## CERTIFICATE OF LIABILITY INSURANCE

PINECO0-01 **JKERRY** 

DATE (MM/DD/YYYY) 6/26/2015

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

PRODUCER		CONTACT Carol Sulides-Yerxa				
Clark Insurance		PHONE (A/C, No, Ext): (207) 774-6257	FAX (A/C, No): (207) 774-	(207) 774-2994		
2385 Congress Street Portland, ME 04104		E-MAIL ADDRESS: info@clarkinsurance.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: MMG Insurance Company		15997		
INSURED		INSURER B:				
	Chickadee LLC	INSURER C:				
Noah Defilippis 182 Whitney Avenue		INSURER D :				
Portland, ME		INSURER E :				
7.6.0.000000000000000000000000000000000	277.2	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:			

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.

SR		TYPE OF INSUR	RANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	X COMMERCIAL GENERAL LIABILITY		INCO II			1,1,1,1,1,1,1	EACH OCCURRENCE	s	1,000,000	
1		CLAIMS-MADE	X OCCUR	X	BP 0440706	05/31/2015	05/31/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
					ACT OF THE PERSON NAMED IN		MED EXP (Any one person)	s	5,000	
								PERSONAL & ADV INJURY	S	1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	X P	OLICY PRO- JECT	LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	0	THER:							S	
		MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	S		
		LL OWNED UTOS	SCHEDULED					BODILY INJURY (Per accident)	s	
		IRED AUTOS	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	S	
									S	
	U	MBRELLA LIAB	OCCUR					EACH OCCURRENCE	S	
	E	XCESS LIAB	CLAIMS-MADE					AGGREGATE	S	
	DED RETENTION S							S		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			EXECUTIVE TIN	N/A				E.L. EACH ACCIDENT	S	
(	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	S		
- 1							E.L. DISEASE - POLICY LIMIT	S		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: PICNIC, August 1, 2015

Certificate holder is included as additional insured for General Liability with regards to the named insured's premises and/or ongoing operations only where required by a written contract executed prior to the commencement of the named insured's work for or on behalf of certificate holder

CENTIFICATE HOLDEN	CANCELLATION		
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.		
Fordand, WE 04101	AUTHORIZED REPRESENTATIVE		
	Carel Sueider- years a		