

CSYERXA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/4/2014

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).

	ne terms and conditions of the policy, ertificate holder in lieu of such endorse				naorse	ement. A Sta	tement on th	is certificate does n	ot confei	rights to the	
PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104						CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A: MMG Insurance Company					
						Pine Cone & Chickadee LLC Noah Defilippis 182 Whitney Avenue Portland, ME 04102 COVERAGES CERTIFICATE NUMBER:					
INSURER C:											
INSURER D:											
INSURER E :											
INSURER F : REVISION NUMBER:											
T IN C	HIS IS TO CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FOR EXCLUSIONS AND CONDITIONS OF SUCH P	S OF EQUIRE PERTA	INS EME AIN,	URANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	O THE INSUR OT OR OTHER ES DESCRIB	RED NAMED ABOVE FOR DOCUMENT WITH RE	OR THE PO	O WHICH THIS	
INSR ADDL SUBR					E BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP LIMITS						
A A	X COMMERCIAL GENERAL LIABILITY	INSD WVD		POLICY NUMBER		(MM/DD/YYYY)	(IMIM/DD/YYYY)	EACH OCCURRENCE	1,000,000		
	CLAIMS-MADE X OCCUR	X	E	BP 0440706		05/31/2014	05/31/2015	DAMAGE TO RENTED PREMISES (Ea occurrence	\$ e) \$	-,,	
								MED EXP (Any one persor	n) \$	5,000	
								PERSONAL & ADV INJUR	Y \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC						-	PRODUCTS - COMP/OP A		2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
								(Ea accident) BODILY INJURY (Per pers	a a		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per acci	<u> </u>		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	HIRED AUTOS AUTOS							(F of accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OT STATUTE EF	ΓH- ?		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLO			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L	IMIT \$		
Cert	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE tificate holder is included as additional in uired by a written contract executed prior	sured	l for	General Liability with reg	ards to	the named in	sured's prem	nises and/or ongoing	operation	ns only where	
CE	RTIFICATE HOLDER				CANC	ELLATION					
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. AUTHORIZED REPRESENTATIVE					