MICHMCV-01

ETARDIFF

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

4/13/2017

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.

tł	e te	rms a	and cor	nditio		y, cer	tain	DDITIONAL INSURED, the policies may require an e							
PRO	DUCE	R							CONTA NAME:	ст					
United Insurance - Portland 470 Forest Avenue Portland, ME 04101									PHONE (A/C, No, Ext): (207) 797-9400 FAX (A/C, No): (207) 523-8057						523-8057
	iuiiu	·, ···· ·	,4101						ADDRESS: INSURER(S) AFFORDING COVERAGE					NAIC #	
									INSURER A : MMG Insurance Company					15997	
INSURED									INSURER B:						
Michaela McVetty dba Sisters Gourmet Deli L										INSURER C :					
					t Square	13 00	, ai iii	St Dell L	INSURER D :						
		F	Portland	l, ME	04101				INSURER E :						
									INSURER F:						
		AGES						E NUMBER:	REVISION NUMBER:						
IN C	IDIC <i>I</i> ERTI	ATED. FICATI	NOTW MAY	ITHST BE IS	FANDING ANY F SSUED OR MAY	REQUI PER POLI	REMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	H RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE		ADDL	DDL SUBR SD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	Х		ERCIAL G	Г	X OCCUR	Х		BP12490070		03/10/2017	03/10/2018	EACH OCCURRENC DAMAGE TO RENTE PREMISES (Ea occu	D	\$	1,000,000
				_								MED EXP (Any one p	- 1	\$	5,000
												PERSONAL & ADV II	NJURY	\$	1,000,000
	GEN	I'L AGG	REGATE I	IMIT A	APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000
		POLIC	y 5	PRO- IECT	LOC							PRODUCTS - COMP	OP AGG	\$	1,000,000
		OTHER	₹:											\$	
	AUT	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$				
		ANY AUTO							BODILY INJURY (Per person) \$						
		ALL OWNED SCHEDULED AUTOS NON-OWNED								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &					
		HIRED	AUTOS		AUTOS							(Per accident)	_	\$	
		UMBRELLA LIAB OCCUR								EACH OCCURRENC	E	\$			
		-ve-se		CLAIMS-MADE	:						AGGREGATE \$		\$		
		DED	RE	TENTIC	ON \$									\$	
			OMPENS YERS' LIA		,							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDEN	Т	\$			
	(Man	(Mandatory in NH) If yes, describe under			1						E.L. DISEASE - EA E	MPLOYEE	\$		
	DES	CRIPTIC	N OF OP	ERATIO	ONS below							E.L. DISEASE - POLI	CY LIMIT	\$	
		ION OF Awnii		ONS /	LOCATIONS / VEHIO	ELES (A	ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requir	ed)			

CERTIFICATE HOLDER	CANCELLATION						
City of Portland 389 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.						
r ordana, mz o rror	AUTHORIZED REPRESENTATIVE						
1	Eura Sardoff						