

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2015

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).

PRODUCER				CONTACT Diane New	man			
Diane Newman				PHONE (A/C, No. Ext): 207-773	-2080	FAX (A/C, No):		
StateFarm 313 Read St				PHONE (A/C, No, Ext): 207-773-2080 FAX (A/C, No): E-MAIL ADDRESs: diane@dianenewman.com				
Portland, ME. 04103				INSURER(S) AFFORDING COVERAGE				NAIC #
				INSURER A :		The state of the s	- †	10.10 %
INSURED Troy Keiper Consulting LLC 227 Congress St			INSURER B :					
			1	Appendix of the same of the sa				-
Portland, ME. 04101				INSURER C:				
	Tordand, ME. 04101			INSURER D :				
				INSURER E :	-		-	
				INSURER F :				
INDICATED. CERTIFICATI	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY S AND CONDITIONS OF SUCH	PERTAIN, T	ANCE LISTED BELOW HAV F, TERM OR CONDITION OF THE INSURANCE AFFORDE	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	UMIT	8	
	ERCIAL GENERAL LIABILITY	Y WYD	99-BB-V891-9	10/18/2014	11/30/2016	EACH OCCURRENCE	s	1,000,000
			23-DD-4021-2	10/10/2015	11/30/2016	DAMAGE TO RENTED		300,000
	LAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGG	REGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
X POLIC	Y PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER	R:						\$	
AUTOMOBI	LE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY A	ито					BODILY INJURY (Per person)	\$	
ALL ON						BODILY INJURY (Per accident)	\$	
	AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	20100					(o doudon)	\$	
UMBR	ELLA LIAB OCCUR					EACH OCCURRENCE	s	
EXCES	SS LIAB CLAIMS-MADE					AGGREGATE	s	
	OD MINO WALDE					AGGREGATE	s	
WORKERS	RETENTION \$					PER OTH-	3	
AND EMPLOYERS' LIABILITY								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		NIA				E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTIO	ON OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
	OPERATIONS / LOCATIONS / VEHIC advises client re business ma			, may be attached if more	space is requir	ed)		
CERTIFICAT	E HOLDER			CANCELLATION				
Additionally insured: The City of Portland Building Inspections Office 389 Congress St				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Room 315 Portland,				Jain M	1. //	CORD CORPORATION.	A II = 2 = 2	