

LOISNAT-01 BHOLDEN

/	40		ER	TIF	ICATE OF LIA	BILI	ry insi	URANC	E		(MM/DD/YYYY) 13/2015
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).											
P	RODUC			(-)		CONTACT NAME: Jennifer L. Ferrante					
	Holden Agency Insurance 1085 Brighton Ave						PHONE (A/C, No, Ext): (207) 775-3793 FAX (A/C, No): (20				523-2449
	Portland, ME 04102						ADDRESS: info@holdenagency.com				
							INSURER(S) AFFORDING COVERAGE				
L.		<u>,</u>				INSURER A : Ohio Security Insurance Company				24082	
INSURED							INSURER B : Ohio Casualty Group				
		Lois' Natural Marketplace 152 US Route 1				INSURER C :					
		Scarborough, ME 04074									
							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.											
IN	ISR TR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS	
1	A X	COMMERCIAL GENERAL LIABILITY			BZS56499677		01/16/2015	01/16/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 300,000
			_						MED EXP (Any one person)	\$	15,000
			_						PERSONAL & ADV INJURY	\$	1,000,000
	GE X								GENERAL AGGREGATE	\$	2,000,000
	^								PRODUCTS - COMP/OP AGO	i \$ \$	2,000,000
\vdash	AU	OTHER: JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$	
		HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	4 000 000
					USO56499677		01/16/2015	01/16/2016	EACH OCCURRENCE	\$	1,000,000
B	,⊢	DED X RETENTION \$ 10,000			00000400011	01/10/2013	01/10/2010	AGGREGATE	\$ \$	1,000,000	
		ORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ	-,,
	AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE	N						E.L. EACH ACCIDENT	\$	
	(Ma	FICER/MEMBER EXCLUDED?		`					E.L. DISEASE - EA EMPLOYE	E \$	
	DES	es, describe under SCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POLICY LIMI	- \$	
	ESCRIP			ACORI	D 101 Additional Remarks Schedul		attached if mor	a snaca is raquir	red)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Portland is listed as Additional Insured as it relates to General Liabiltiy for the outdoor sign.											
(ERTI	FICATE HOLDER				CANCELLATION					
City of Portland 389 Congress St. 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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