

CERTIFICATE OF LIABILITY INSURANCE

LOISNAT-01

BHOLDEN

DATE (MM/DD/YYYY)

8/30/2016 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(les) 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). CONTACT Jennifer L. Ferrante FAX (A/C, No): PHONE (AIC, No, Ext): 2435 Holden Agency Insurance 1085 Brighton Ave Portland, ME 04102 E-MAIL ADDRESS: jferrante@holdenagency.com INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: Ohio Security Insurance Company 24082 INSURER B: Ohio Casualty Group INSURED INSURER C : Lois' Natural Marketplace INSURER D : 152 US Route 1 Scarborough, ME 04074 INSURER E : INSURER F: REVISION NUMBER: COVERAGES **CERTIFICATE 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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDLISUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD 1.000.000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 01/16/2016 01/16/2017 BZS56499677 CLAIMS-MADE X OCCUR 15,000 MEO EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE \$ GENT, AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ POLICY PRO-JECT 1,000,000 LIQUOR OTHER: COMBINEO SINGLE LIMIT (Ea scodent) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) OTUA YIIA BODILY NJURY (Per accident) SCHEDULED ALL OWNED AUTOS AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) AUTOS HIREO AUTOS \$ 1,000,000 EACH OCCURRENCE UMBRELLA LIAB Х OCCUR 1.000.000 01/16/2016 01/16/2017 USO56499677 AGGREGATE **EXCESS LIAB** В CLAIMS-MADE 10,000 DED X RETENTION \$ OTH-WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 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 Liability foroutdoor table and seating CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Portland ACCORDANCE WITH THE POLICY PROVISIONS. 389 Congress St. Portland, ME 04101 AUTHORIZED REPRESENTATIVE Unwellhold