

## **CERTIFICATE OF LIABILITY INSURANCE**

PTPUB-1

OP ID: TG

DATE (MM/DD/YYYY) 04/13/2015

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		(3)	CONTACT Thomas P. Noyes, CPCU					
Noyes Hall & Allen Insurance PO Box 2403 170 Ocean Street South Portland, ME 04116-2403			PHONE (A/C, No, Ext): 207-799-5541	FAX (A/C, No): 207-	767-7590			
			E-MAIL ADDRESS:					
Thomas P. Noyes, CPCU			INSURER(S) AFFORDING COVER	NAIC #				
			INSURER A : Acadia Insurance Company	31325				
INSURED	Portland Public Lib 5 Monument Squar Portland, ME 04101	e	INSURER B : Maine Employers' Mutual		11030			
			INSURER C:					
	, , , , , , , , , , , , , , , , , , , ,		INSURER D:					
			INSURER E :					
			INSURER F:					
COVEDAGES CERTIFICATE NUMBER:			DEVISION NUMBER					

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	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			CPA5055655-12	08/12/2014	08/12/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 250,000
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	
	ALL OWNED SCHEDULED AUTOS AUTOS		CAA5055656-12		08/12/2014	08/12/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α				CAA5055656-12			BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	2,000,000
Α	EXCESS LIAB CLAIMS-MADE	X		CUA5055657-12	08/12/2014	08/12/2015	AGGREGATE	\$	2,000,000
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- TORY LIMITS OTH- ER		
В	B ANY PROPRIETOR/PARTNER/EXECUTIVE			1810074021	07/01/2014	07/01/2015	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)	N/A					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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Event: Makers Fair - April 25, 2015, 5 Monument Square and on Monument

Square. City of Portland is listed as additional insured. Additional insured

status does not apply to workers compensation.

CERTIFICATE HOLDER		CANCELLATION
City of Portland City Hall	TYPOR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ted Musgrave		AUTHORIZED REPRESENTATIVE
389 Congress Street Portland, ME 04101-3498		Thomas f. Ways