

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/2/2016

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 floider in fled of Such					
PRODUCER		CONTACT NAME: Tricia Shepard			
Cross Insurance-Augusta		PHONE (A/C, No, Ext): (207)622-4787	FAX (A/C, No):		
116 Community Drive		E-MAIL ADDRESS: tshepard@crossagency.com			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
Augusta ME	04330	INSURER A:Philadelphia Ins Co			
INSURED		INSURER B:			
Natural Resources Counci	l Of Maine	INSURER C:			
Kathy Thompson		INSURER D:			
3 Wade Street		INSURER E :			
Augusta ME	04330	INSURER F:			
COVERAGES	CERTIFICATE NUMBER:CL1692844	05 REVISION NUM	MBER:		

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)	LIMITS
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
			х		PHPK1546958	9/9/2016	9/9/2017	MED EXP (Any one person) \$ 5,000
								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:						Hired and Non-Owned Auto \$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO						BODILY INJURY (Per person) \$
		ALL OWNED SCHEDULED 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						PER OTH- STATUTE ER
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$
	(Man	datory in NH)	, ,					E.L. DISEASE - EA EMPLOYEE \$
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
l								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Feeding the 5000 on Saturday, October 8th, 2016. City of Portland, Maine is listed as an additional insured with respects to General Liability Coverage during this one day event only.

CERTIFICATE HOLDER	CANCELL ATION

City of Portland Public Assembly Facilities Division The EXPO 239 Park Avenue 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.

AUTHORIZED REPRESENTATIVE

Tricea 8. shepard

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