

							ALLSCY0-01		CSYERXA
Ą		=R.	TIF	ICATE OF LIAE			F		(MM/DD/YYYY)
•								-	/16/2015
C B	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OI	R NEGATIVELY AMEND, E DOES NOT CONSTITUT	EXTEND OR ALT	TER THE CO	VERAGE AFFORDED	вү тн	<b>IE POLICIES</b>
tł	MPORTANT: If the certificate holden ne terms and conditions of the policy ertificate holder in lieu of such endors	/, cer	tain	policies may require an en					
PRO	DUCER		. ,		CONTACT NAME:				
	rk Insurance 5 Congress Street				PHONE (A/C, No, Ext): <b>(207)</b> 7	74-6257	FAX (A/C, No):	(207)	774-2994
	tland, ME 04104				E-MAIL ADDRESS: info@cla	arkinsurand	e.com		
				_			DING COVERAGE		NAIC #
					INSURER A : Peerles		-		18333
INSU	JRED	~		_	INSURER B : Maine E	mployers	Mutual		11149
	Allspeed Cyclery & Snow Ll Chris Carleton	.0			INSURER C :				
	72 Auburn St								
	Portland, ME 04103			F	INSURER E : INSURER F :				
со	VERAGES CER	TIFI	CATE	E NUMBER:	NOURER F.		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIE								
C E	NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN, CIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	ED BY THE POLIC BEEN REDUCED BY	IES DESCRIB PAID CLAIMS			
INSR LTR	I YPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	COMMERCIAL GENERAL LIABILITY	x		BOP1649008	11/16/2014	11/16/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
							COMBINED SINGLE LIMIT	\$	
							(Ea accident) BODILY INJURY (Per person)	\$ \$	
	ANY AUTO						BODILY INJURY (Per accident)	\$	
	AUTOS AUTOS HIRED AUTOS AUTOS						PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS						(Per accident)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
В	AND EMPLOYER'S LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1810092549	11/16/2014	11/16/2015	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
									I
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								
	Policy includes The Commercial Prote ten contract for General Liability arising					Portiand is r	nade an Additional Insure	a whe	in required by
									I
CE	RTIFICATE HOLDER			1	CANCELLATION				
					SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	ANCEL	LED BEFORE
				I					

City of Portland Maine	
389 Congress Street	
Portland, ME 04101	

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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AUTHORIZED REPRESENTATIVE

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