**TENTENP-01** 

**EIRISH** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/28/2016

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

PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104							CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257  E-MAIL ADDRESS: info@clarkinsurance.com						
							INSURER A: MMG Insurance Company					15997	
							INSURED Ten Ten Pie, LLC						
INSURER C:													
		17 Atlantic Street			INSURER D:								
Portland, ME 04101						INSURER E :							
						INSURER F:							
СО	VER	AGES CER	TIFI	ICATE NUMBER:			REVISION NUMBER:						
IN C E	NDICA ERTI XCLU	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT W SED HEREIN IS	ITH RESPE	ECT TO	O WHICH THIS	
INSR	ļ.,	TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
A	X	CLAIMS-MADE X OCCUR	х		BP12019305		06/30/2016	06/30/2017	DAMAGE TO REN PREMISES (Ea oo	ITED	\$	1,000,000	
									MED EXP (Any on	e person)	\$	5,000	
									PERSONAL & AD	V INJURY	\$	1,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRI	EGATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COI	MP/OP AGG	\$	2,000,000	
		OTHER:									\$		
	AUTOMOBILE LIABILITY								COMBINED SING (Ea accident)	LE LIMIT	\$		
		ANY AUTO							BODILY INJURY (	Per person)	\$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (	,	\$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAM/ (Per accident)	AGE	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRE	NCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTION \$									\$		
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCID	ENT	\$		
	(Mar	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$				
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - PO	OLICY LIMIT	\$		
		TION OF OPERATIONS / LOCATIONS / VEHIC											
Cert	ifica	te holder is Additional Insured for 0	iene	ral Li	ability with respect to the	insured	is operations	and if require	ed by written co	ontract.			
CERTIFICATE HOLDER							CANCELLATION						
City of Portland							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHO	RIZED REPRESE	NTATIVE					
						41.1	in 25	des.					

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