**ALVAZAK-01** 

**PCYR** 

ACORD'

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 5/23/2016

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).

	ertificate holder in lieu of such endors	seme	nt(s)		CONTA	ст					
Clark Insurance 2385 Congress Street Portland, ME 04104						NAME: PHONE (A/C, No, Ext): (207) 774-6257  E-MAIL ADDRESS: info@clarkinsurance.com					
								RDING COVERAGE		NAIC #	
INSURED						INSURER A: MMG Insurance Company				13997	
INSURED						INSURER B:					
Alba Zakja dba Coffee Me Up 221 Cumberland Ave Portland, ME 04101					INSURER C:						
					INSURER D:					_	
			INSURER E : INSURER F :					_			
	VERAGES CER	NUMBER:	INSURE	=R F :		REVISION NUMBER:					
T II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES OI EQUI PER POLI	F INS REMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRA Y THE POLIC	TO THE INSUI CT OR OTHEI IES DESCRIB	RED NAMED ABOVE FOR TO NAMED ABOVE FOR TO NAMED ABOVE FOR TO NAMED ABOVE FOR THE NAMED	ECT TO	O WHICH THIS	
A	TYPE OF INSURANCE		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	rs		
	X COMMERCIAL GENERAL LIABILITY	\ ,		TDD		05/00/0040	05/00/0047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		TBD		05/23/2016	05/23/2017	PREMISES (Ea occurrence)	\$	250,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	<u> </u>		
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYER	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI City of Portland, ME is an additional ins										
CERTIFICATE HOLDER						CANCELLATION					
City of Portland Maine 389 Congress Street Portland, ME 04101						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					