

## CEKTIFICATE OF LIABILITY INSUKANCE

6/4/2014

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

C	ertificate holder in lieu of such endors	seme	ពសេ							
PRO	DUCER					<sup>CT</sup> R. Chri		laloney		
Coastal Insurance Group LLC					PHONE (A/C, No. Ext): (207) 797-4900 FAX (A/C, No): (207) 874-4069					
55	8 Brighton Avenue				E-MAIL Addre	<sub>ss:</sub> chrism@	Sevigney(	roup.com		· · · · · · · · · · · · · · · · · · ·
	-					INS	URER(S) AFFOR	DING COVERAGE		NAIC #
Portland ME 04102					INSURER A : Peerless Insurance					
INSURED					INSURER B :					
The Blue Spoon					INSURER C:					
89 Congress Street					INSURER D:					
					INSURER E :					
Po	rtland ME 04	101	101			INSURER F:				
COVERAGES CER			CATI	ENUMBER:CL1464038	55 REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TH							THE INSURI	JRED 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,										
E	ECHIFICATE MAY BE ISSUED OF MAY XCLUSIONS AND CONDITIONS OF SUCH	POL	ICIES	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	).		
INSR LTR		ADDL	SUBP WVD	}		POLICY EFF (MM/DD/YYYY)	POLICY EXP		MITS	
LIK	GENERAL LIABILITY	Clisson	1					EACH OCCURRENCE	\$	1,000,000
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
A	CLAIMS-MADE OCCUR	x		CBP7040331		7/14/2013	7/14/2014	MED EXP (Any one person)	\$	5,000
^	CDAMO-MADE COCCIT		1					PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:	l		·				PRODUCTS - COMP/OP AG	G \$	1,000,000
	PRO-	ĺ							\$	
	AUTOMOBILE LIABILITY	╁┈	$\dagger$					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per persor	) \$	
Ì	ALL OWNED SCHEDULED							BODILY INJURY (Per accide	nt) \$	
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS AUTOS								\$	
$\vdash$	UMBRELLA LIAB OCCUR	1	1					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	=1						AGGREGATE	\$	
		7							\$	
	DED   RETENTION\$	+-	1					WC STATU- OT TORY LIMITS E	H- R	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A							E.L. EACH ACCIDENT	\$		
			١ ا					E.L. DISEASE - EA EMPLO	EE \$	
(Mandatory In NH)  If yes, describe under								E.L. DISEASE - POLICY LIM		
-	DÉSCRIPTION OF OPERATIONS below	+	+							
	Table Control									

CERTIFICATE HOLDER	CANCELLATION				
City of Portland	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
389 Congress Street Portland, ME 04101	AUTHORIZED REPRESENTATIVE				
	Ali Gant/DGUIDI				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)