

KATIMAD-01

JKERRY

ACORD [®] CERTIFICATE OF LIABILITY INSURANCE											
E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y O ANCE	R NEGATIVELY AMEND E DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	ATE HO BY T	HE POLICIES	
t	MPORTANT: If the certificate holds he terms and conditions of the policy	, ce	rtain	policies may require an e							
	ertificate holder in lieu of such endors	seme	ent(s).	CONTA		Korny All	16			
	rk Insurance	NAME: Johanna Kerry, AINS PHONE FAX									
2385 Congress Street Portland, ME 04104						(A/C, No, Ext): E-MAIL ADDRESS: jkerry@clarkinsurance.com					
FUI					ADDRE						
										NAIC #	
INSURED						INSURER A : Ohio Casualty Insurance Company				11149	
Katie Made Bakery, LLC						• •					
						INSURER C :					
181 Congress Street Portland, ME 04101											
	,				INSURE						
00	VERAGES CER	TIFI	САТ	E NUMBER:	INSURE	кг.		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED			THE P	OLICY PERIOD	
	NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHEF	DOCUMENT WITH RES	PECT T	O WHICH THIS	
INSF	TYPE OF INSURANCE					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,00	
	CLAIMS-MADE X OCCUR	X		BZO56981789		03/01/2016	03/01/2017	PREMISES (Ea occurrence)	\$	1,000,00 15,00	
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,00	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	-	2,000,00	
	OTHER:								\$,,	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accider	t) \$		
	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	-		
в	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			1810102906		06/19/2016	06/19/2017	E.L. EACH ACCIDENT	\$	500,00	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYI	E \$	500,00	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	г \$	500,00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC							ed)			
	policy includes a liability extension end tificate holder is named as additional ins							lity arising out of the or	aoina	activities of the	
	ired.					- ga: ao to tito					
CERTIFICATE HOLDER						CANCELLATION					
	City of Portland 389 Congress St				THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.			
Portland, ME 04101											

AUTHORIZED REPRESENTATIVE

Channa C Kerry

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ACORD 25 (2014/01)

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