

AKRUG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/24/2017

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 have ADDITIONAL INSURED provisions or 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).

tl	nis certificate does not confer rights to							require an endorsemen	ii. A 3	tatement on	
PRO	DUCER				CONTAC NAME:	CT Angela k	(rug, AAI, A	AINS			
Clark Insurance 2385 Congress Street Portland, ME 04104						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: akrug@clarkinsurance.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
							surance Co			15997	
INSURED						INSURER B : Maine Employers Mutual					
90 Congress Street LLC					INSURER C:						
	c/o Stella Hernandez 12 Atlantic Street				INSURE						
	Portland, ME 04101				INSURER E :						
·					INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY	Х		BP12035036		05/10/2016		EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	Y POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								,	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE		KI	KU12035036		05/10/2016	05/10/2017	AGGREGATE	\$	1,000,000	
	DED X RETENTION \$ 10,000								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		1810105355		05/10/2016	05/10/2017	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Outdoor Dining of Portland is an additional insured with	•				e attached if mor	e space is requir	ed)			
	DTIEICATE HOI DEP				CANC	ELLATION					
CE	RTIFICATE HOLDER				CANC	ELLATION					
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.					
	i Gradiu, ME 04101				AUTHORIZED REPRESENTATIVE						