| | | | | | | | | | | | 90CONGR-0 | 1 | AKRUG | |
|---|--------------------------|--|-----------------------|---|-------------------------------|-----------------------------------|---|------------------------------------|---|---|---|---------------------------|---|--|
| ACORD [®] C | | | | | | ERTIFICATE OF LIABILITY INSURANCE | | | | | | | DATE (MM/DD/YYYY) 4/13/2016 | |
| C B R | ERT ELC EPR | TFICATE DOES W. THIS CERT ESENTATIVE OR RTANT: If the | NC IF R F Ce | OT AFFIRMAT ICATE OF IN PRODUCER, A ertificate holde | TVEL SURA ND T er is | Y OI ANCE HE C an A | R OF INFORMATION ON R NEGATIVELY AMEND, E DOES NOT CONSTITU ERTIFICATE HOLDER. DDITIONAL INSURED, the policies may require an el | EXTE | ND OR ALT CONTRACT y(ies) must b | DER THE CO BETWEEN | DVERAGE AFFORDED THE ISSUING INSURE | BY TI R(S), A WAIVE | HE POLICIES UTHORIZED D, subject to | |
| | | cate holder in lie | | | | | | | | | | | lighte to the | |
| | DUCE | | | | | | | CONTA NAME: | Angela | Krug | | | | |
| Clark Insurance 2385 Congress Street | | | | | | | | | PHONE FAX (A/C, No, Ext): (A/C, No): | | | | | |
| | | , ME 04104 | | | | | | E-MAIL ADDRE | _{ss:} akrug@ | clarkinsura | nce.com | | 1 | |
| | | | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | |
| | | | | | | | | INSURER A : MMG Insurance Company | | | | | 15997 | |
| INSU | RED | | | | | | | INSURER B : Maine Employers Mutual | | | | | 11149 | |
| | | 90 Congres: c/o Stella He | | | | | | INSURER C : | | | | | | |
| | | 12 Atlantic | | | | | | INSURER D : | | | | | | |
| | | Portland, M | Ε | 04101 | | | | | | | | | | |
| | | | | | | C A TI | | INSURE | RF: | | | | | |
| | | AGES | нΔ | | | - | E NUMBER: SURANCE LISTED BELOWF | | | | REVISION NUMBER: | | | |
| IN C E | IDIC. ERT | ATED. NOTWITHS | ST. | ANDING ANY F SUED OR MAY | REQU PER POLI | IREM TAIN ICIES | ENT, TERM OR CONDITION , THE INSURANCE AFFORE . LIMITS SHOWN MAY HAVE | N OF A | NY CONTRA (THE POLIC REDUCED BY | CT OR OTHEF IES DESCRIB PAID CLAIMS | R DOCUMENT WITH RESP BED HEREIN IS SUBJECT | PECT TO | O WHICH THIS | |
| INSR LTR | | TYPE OF INSU | - | - | | | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIM | ITS | | |
| A | X | COMMERCIAL GENE | CLAIMS-MADE X OCCUR | | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | | CLAIMS-MADE | | | | | BP12035036 | | 05/10/2015 | 05/10/2016 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 250,000 | |
| | | | | | | | | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | | | AF | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | X | POLICY PRO- JECT OTHER: | | LOC | | | | | | | PRODUCTS - COMP/OP AGG | i \$ \$ | 2,000,000 | |
| | AU | | | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | | | BODILY INJURY (Per person) \$ | | | | |
| | | ALL OWNED AUTOS | | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per acciden | t) \$ | | |
| | | HIRED AUTOS | | NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| <u> </u> | X | UMBRELLA LIAB | | | | | | | | | | \$ | 1,000,000 | |
| | ^ | EXCESS LIAB | F | | | | KU12035036 | 05/10/2 | 05/10/2015 | 05/10/2016 | EACH OCCURRENCE | \$ | 1,000,000 | |
| A | | X | | CLAIMS-MADE | | | 101203000 | | 03/10/2013 | | AGGREGATE | \$ | 1,000,000 | |
| | woi | DED X RETENT | | <u>N</u> \$ -0,000 | · | | | | | | X PER OTH- STATUTE ER | | | |
| в | AND EMPLOYERS' LIABILITY | | | | | | 1810105355 | | 05/10/2015 | 05/10/2016 | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | OFFICER/MEMBER EXCLUDED? | | | | | | | 00/10/2010 | | | E.L. DISEASE - EA EMPLOYE | | 500,000 | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | | 500,000 | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| RE: | Out | door Dining | | | | | D 101, Additional Remarks Schedul | | e attached if mo | re space is requi | red) | | | |
| | | | | | | | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION | | | | | |
|---|--|--|--|--|--|--|
| City of Portland 389 Congress Street 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. | | | | | |
| | | | | | | |

© 1988-2014 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD