THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder the terms and conditions of the policy	IVEL	TER				RANCE	-	05/	MM/DD/YYYY) 1 8/2016	
	ND T	NCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER.	EXTE TE A (ND OR ALT	ER THE CO BETWEEN T	VERAGE AFFORDED I THE ISSUING INSURER	BY THE (S), AU	POLICIES	
	, cert	tain p	olicies may require an er							
certificate holder in lieu of such endorsement(s). PRODUCER Varney Agency-Scarborough 383 US Rt 1, Suite 1E, Box 5 Scarborough, ME 04074 Amanda Jackson					CONTACT NAME: Amanda Jackson PHONE (A/C, No, Ext): 207-883-8229 FAX (A/C, No): 207-883-4752 E-MAIL alackson Support Support Support Support Support Support Support Support Support					
					E-MAIL ADDRESS: ajackson@varneyagency.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : MMG Insurance 15997					
INSURED Urban Dwellings LLC 118 Congress St #C1 Portland, ME 04101-					INSURER B :					
					INSURER C :					
					INSURER D : INSURER E :					
COVERAGES CERTIFICATE NUMBER:										
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	s of Equif Pert	INSUF REME FAIN,	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT	OTHE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO \	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	x		BP12168117		11/12/2015	11/12/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	2,000,000 250,000	
X Business Owners							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$	4,000,000 4,000,000	
							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$ \$		
ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MAD	=						AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
DÉSCRIPTION OF OPERATIONS below							PROPERTY	5	100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mo	e space is requir	ed)			
CERTIFICATE HOLDER				CANO						
City of Portland 389 Congress St Portland, ME 04101					CANCELLATION 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 Amanda Jackson					

© 1988-2014 ACORD CORPORATION. All rights reserved.