

CERTIFICATE OF LIABILITY INSURANCE

FUTUBUI-01 ASCHEHR

3/25/2016

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 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).

PRODUCER	CONTACT NAME:					
Jnited Insurance - Auburn 31 Court Street	PHONE (A/C, No, Ext): (207) 784-5181 FAX (A/C, No): (207) 784-484					
2nd Floor	E-MAIL ADDRESS:					
Auburn, ME 04210	INSURER(S) AFFORDING COVERAGE					
	INSURER A: Citizens Insurance Co of America					
INSURED	INSURER B : Allmerica Financial Benefit In	41840				
Futureguard Building Products Inc.	INSURER C : Hanover Ins Co	22292				
and Nulmage Home Products, LLC P.O. Box 2030	INSURER D : Maine Employers Mutual Insurance Co	11149				
Auburn, ME 04211-2030	INSURER E :					
,	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION 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.

INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		ZBP9134220	05/01/2015	05/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO			AWP9123080	05/01/2015	05/01/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								·	\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
С		EXCESS LIAB CLAIMS-MADE			UHP8732548	05/01/2015	05/01/2016	AGGREGATE	\$	5,000,000
		DED RETENTION\$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER STATUTE X OTH- ER		
D	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		5101800738	05/01/2015	05/01/2016	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED? datory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project for Sister's Gourmet Deli

CEDTIEICATE HOLDED

City of Portland is additional insured subject to the policy's coverage, conditions, exclusions and endorsements as specified in the policy contract City Of Portland is Additional Insured on the Commercial General Liability policy for ongoing operations when required by a written contract. Without a written contract requiring this Additional Insured Status no coverage applies.

CENTIFICATE HOLDEN	CANCELLATION
City of Portland 389 Congress Street Portland, ME 04101-3509	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 ordina, in 2 or ion occo	AUTHORIZED REPRESENTATIVE
1	andré M. Schele

CANCELL ATION



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> DATE (MM/DD/YYYY) 3/25/2016

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(-)							
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2nd Floor	E-MAIL ADDRESS:						
Auburn, ME 04210	INSURER(S) AFFORDING COVERAGE	NAIC#					
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INSR		JSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	ADDL	SUBR	W0000 20000	POLICY EFF	POLICY EXP	LIMIT	·s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER	(MINI/DU/TTTT)	(WIWI/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		ZBP9134220	05/01/2015	05/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				W	Constitution of the second			MED EXP (Any one person)	\$	10,000
		444			1000	AL.		PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:			All Property and the second	400		GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:			VIII	r alla	la.		\$	
	AUT	OMOBILE LIABILITY				400		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X	ANY AUTO	1,200		AWP9123080	05/01/2015	05/01/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS	6990	A CONTRACTOR	b. A			BODILY INJURY (Per accident)	\$	
		HIRED AUTOS AUTOS	F 1886		PROPERTY DAMAGE (Per accident)	\$				
					TO THE	1000		Alla.	\$	
	Х	UMBRELLA LIAB X OCCUR				- 2000	- 4	EACH OCCURRENCE	\$	5,000,000
С		EXCESS LIAB CLAIMS-MADE			UHP8732548	05/01/2015	05/01/2016	AGGREGATE	\$	5,000,000
		DED RETENTION \$			609 Alb.	4887	400000	1000	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	Total S			- 1		PER X OTH-		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	5101800738	05/01/2015 05/	05/01/2016	E.L. EACH ACCIDENT	\$	1,000,000			
		4000		Yes	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
	If yes	s, describe under CRIPTION OF OPERATIONS below		4	DE TONING A		4000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
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