

CERTIFICATE OF LIABILITY INSURANCE

10/23/2013

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 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 NAME:			
Clark Insurance 2385 Congress Street		(207) 774-2994		
2385 Congress Street Portland, ME 04104	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: Citizens Ins Co of IL			
INSURED	INSURER B : Allmerica Financial Benefits	41840		
Goodwill Industries of Northern New England	INSURER C: Hanover Ins Company	22292		
353 Cumberland Avenue P.O. Box 8600	INSURER D : Acadia	31325		
Portland, ME 04104-8600	INSURER E:			
,	INSURER F:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY	X		ZBP5016062	ZBP5016062	7/1/2013	7/1/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
							GENERAL AGGREGATE	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	3,000,000	
	POLICY PRO- JECT X LOC							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
В	X ANY AUTO			ADP4922273	7/1/2013	7/1/2014	BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000	
С	EXCESS LIAB CLAIMS-MADE			UHP5237334	7/1/2013	7/1/2014	AGGREGATE	\$	5,000,000	
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER			
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WPA5070350-10	1/1/2013	1/1/2014	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)	' '					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Portland is Additional Insured with respect to 1) the sign located at the insured's 75 Washington Avenue, Portland ME location 2) the sign located at the insured's "Bayside Street, Portland, Maine" location,

3) 1104 Forest Avenue, Portland, Maine and 3) the license agreement for 71 High Street, Portland Maine as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress Street Portland. ME 04101	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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