							COFFBYD-01		HCTALBOT
A				ATE OF LIAE	RII ITY IN	ISURA			(MM/DD/YYYY)
<u> </u>									16/2014
CE BE	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR AL	TER THE CO	VERAGE AFFORDED	вү тн	E POLICIES
the	PORTANT: If the certificate holde terms and conditions of the policy tificate holder in lieu of such endors	/, cer	tain	policies may require an en					
PROD					CONTACT Tricia Spencer				
Clark Insurance 2385 Congress Street Portland, ME 04104					PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994				
					E-MAIL ADDRESS: pspencer@clarkinsurance.com				
					INSURER(S) AFFORDING COVERAGE				NAIC #
INSUR	50				INCORE (A.				31325
INSUR		land		、。	INSURER B : Maine Employers Mutual				11149
Coffee By Design, Bartlett Island, LLC. & A.D. Beaner, LLC.									
	1 Diamond Street Portland ME 04101			F	INSURER D : INSURER E :				
Portland, ME 04101					INSURER F :				
cov	ERAGES CER	TIFI	CATE	E NUMBER:			REVISION NUMBER:		
INE CE EX	IS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE B	OF ANY CONTRA ED BY THE POLIC SEEN REDUCED BY	CT OR OTHER CIES DESCRIB PAID CLAIMS	EDOCUMENT WITH RESPE	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
-	GENERAL LIABILITY	x		BOA5124194-10	10/25/2013	10/25/2014	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
î	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
F							PERSONAL & ADV INJURY	\$	1,000,000
F							GENERAL AGGREGATE	\$	2,000,000
- F	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUTOMOBILE LIABILITY	1					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO			CAA5125145-10	10/25/2013	10/25/2014	BODILY INJURY (Per person)	\$	
Ļ	ALL OWNED AUTOS X SCHEDULED AUTOS V NON-OWNED						BODILY INJURY (Per accident)	\$	
-	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	4 000 000
• F	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	_		CUA5125146-10	10/25/2013	10/25/2014		\$	4,000,000
A				0070120140-10	10/23/2013	10/25/2014	AGGREGATE	\$ \$	4,000,000
	WORKERS COMPENSATION] N/A					X WC STATU- TORY LIMITS ER	Ψ	
B	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE			1810068290	04/11/2014	04/11/2015	E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ign Permit	LES (/	Attach	ACORD 101, Additional Remarks Sc	chedule, if more space i	s required)			
The C	ity of Portland is Additional Insured w	ith re	espec	t to General Liability as requ	uired by written co	ontract/agreen	nent.		
CER	TIFICATE HOLDER				CANCELLATION				
	The City of Portland				THE EXPIRATIO		ESCRIBED POLICIES BE C/ EREOF, NOTICE WILL I		

389 Congress Street Portland, ME 04101

ORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

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