

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/10/2015

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).

С	ertificate holder in lieu of such endors	emer	ıt(s).							
PRODUCER				CONTACT Amanda Jackson						
Anderson-Watkins Insurance				ME 04092	PHONE (A/C, No, Ext): (207) 856-5500 FAX (A/C, No): (207) 856-0004					56-0004
31 Central Street Westbrook					È-MÁIL ADDRE	olook	son@anders	onwatkinsinsurance.com		
	Wesiblook			IVIE 04092	ADDILL		SURER(S) AFFOR	RDING COVERAGE		NAIC #
					INICIIDE		mployers' Mu			524210
INSURED				INSURER B : Progressive Companies					38628	
Foodworks Inc										36137
Robert Hastings						INSURER C: Travelers Insurance Co				
	59 India St				INSURE					
Portland				ME 04101-	INSURER E:					
COVERAGES CERT					I INSURER F: REVISION NUMBER:					
-			NUMBER:	KEVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PO					ICV PEDIOD	
IN C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH I	QUIRI PERTA POLIC	EMEN AIN, T IES. I	NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF AN'	Y CONTRACT THE POLICIE EDUCED BY I	OR OTHER S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT	т то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL :	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
С	X COMMERCIAL GENERAL LIABILITY		1	6802430X831		02/06/2015	02/06/2016		\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)		5,000
								` , , , , , , , , , , , , , , , , , , ,	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:									2,000,000
	POLICY PRO- JECT LOC								\$	2,000,000
	OTHER:								\$ \$	
В	AUTOMOBILE LIABILITY			03383818-0		11/25/2014	11/25/2015	COMBINED SINGLE LIMIT	<u> </u>	300,000
	ANY AUTO			00000010 0		11/25/2014	11/25/2015	(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED							BODILY INJURY (Per accident)		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
	HIRED AUTOS AUTOS							(Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR									
	- Joseph Joseph								\$	
	CEAIWIO-IVIADE								\$	
Α	DED RETENTION \$ WORKERS COMPENSATION			1810069804		07/01/2014	07/01/2015	X PER OTH-	\$	
^	AND EMPLOYERS' LIABILITY Y / N			1010009004		07/01/2014	07/01/2013			100,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	•	100,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	\$	300,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL of Portland is listed as Additional Insure		CORD	101, Additional Remarks Schedul	le, may be	e attached if mor	e space is require	ed)		
Ony of Formations instead as Additional Insulea										
CE	RTIFICATE HOLDER				CANCELLATION AI 007903					
CITY OF PORTLAND 389 CONGRESS ST					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
PORTLAND				ME 04101-	AUTHORIZED REPRESENTATIVE Amarda L Jackson					