Reynolds					INSURER C:						
52 Washington Ave					INSURER D :						
Control Manager Control Contro					INSURER E :						
Portland ME 04101						INSURER F :					
CO	VERAGES CEI	RTIF	ICAT	E NUMBER:2014-2015	ASSESSMENT OF THE PERSON NAMED IN	EKF:		REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN.	NI, LERM OR CONDITION THE INSURANCE AFFORD	OF AN	IY CONTRACT	THE INSUR	ED NAMED ABOVE FOR DOCUMENT WITH RESPI	COT T	CO MUNICIPAL CO	
INSR		ADD	LSUBR	1			POLICY EXP (MM/DD/YYYY)	LIMIT	re		
	GENERAL LIABILITY	11101	1	1 OLIOT ROMBER		(MM/DD/TTTT)	(MM/DD/TTTT)	EACH OCCURRENCE		1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$		
A	CLAIMS-MADE X OCCUR			BOP1074342		10/26/2014	10/26/2015	PREMISES (Ea occurrence)	\$	50,000	
						•		MED EXP (Any one person)	\$	5,000	
		1						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	\$	2,000,000	
	AUTOMOBILE LIABILITY	1	1					COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS			17				(Per accident)	\$		
	UMBRELLA LIAB OCCUP	-							\$		
	EVOESSIAR							EACH OCCURRENCE	\$		
	DED RETENTION \$	1		ē.		1		AGGREGATE	\$		
	WORKERS COMPENSATION	1						WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						-	TORY LIMITS ER			
	OFFICER/MEMBER EXCLUDED?	N/A					-	E.L. EACH ACCIDENT	\$		
	If yes, describe under]	E.L. DISEASE - EA EMPLOYEE	\$	1-	
-	DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$		
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	e, if more space i	s required)				
CERTIFICATE HOLDER						CANCELLATION					
Proof Of Coverage						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
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Pamela Duranceau/LORI