COFFBYD-01

HCTALBOT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2014

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

ortland, N	ress Street	lond			CONTACT Tricia Sp PHONE (A/C, No, Ext): (207) 7 E-MAIL ADDRESS: pspence	74-6257	FAX (A/C, No): (207	774-2994			
2385 Cong Portland, N	WE 04104 Coffee By Design, Bartlett Is	low d			E-MAIL ADDRESS: pspence	r@clarkins					
,	Coffee By Design, Bartlett Is	low el					urance.com				
INSURED		low al				IDEB(S) AFFOR	INSURER(S) AFFORDING COVERAGE				
INSURED		lond			INSURER A : Acadia	NAIC #					
		امسما			INSURER B : Maine E	11149					
			ПС	R.		111170					
		101101,			INSURER C :						
	1 Diamond Street				INSURER D :						
	Portland, ME 04101				INSURER E :						
COVERAG	GES CEB	TIELC	A TE	NUMBER:	INSURER F: REVISION NUMBER:						
THIS IS INDICATI CERTIFIC	TO CERTIFY THAT THE POLICII ED. NOTWITHSTANDING ANY F CATE MAY BE ISSUED OR MAY IONS AND CONDITIONS OF SUCH	S OF EQUIF PERT POLIC	INS REME AIN, SIES.	URANCE LISTED BELOW NT, TERM OR CONDITIC THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRAI DED BY THE POLIC BEEN REDUCED BY	TO THE INSUR CT OR OTHER IES DESCRIB	RED NAMED ABOVE FOR THE P	O WHICH THIS			
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1,000,000			
.				BOA5124194-10	10/25/2013	10/25/2014	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	250,000			
	CLAIMS-MADE OCCUR			DOM0124104-10	10/20/2013	1012012014		5,000			
-							MED EXP (Any one person) \$	1,000,000			
— —							PERSONAL & ADV INJURY \$	2,000,000			
34	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000			
<u> </u>	JECT LOC						PRODUCTS - COMP/OP AGG \$	2,000,000			
	OTHER: MOBILE LIABILITY	-					COMBINED SINGLE LIMIT &	1,000,000			
	-			CAA5125145-10	10/25/2013	10/25/2014	(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000			
H A	ANY AUTO ALL OWNED X SCHEDULED			CAA5125145-10	10/23/2013	10/25/2014	BODILY INJURY (Per accident) \$				
A	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE				
^ H	HIRED AUTOS AUTOS						(Per accident) \$				
V	JMBRELLA LIAB X OCCUR	+	-					4 000 000			
1				CUA5125146-10	10/25/2013	10/25/2014	EACH OCCURRENCE \$	4,000,000			
	CEATIVIS-IVIADI			CUA5125146-10	10/25/2013		AGGREGATE \$	4,000,000			
	DED X RETENTION \$ ERS COMPENSATION	,				<u> </u>	X PER OTH- STATUTE ER				
AND EI	MPLOYERS' LIABILITY V / N			4040000000	04/11/2014	04/11/2015		500.000			
B ANY PE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	N/A		1810068290	04/11/2014		E.L. EACH ACCIDENT \$	500,000			
(Manda	atory in NH) describe under						E.L. DISEASE - EA EMPLOYEE \$	500,000			
DÉSCF	RIPTION OF OPERATIONS below	+					E.L. DISEASE - POLICY LIMIT \$	500,000			
						ļ					
	ON OF OPERATIONS / LOCATIONS / VEHI OOR Seating (43 Washington Ave/	,		•	dule, may be attached if mo	ore space is requi	rred)				

COFFBYD-01

HCTALBOT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2014

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 certificate holder in lieu of such endorsement(s).	endorsement. A statement on this certificate does not confer r	ights to the			
PRODUCER	CONTACT Tricia Spencer				
Clark Insurance 2385 Congress Street	PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994				
Portland, ME 04104	E-MAIL ADDRESS: pspencer@clarkinsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A : Acadia	31325			
INSURED	INSURER B : Maine Employers Mutual	11149			
Coffee By Design, Bartlett Island, LLC. &	INSURER C :				
A.D. Beaner, LLC. 1 Diamond Street	INSURER D:				
Portland, ME 04101	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 PEI					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE					
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR ADDI SUBR	DOLICY EEE DOLICY EYE				

INSR LTR		TYPE OF INSURANCE	ADDL SI		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	S	
Α	Х	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BOA5124194-10	10/25/2013	10/25/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO		CAA5125145-10	10/25/2013	10/25/2014	BODILY INJURY (Per person)	\$			
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	· · · · · · · · · · · · · · · · · · ·
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUA5125146-10	10/25/2013	10/25/2014	AGGREGATE	\$	4,000,000
		DED X RETENTION \$ 0							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE			1810068290	04/11/2014	04/11/2015	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
ĺ										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)										

RE: Outdoor Seating (43 Washington Ave/67 India St, Po	ortland)	
CERTIFICATE HOLDER	CANCELLATION	

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				
	heather carteritallet				