

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DU/YYYY) 4/18/2017

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).

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PRODUCER		CONTACT Melissa C	
GHM Agency		PHONE (A/C, No, Ext): (207) 873-5101 FAX (A/C,	No): (207)873-5784
51 Main Street		E-MAIL ADDRESS: melissa@ghmagency.com	
PO Box 649		INSURER(S) AFFORDING COVERAGE	NAIC #
Waterville	ме 04903-0649	INSURER A Citizens Insurance Co	31534
INSURED		INSURER B Allmerica Financial Benefit	41840
Oxbow Brewing Co	mpany, LLC	INSURER C Hanover Insurance Co	22292
PO Box 599		INSURERD Maine Employers Mutual Ins Co	11149
		INSURER E :	
Newcastle	ME 04553	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 16/17 Master 1 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.

INS	3	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
2	X							EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			x		ZBPA514941-02	12/29/2016	12/29/2017	MED EXP (Any one person)	\$	10,000
				1				PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					į		GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC			,			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Employee Benefits	\$	1,000,000
	Al	JTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
_	х	ANY AUTO	ł					BODILY INJURY (Per person)	\$	
В		ALL OWNED SCHEDULED AUTOS AUTOS		AWPA511815		12/29/2016 12	12/29/2017	BODILY INJURY (Per accident)	\$ \$	
		HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	-	7,0,00						Uninsured motorist combined	\$	1,000,000
c	X	UMBRELLA LIAB OCCUR		1				EACH OCCURRENCE	\$	3,000,000
		EXCESS LIAB X CLAIMS-MADE		l				AGGREGATE	\$	3,000,000
~		DED X RETENTIONS 10,000			UHPA515786	12/29/2016	12/29/2017		\$	
		DRKERS COMPENSATION						X PER OTH-		
}	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	500,000
D					1810098387	1/3/2017	1/3/2018	E.L. DISEASE - EA EMPLOYEE	\$	500,000
-	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
A					ZBPA514941-02	12/29/2016	12/29/2017			\$1,000,000
	-									·
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DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured in regards to general liability for ongoing operations with
contract in place.

CERTIFICATE HOLDER	CANCELLATION			
City of Portland 389 Congress St 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.			
FOILIANU, ME 04101	AUTHORIZED REPRESENTATIVE			
	Laura Rowe, AAI/LAURA			

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