

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2013

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

	e terms and conditions of the policy ertificate holder in lieu of such endor		-	2 2	ndorse	ment. A sta	tement on th	is certificate does not confe	r rights to the			
PRODUCER						CONTACT Heidi Villacci						
	oss Insurance-Portland				NAME: Heldi VIIIacci PHONE IAIC, No. Extl: (207) 780-1677 FAX (A/C, No): (207) 780-6377							
2331 Congress Street						(A/C, No. Ext): (207) 780-1677 (A/C, No): (207) 780-6377 E-MAIL ADDRESS: hvillacci@crossagency.com						
PO Box 567						INSURER(S) AFFORDING COVERAGE						
	rtland ME 04				NAIC #							
	RED					388 INSU.	rance Company	24198				
	e Maine Academy of Moder	nn M	ina i	a	INSURE							
	e maine Academy of Moder tn: Jeff Shaw	ıusı		INSURE								
	O Box 6606				INSURE				-			
		100		0.0	INSURE		······································					
	rtland ME 04				INSURE	RF:		MET MOIOLI LILIEMEN				
	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES			NUMBER:CL1342383		TN ICOUED TO		REVISION NUMBER:	OLICY DEDICE			
	IDICATED. NOTWITHSTANDING ANY RI											
С	ERTIFICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO AL				
	XCLUSIONS AND CONDITIONS OF SUCH		CIES		BEEN			3.				
INSR LTR		INSR	wvo	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000			
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000			
A	CLAIMS-MADE X OCCUR	Х		СВР8773960		5/18/2013	5/18/2014	MED EXP (Any one person) \$	5,000			
						İ		PERSONAL & ADV INJURY \$	1,000,000			
								GENERAL AGGREGATE \$	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000			
	X POLICY PRO-							\$				
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$				
	ANY AUTO							BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$				
	NON-OWNED							PROPERTY DAMAGE (Per accident) \$				
	AUTOS AUTOS							(Per accident)				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
) OCAMIO-MINOL	1				ł		AGGREGATE				
	DED RETENTION \$ WORKERS COMPENSATION							WCSTATU- OTH-				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							l i				
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
	DÉSCRIPTION OF OPERATIONS below	<u> </u>			-	-		E.L. DISEASE - POLICY LIMIT \$				
		<u></u>	<u></u>			<u> </u>	<u> </u>	<u> </u>				
Re	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Fer to policy for exclusion	cles (narv	Attach ' en	n ACORD 101, Additional Remarks dorsements and spe	s Schedu ecial	ile, if more space . provisio	is required) ons. Cer	tificate Holder is a	n I			
	ditional Insured with resp											
	•					-	-					
				•								
CE	RTIFICATE HOLDER				CAN	CELLATION						
				7								
	MITIG	por	tra	ndmaine.com				ESCRIBED POLICIES BE CANC				
								ERÉOF, NOTICE WILL BE I CY PROVISIONS.	DEFIAEKED IM			
	Portland's Downtown D	ist:	ric	t								
	Attn: Will Ethridge				AUTHO	RIZED REPRESE	NTATIVE					
	549 Congress Street Portland ME 04101											

INS025 (201005) 01

Deils Villacci

Heidi Villacci/KH6



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/30/2013

\$

500,000

500,000

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.

th	PORTANT: If the certificate e terms and conditions of the rtificate holder in lieu of su	he pol	icy, cert	ain p	olicies may require an ei	ndorsement. As	statement on th	nis certificate does not co		
PRO	DUCER					CONTACT Jodi	Odlin, ACS			
Cro	oss Insurance-Port	land	1			PHONE (A/C, No. Ext): (20	7) 780-1677	FAX (A/C, No): ((207)7	80-6377
233	31 Congress Street					E-MAIL ADDRESS: jodli	.n@crossage	ncy.com		
PO	Box 567						INSURER(S) AFFOR	RDING COVERAGE		NAIC #
Poi	rtland	ME	04112			INSURER A :The	Netherlan	ds		24171
INSU	RED					INSURER B :Peer	less Insu	rance Co.		
The	Intrigue Group,	Inc				INSURER C :TWIT	City Fir	e Ins Co		29459
46	Congress Street	#701	•			INSURER D :				
						INSURER E :				
Poi	rtland	ME	04101			INSURER F:	-			
CO	VERAGES	C	ERTIFIC	CATE	NUMBER:CL1343084	357		REVISION NUMBER:		
IN Cl	HIS IS TO CERTIFY THAT THE DICATED. NOTWITHSTANDIN ERTIFICATE MAY BE ISSUED KCLUSIONS AND CONDITIONS	IG ANY OR M	' REQUIR AY PERT JCH POLI	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRA	ACT OR OTHER CIES DESCRIBE	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE		ADDL	SUBR		POLICY EF (MM/DD/YY)		LIMIT	S	
	GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	X COMMERCIAL GENERAL LIAB	BILITY						PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X 00	CCUR	x		CBP8919657	6/1/2013	6/1/2014	MED EXP (Any one person)	\$	5,000
į]			1	PERSONAL & ADV INJURY	\$	EXCLUDED
i			_			ļ		GENERAL AGGREGATE	\$	2,000,000
	GEN'I AGGREGATE LIMIT APPLIES	PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000

X POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 BODILY INJURY (Per person) Х \$ OTUA YAA A ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BA8854102 6/1/2013 6/1/2014 BODILY INJURY (Per accident) 5 PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ 5,000 Medical payments UMBRELLA LIAB 4,000,000 X EACH OCCURRENCE OCCUR \$ EXCESS LIAB 4,000,000 CLAIMS-MADE AGGREGATE В 6/1/2013 6/1/2014 CU8854202 DED X RETENTIONS \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 500,000 E.L. EACH ACCIDENT

6/1/2013

6/1/2014

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions. All Liability Policies have a cancellation provision of 30 days, with the exception of cancellation for non-payment which is 10 days. Certificate Holder is an Additional Insured with respect to Commercial General Liability only.

04WBVT3080

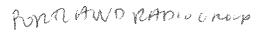
CERTIFICATE HOLDER	CANCELLATION
Portland Downtown District	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
549 Congress St Portland, ME 04101	AUTHORIZED REPRESENTATIVE
	Jodi Odlin, ACSR/JO2 Jodi Granen bollin

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT



ACORD

CERTIFICATE OF LIABILITY INSURANCE

WMGX000-01 MOBRIEN

> DATE (MM/DD/YYYY) 5/10/2013

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.

th	MPORTANT: If the certificate holde ne terms and conditions of the policy ertificate holder in lieu of such endors	, cer	tain (policies may require an e								
PRODUCER Deland, Gibson Insurance Associates, Inc. 36 Washington Street						CONTACT NAME: PHONE (A/C, No, Ext): (781) 237-1515 7630 FAX (A/C, No): (781) 237-1805						
Suit	te 40				E-MAIL ADDRES	S:		4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1				
4461	lesley Hills, MA 02481				INSURER(S) AFFORDING COVERAGE						NAIC#	
					INSURER A : Vigilant Insurance Company INSURER B : Federal Insurance Company						20397	
INSU	JRED										20281	
	Saga Communications of NE Portland Radio Group	: LL(<i>.</i>		INSURER C: Maine Employers Mutual Insurance Co.						11149	
	420 Western Avenue				INSUREF							
	S Portland, ME 04106				INSUREF	•						
CO	VERAGES CER	TIFIC	CATE	E NUMBER:	INSURER	(F:		REVISION NU	MBER:		<u></u>	
TI IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF AI DED BY	NY CONTRAI THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITED HEREIN IS S	TH RESPEC	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	х		35286719		4/1/2013	4/1/2014	EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	ED	\$	1,000,000 1,000,000	
	CLAIMS-MADE X OCCUR			į į				MED EXP (Any one	person)	\$	10,000	
								PERSONAL & ADV	INJURY :	\$	1,000,000	
								GENERAL AGGRE	GATE :	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM		\$ \$	1,000,000	
	AUTOMOBILE LIABILITY						<u> </u>	COMBINED SINGLE	ETIMOT I	\$ \$	1,000,000	
В	X ANY AUTO			73062494		4/1/2013	4/1/2014	(Ea accident) BODILY INJURY (P		<u>></u> \$.,,,	
	ALLOWNED SCHEDULED				1	***************************************	.,	BODILY INJURY (P		\$		
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS							PROPERTY DAMAG	GE .	\$	J	
	AUTOS							(1 or bouderty		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE .	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				İ			WC STATU- TORY LIMITS	OTH- ER			
C	ANY PROPRIETOR/PARTNER/EXECUTIVE N	ŃΙΑ		1810003949		4/1/2013	4/1/2014	E.L. EACH ACCIDE	NT	\$	500,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$	500,000	
	DESCRIPTION OF OPERATIONS below		ļ		-			E.L. DISEASE - PO	LICY LIMIT	\$	500,000	
The Nan	GRIPTION OF OPERATIONS / LOCATIONS / VEHICL City of Portland is included as an Addit ned Insured's use of city property for the	іопа	IInsu	ired under General Liability	CANC	ly as respec	ts liability ari	sing out of the				
	City of Portland 239 Park Avenue Portland, ME 04102							CY PROVISIONS.				

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AUTHORIZED REPRESENTATIVE

Charles W. giran

01/01 PAGE

HAND&-1

OP ID: JM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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IMPORTANT: If the certificate holder is an ABDITIONAL INSURED, the policy(les) 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 endorgements

EDABLIA	The state of the s	<u> </u>		The state of the s
PRODUCER O'Hearn Insurance Agency Inc 1087 Forest Ave Portland, ME 04103 Phillip M. O'Hearn		Phone: 207-797-9400 Fax: 207-797-0956	PHONE (A/C No. 5-4)	FAX (A/C, No):
INSURED	Hand & Foot dba Bull Feeney's PO BOX 531 Portland, ME 04101		INSURER(S) AFFORDING COVERAGE INSURER A : MEMIC INSURER B : Travelers INSURER C : NORTHFIELD INSURANCE INSURER D : United States Liability Ins Co	11030 19038
COLEDA	Amo		INSURER F	-

CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSE	TYPE OF INSURANCE	ADDL 80	BA	POLICY EFF				THE PERIVIS,
1	GENERAL LIABILITY	INSR MA	D POLICY NUMBER	(MIMI/DD/)7777)	POLICY EXP (MM/DD/YYYY	LIMIT	78	
C	X COMMERCIAL GENERAL LIABILITY		WS147585	04/26/2013	04/25/204	EACH OCCURRENCE DAMAGE TO RENTED	s	1,000,000
ł	CLAIMS-MADE X OCCUR			04/20/2013	04/25/2014	PREMISES (Ea occurrence)	\$	100,000
ı						MED EXP (Any one person)	\$	5,000
l						PERSONAL & ADV INJURY	\$	1,000,000
i	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	£	2,000,000
	X POLICY PRO-	- 1		1		PRODUCTS - COMP/OP AGG	S	2,000,000
ĺ	AUTOMOBILE LIABILITY						4	
B	ANY AUTO	ļ	BA-2913N517	RA-2012NE42	1	COMBINED BINGLE LIMIT (Ee accident)	s	1,000,000
	ALL OWNED X SCHEDULED AUTOS		03/17/20	03/17/2013	03/17/2014	BODILY INJURY (Por pareon)	5	
	X LIBED MITTOR Y NON-DWNED					BODILY INJURY (Per accident)	3	
	AUTOS					PROPERTY DAMAGE (Per sacident)	9	
	UMBRELLA LIAB DCCUR	-					5	
[EXCESS LIAB CLAIMS-MADE	-				EACH OCCURRENCE	\$	
	DED RETENTIONS					AGGREGATE	\$	
	WORKERS COMPENSATION	 -					\$	
AI	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	Ì	1810071481			WC STATU- OTH-		
	OFFICER/MEMBER EXCLUDED?	A/A	1010071487	10/31/2012	10/31/2013	F F A	\$	500,000
- 1	fyes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	S	500,000
D	IQUOR LIABILITY		CL 1561275A			E.L. DISEASE - POLICY LIMIT	·~-	500,000
	-		VL 19672/5A	04/26/2013	04/26/2014	EA.CAUSE	·	600,000
		İ				AGGREGATE		500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (Attack	ACORD 484 A 400					1

ES (Attach ACORD 101, Additional Remarks Schodule, if more space is required)

OLD PORT FESTIVAL; JUNE 9, 2013

CERTIFICATE HOLDER

CANCELLATION

PORTLAND'S DOWNTOWN DISTRICT 549 CONGRESS ST. 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 Philip M.)O'Hearn

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