

POPL&CO-01

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ETARDIFF

| DATE | T | T | T | r, | |
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| ACOND C | ERT | ٦F | ICATE OF LIA | BILI | TY INS | URANC | E | | /31/2015 | | |
|--|---------------------|---------------|---|------------|--|----------------------------|---|------------------|--------------------------|--|--|
| THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER. A | TIVELY SURAI | ' OF NCE | R NEGATIVELY AMEND | , EXTE | ND OR ALT | ER THE CO | OVERAGE AFFORDED | BY TH | IE POLICIES | | |
| IMPORTANT: If the certificate hold the terms and conditions of the polic certificate holder in lieu of such endor | er is a y, certa | in A ain i | DDITIONAL INSURED, th policies may require an e | | | | | | | | |
| PRODUCER | Semen | 11(5) | • | CONTA | СТ | | | | | | |
| United Insurance - Portland (O'Hearn) 1087 Forest Avenue Portland, ME 04103 | | | | | NAME: FAX PHONE FAX (AVC, No, Ext): (207) 797-9400 E-MAIL (AVC, No): ADDRESS: (AVC, NO): | | | | | | |
| | | | NAIC # | | | | | | | | |
| INSURED | | | | INSURE | | | | | | | |
| Dealer & Ormana | | | | INSURE | | | | | | | |
| Poplar & Company 519 Cumberland Ave. Unit 3 | 3 | | | INSURE | | | | | | | |
| Portland, ME 04101 | - | | | INSURE | | | | | | | |
| | | | | INSURE | | | | | | | |
| COVERAGES CEI | RTIFIC | ATE | ENUMBER: | | | | REVISION NUMBER: | | | | |
| THIS IS TO CERTIFY THAT THE POLIC | | | | | | | RED NAMED ABOVE FOR | | | | |
| INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PERT | AIN, | THE INSURANCE AFFOR | DED BY | Y THE POLIC | IES DESCRIB | ED HEREIN IS SUBJECT | ECT TO FO ALL | WHICH THIS THE TERMS, | | |
| INSR LTR TYPE OF INSURANCE | | | | | | POLICY EXP (MM/DD/YYYY) | LIMI | rs | | | |
| A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | NN564945 | | 05/26/2015 | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 | | |
| | | | | | | | MED EXP (Any one person) | \$ | 5,000 | | |
| | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,00 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | | |
| X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | | |
| | | | | | | | FRODUCTS - COMF/OF AGG | φ \$ | | | |
| 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) | \$ | | | |
| | | | | | | | | | | | |
| EXCESS LIAB CLAIMS-MADI | _ | | | | | | EACH OCCURRENCE | \$ | | | |
| | | | | | | | AGGREGATE | \$ | | | |
| DED RETENTION \$ WORKERS COMPENSATION | + | | | | | | PER OTH- STATUTE ER | \$ | | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | e | | | |
| OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| If yes, describe under | | | | | | | | | | | |
| DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | φ | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI | | CORF |) 101. Additional Remarks Schedu | ile, mav h | e attached if mor | e space is requir | red) | | | | |
| Additional insured for sign | 0220 (A | 00112 | | ne, may c | | e opube io requi | | | | | |
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| | | | | | CELLATION | | | | | | |
| | | | | SHC | | | ESCRIBED POLICIES RE C | | | | |

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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City of Portland 389 Congress Street Portland, ME 04101

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