

## CERTIFICATE OF LIABILITY INSURANCE

COFFBYD-01

**PSPENCER** 

DATE (MM/DD/YYYY)

4/27/2015 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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

_			lleu	of such endor	seme	nt(s)	•	CONTACT				
PRODUCER Clark Insurance 2385 Congress Street								NAME: PHONE (A/C, No, Ext): (207) 774-6257  FAX (A/C, No, Ext): (207) 774-2994				
								INSURER(S) AFFORDING COVERAGE				NAIC #
								INSURER A : Acadia				31325
Coffee By Design								INSURER B : Maine Employers Mutual				11149
								INSURER C:				
		1 Dlamon						INSURER D:				
		Portland,						INSURER E :				
								INSURER F :				
CO	VED	AGES		CEE	TIEI	CATE	E NUMBER:	MOUNT.		REVISION NUMBER:		
T IN C	HIS I	S TO CERTIFY ATED. NOTWIT FICATE MAY B	HST E IS	ANDING ANY F	PER	REMI	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	TO THE INSUF CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR	INSR					SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GE			UCM	****	TOLO: NOMBER	(1111)		EACH OCCURRENCE	s	1,000,000
		CLAIMS-MAD	o <sub>E</sub> [	X OCCUR			BOA5124194-11	10/25/2014	10/25/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC									MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
										GENERAL AGGREGATE	s	2,000,000
												2,000,000
										PRODUCTS - COMP/OP AGG	\$	2,000,000
A	OTHER:				-					COMBINED SINGLE LIMIT	s	1,000,000
	ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS  X SCHEDULED AUTOS  X NON-OWNED AUTOS AUTOS					CAAE10E14E 11	10/25/2014	10/25/2015	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000	
						CAA5125145-11				-		
									BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
									(Per accident)	\$		
			L								\$	
A	X									EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE				-		CUA5125146-11	10/25/2014	10/25/2015	AGGREGATE	\$	4,000,000
	DED X RETENTION\$				)					DED OTH	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								04/11/2016	PER OTH- STATUTE ER		
					N/A		1810068290	04/11/2015		E.L. EACH ACCIDENT	\$	1,000,000
					]					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
										E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	}											
				LOCATIONS/VEHIC Washington Ave		ACOR	D 101, Additional Remarks Sched	ule, may be attached if mo	re space is requi	red)		
CERTIFICATE HOLDER								CANCELLATION				
		City of Po 389 Cong Portland	res	s Street				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				
		Fortialia	, 1416	. 0-1101								