

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2016

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(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).

C	ertificate holder in lieu of such endor	•				mont. A ota		no ocranicate accomor o	011101	riginio to tile												
PRO	DUCER				CONTA NAME:	CT Matthew	/ Poulin, All	NS														
Clark Insurance					PHONE FAX (A/C, No, Ext): (A/C, No):																	
2385 Congress Street Portland, ME 04104						E-MAIL ADDRESS: mpoulin@clarkinsurance.com																
						INSURER(S) AFFORDING COVERAGE NAIC #																
					INCUE	RA: MMG In	. ,			15997												
Nine Stones LLC c/o M. Pamela Macomber						RB: Maine E				11149												
						INSURER C:																
												250 Commercial Street										
Portland, ME 04101						INSURER E :																
	VERAGES CEF	^ A TE	- NUMBED.	INSURE	INSURER F: REVISION NUMBER:																	
	HIS IS TO CERTIFY THAT THE POLICI			ENUMBER:	ᆸᄼᄾᄼᆮᇛ	EEN ISSUED			HE D													
	IDICATED. NOTWITHSTANDING ANY F																					
	ERTIFICATE MAY BE ISSUED OR MAY								O ALI	_ THE TERMS,												
⊨ INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		BEEN	POLICY EFF	POLICY EXP															
LTR	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S													
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000												
	CLAIMS-MADE X OCCUR	X		BP 0440224		04/10/2016	04/10/2017	PREMISES (Ea occurrence)	\$	500,000												
								MED EXP (Any one person)	\$	5,000												
								PERSONAL & ADV INJURY	\$	2,000,000												
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000												
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000												
	OTHER:								\$													
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$													
	ANY AUTO							BODILY INJURY (Per person)	\$													
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$													
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$													
									\$													
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$													
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$													
	DED RETENTION \$								\$													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER														
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1810065824		09/12/2015	09/12/2016	E.L. EACH ACCIDENT	\$	100,000												
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	100,000												
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000												
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mo	re space is requir	red)														
The	City of Portland Maine is named as an	additi	ional	insured with regards to Go	eneral L	∟iability																
CERTIFICATE HOLDER						CANCELLATION																
City of Portland Maine						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																
												389 Congress Street					ACCOMPANCE WITH THE POLICT PROVISIONS.					
													Portland, ME 04101	<u> </u>								

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