

## **CERTIFICATE OF LIABILITY INSURANCE**

WMGX000-01 MOBRIEN

5/22/2014

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).

certificate floider in fled of a	den endorsement(s).					
PRODUCER		CONTACT NAME:				
Deland, Gibson Insurance Ass 36 Washington Street	sociates, Inc.	PHONE (A/C, No, Ext): (781) 237-1515 FAX (A/C, No): (781)		237-1805		
Wellesley Hills, MA 02481		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	INSURER(S) AFFORDING COVERAGE			
		INSURER A: Vigilant Insurance Company	20397			
INSURED		INSURER B : Federal Insurance Company	20281			
· · · · · · · · · · · · · · · · · · ·	ations of NE LLC	INSURER C: Maine Employers Mutual Insu	11149			
Portland Radio G 420 Western Ave	•	INSURER D:				
S Portland, ME 0		INSURER E:				
,		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION N	UMBER:			

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.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	CLAIMS-MADE X OCCUR	X		35286719	04/01/2014	04/01/2015	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 1,000,000
		CLAIIVIS-IVIADE 11 OCCOR	^		55255. 15	0 1/0 1/2011	0 170 1720 10	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	-     ANT AUTO				73062494	04/01/2014	04/01/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	(Mandatory in NH)							X PER OTH- STATUTE ER		
С			N/A		1810003949	04/01/2014	04/01/2015	E.L. EACH ACCIDENT	\$	500,000
			117.2					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Portland is included as an Additional Insured under General Liability but only as respects liability arising out of the Named Insured's use of city property for the 'Old Port Festival' on June 8, 2014.

CERTIFICATE HOLDER	CANCELLATION		
City of Portland 239 Park Avenue Portland, ME 04102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
<b>'</b>	AUTHORIZED REPRESENTATIVE		
	Michael G. O Buer		