

## CERTIFICATE OF LIABILITY INSURANCE

MAINE03

OP ID: LCC

DATE (MM/DD/YYYY) 11/20/2014

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.

rtificate holder is an ADDITIONAL INSURED, the noticy(ies) must be endorsed. If SURROGATION IS WAIVED subject to

t	the terms and conditions of the policy, the terms and conditions of the policy, the trifficate holder in lieu of such endors	certain	policies may require an er	ndorsement. A stat	tement on th	is certificate does not c	onfer r	ights to the
PRO Kilk Insi	erunicate holder in fled of such endors  DDUCER  Orride & Harris  urance Services LLC  Western Avenue	sementys	CONTACT NAME: Lynda Crandall PHONE (A/C, No, Ext): 207-774-7919 E-MAIL address: Icrandall@khinsurance.com					
So. Portland, ME 04106 Christopher C. Harris  INSURED Maine and Loire, LLC 63 Washington Avenue Portland, ME 04101								
				INSURER(S) AFFORDING COVERAGE INSURER A : Acadia Insurance			NAIC#	
				INSURER B:				
				INSURER C :				
				INSURER D:				
			INSURER E:					
				INSURER F:				
II C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSU QUIREME PERTAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER IS DESCRIBEING PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR		INSD WVD		(MM/DD/YYYY)	POLICY EXP (MWDD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X	BINDER	12/01/2014	12/01/2015 12/01/2015	EACH OCCURRENCE  DAMAGE TO RENTED  PREMISES (Ea occurrence)	\$	2,000,000 300,000
	X Liquor Liab		BINDER	12/01/2014		MED EXP (Any one person)	\$	10,000
	\$2m/\$4m					PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	4,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	4,000,000
-	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS					(Per accident)	\$	
<del> </del>	UMBRELLA LIAB OCCUR	<del>                                     </del>				EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
	DED RETENTION \$					7,007,1207,112	s	
$\vdash$	WORKERS COMPENSATION					PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	Business Owners Policy		BINDER	12/01/2014	12/01/2015	BPP Stock		15,000 28,000
Ci	ceription of operations/Locations/vehic ty of Portland is listed as Washington Ave, Portland,	Addit		respects to	signage a			
CE	RTIFICATE HOLDER			CANCELLATION				
CITYOFP  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 Christopher C. Harris				