THRELIT-01

AKRUG

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

1/14/2014

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(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	ertificate holder in lieu of such endors	seme	nt(s)				itement on ti	iis certificate does not	conie	rights to the	
PRODUCER Clark Insurance 2385 Congress Street						CONTACT Angela Krug					
						PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 7				') 774-2994	
Por	tland, ME 04104				E-MAIL ADDRESS: akrug@clarkinsurance.com						
								RDING COVERAGE		NAIC #	
NOUNED						INSURER A : Peerless Indemnity				18333	
Three Little Birds, LLC c/o Stella Hernandez					INSURER B:						
					INSURER C:						
	12 Atlantic Street		INSURER D :				•				
Portland, ME 04101						INSURER E :					
COVERAGES CERTIFICATE NUMBER:					INSURER F:						
	HIS IS TO CERTIFY THAT THE POLICIE				HΔ\/F R	EEN ISSUED	TO THE INCLU	REVISION NUMBER:	THE	OLIOV PERIOR	
IIN	IDICATED. NOTWITHSTANDING ANY R	EQUI	REME	ENT. TERM OR CONDITION	N OF A	ANY CONTRA	CT OR OTHER	DOCUMENT WITH DECI	DECTI	O MALUCIL TIME	
	EKTIFICATE MAY BE ISSUED OR MAY	PER	IAIN	THE INSURANCE AFFORD	DED BY	Y THE POLIC	IEG DEGCDID	ED HEDEIN IC CUD IECT	TO AL	L THE TERMS,	
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN INSR LTR TYPE OF INSURANCE ADDLISUBR INSR WVD POLICY POLICY					POLICY EFF POLICY EXP						
	GENERAL LIABILITY		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			2 000 000	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			BOP3079503		04/13/2013	04/13/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000	
									\$	300,000 5,000	
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	2,000,000	
								GENERAL AGGREGATE	\$	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	, ,						PRODUCTS - COMP/OP AGO		4,000,000	
	X POLICY PRO- JECT LOC							TRODUCTS - COMPTOR AGO	\$	4,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)			
	ALL OWNED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per acciden	t) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$		
									\$		
	UMBRELLA LIAB OCCUR						7	EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			*				AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION								\$		
	AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER	d- L		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					·	E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE	E \$		
	DESCRIPTION OF OPERATIONS below		-4"					E.L. DISEASE - POLICY LIMIT	\$	`	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ttach	ACORD 101, Additional Remarks	Schedule	. if more space is	required)				
nc:	100 Congress Street, Portland, ME of Portland is an additional insured as a					, - pass 10	, roquirou,				
o,	or romand is an additional insured as i	requi	rea b	y contract.							
CERTIFICATE HOLDER						CANCELLATION					
					0110						
City of Portland						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	389 Congress Street	4	ACC	ACCORDANCE WITH THE POLICY PROVISIONS.							
	Portland, ME 04101				AUTHORIZED REPRESENTATIVE						
					Al a		NTATIVE				
					1-16	5-					

ACORD