BARLOLA-01

AYANNELLI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/14/2013

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 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	eme	nt(s)									
PRODUCER Clark Insurance P O BOX 3543 Portland, ME 04104						CONTACT Angela Yannelli						
						PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994						
						E-MAIL ADDRESS: ayannelli@clarkinsurance.com						
								RDING COVERAGE			NAIC #	
					INSURE	RA:Phoenix	k Ins Co				25623	
Bar Lola, LLC c/o Guy & Stella Hernandez 12 Atlantic Street						INSURER B:						
						INSURER C:						
						INSURER D:						
	Portland, ME 04101		INSURE	INSURER E:								
<u> </u>						INSURER F:						
СО	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUI	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUII PER ⁻ POLIC	REME TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WI SED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSR WVD POLICY NU			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY					,		EACH OCCURRENCE		\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY	X	ı	I6802700C791PHX13		3/1/2013	3/1/2014	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)		\$	300,000	
	CLAIMS-MADE X OCCUR									\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
								GENERAL AGGREGATE		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM	P/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA(PER ACCIDENT)	GE	\$		
	AUTO							(FERTAGOIDEIVI)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION							WC STATU- TORY LIMITS	OTH- ER	<u> </u>		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDE	•	\$		
		N/A						E.L. DISEASE - EA				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
	DESCRIPTION OF OPERATIONS BEIOW							E.E. DIOLAGE - 1 O	LIOT LIMIT	Ψ		
Loca	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ation of Property: 100 Congress Street, ng permit.							General Liability	Policy fo	or sign	and outside	
CERTIFICATE HOLDER						CANCELLATION						
City of Portland, ME 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						

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