

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2014

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 contillecte helder is on ADDITIONAL INCLUDED, the nellection

	the terms and conditions of the polici certificate holder in lieu of such endo	/, cer	tain p	olicies may require an e	ndorse	ement. A sta	e endorsed. Itement on th	is certificate does not d	onfer	rights to the	
PRODUCER						CONTACT Alletta Kimball					
Chalmers Insurance Agency						PHONE (ACC, No, Ext); (207) 647-3311 FAX (ACC, No); (207) 647-3003					
	00 Main Street	E-MAIL AODRESS: akimball@ChalmersInsuranceGroup.com									
p	0 Box 189				INSURER(S) AFFORDING COVERAGE NAIC #						
Bridgton ME 04009						INSURER A Main Street America Assurance					
INSURED						INSURER B MEMIC					
T	he Dine Right Company, I	INSURER C:					11149				
22 Monument Square						INSURER D:					
						ERE:				1	
Portland ME 04101						INSURER F:					
С	OVERAGES CE	RTIFI	CAT	ENUMBER:CL1442913				REVISION NUMBER:	,		
	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCI	EQUI PER I POL	REME TAIN, ICIES	NT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVI	OF AN	iy contrac' The policii	t or other Es describe	DOCUMENT WITH RESPE	ECT TO	O WHICH THIS	
INS			SUBR WYD				POLICY EXP (MM/DD/YYYY)		s		
	GENERAL LIABILITY	1	1				130000011117	EACH OCCURRENCE	s	1,000,000	
	X COMMERCIAL GENERAL LIABILITY	1	1	}				DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000	
A		l x		BPT1452C	ļ	9/1/2013	9/1/2014	MED EXP (Any one person)	s	10,000	
					ļ			PERSONAL & ADV INJURY	s	1,000,000	
l		1]					GENERAL AGGREGATE	s	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1	1				,	PRODUCTS - COMP/OP AGG	s	2,000,000	
	X POLICY PRO-		ŀ				ļ		\$		
Г	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALLOWNED SCHEDULED AUTOS	1						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE	\$		
	HALLONG HAUTOS							(Per accident)	s		
Г	UMBRELLA LIAB OCCUR	-	1					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	\$		
	DED RETENTIONS	1						NOONEONIE	s		
В	WORKERS COMPENSATION		1					WC STATU- OTH-	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	11						E.L. EACH ACCIDENT	s	100,000	
	OFFICER/MEMBER EXCLUDED?	N/A	1	1810078879		9/1/2013	9/1/2014	E.L. DISEASE - EA EMPLOYEE		100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - POLICY LIMIT		500,000	
Г	BESSAM HONO. OF ENGINEERS BESSA	1	1					LE DIOLAGE TO CLOT LIMIT		500,000	
DI	SCRIPTION OF OPERATIONS / LOCATIONS / VEH	CLES	(Attaci	1 ACORD 101, Additional Remark	s Schedu	ile, if more space	e is required)				
느	ERTIFICATE HOLDER				CANCELLATION						
ř	ENTIFICATE ROLUEN				CAN	CELLATION					
City of Portland City Hall Room 315						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Portland, ME 04101					AUTHORIZED REPRESENTATIVE						
					Laur	en Fusco/	'Lauren	James	<	Libra	