

CERTIFICATE OF LIABI

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ACORD [®]				
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THIS CERTIFICATE IS ISSUE	O AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC	ATE HOLDER. THIS		
CERTIFICATE DOES NOT AFI	FIRMATIVELY 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 INSURE	R(S), AUTHORIZED		
REPRESENTATIVE OR PRODU	CER, AND THE CERTIFICATE HOLDER.			

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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).

PRODUCER	CONTACT NAME:	NAME:					
Clark Insurance 2385 Congress Street	PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No	FAX (A/C, No): (207) 774-2994					
Portland, ME 04104	E-MAIL ADDRESS: info@clarkinsurance.com	E-MAIL ADDRESS: info@clarkinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Ohio Security Insurance Co	24082					
INSURED	INSURER B: Ohio Casualty Insurance Company	24074					
Rosemont Market & Bakery	INSURER C: Maine Employers Mutual	11149					
Blue House LLC White House LLC 559 Brighton Ave	INSURER D :						
Portland, ME 04102	INSURER E :						
	INSURER F						

COVERAGES CERTIFICATE NUMBER:

REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	NSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				, , ,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BZS56890300	10/15/2016	10/15/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED				BAS56890300	10/15/2016	10/15/2017	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
		EXCESS LIAB CLAIMS-MADE	I		USO56890300	10/15/2016	6 10/15/2017	AGGREGATE	\$	
		DED X RETENTION \$ 10,000							\$	2,000,000
С	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							PER OTH- STATUTE ER		
			N/A		1810076699	03/01/2016	03/01/2017	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Insured Location - 88 Congress Street, Portland ME - The City of Portland is an additional insured for General Liability with respect to the insured's operations and if required by written contract

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.
	AUTHORIZED REPRESENTATIVE Willin R. Except

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