

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2016

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

	ne terms and conditions of the po ertificate holder in lieu of such end	licy, cer	rtain	policies may require an e	ndorse	ement. A sta			onfer	rights to the
PRO	DUCER	CONTACT Angela Krug								
Clark Insurance 2385 Congress Street Portland, ME 04104						PHONE				
						E-MAIL ADDRESS: akrug@clarkinsurance.com				
					INSURER(S) AFFORDING COVERAGE					NAIC #
					INSURE	RA: Ohio Se	ecurity Insu	ırance Co		24082
INSU	JRED				INSURE	RB: Maine E	Employers	Mutual		11149
Thirteen, Inc. DBA Shay's Grill Pub 18 Monument Square Portland, ME 04101						INSURER C:				
						INSURER D:				
						INSURER E :				
	•				INSURE	ERF:				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
	HIS IS TO CERTIFY THAT THE POL NDICATED. NOTWITHSTANDING AN									
C	ERTIFICATE MAY BE ISSUED OR M XCLUSIONS AND CONDITIONS OF SU	AY PER	TAIN,	THE INSURANCE AFFOR	DED B	Y THE POLIC	IES DESCRIB	BED HEREIN IS SUBJECT T		
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		1115			,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		BKS56003177		06/15/2015	06/15/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	15,000
								, , , , , , , , ,	·	4 000 000

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Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		BKS56003177	06/15/2015	06/15/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 15,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N						X PER OTH- STATUTE ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A	1810088741	06/15/2015	06/15/2016	E.L. EACH ACCIDENT	\$ 100,000	
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes	s, describe under CRIPTION 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)									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEI	CLES (ACORD 101, Additional Rema	arks Schedule, may be attached it	more space is required)
Tr. Outdoor Dining			

City of Portland is an additional insured with respect to the insured's operations if required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Portland 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.
1 0 mana, m2 0 1 0 1	AUTHORIZED REPRESENTATIVE
	Julie -