

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/27/2014

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 certificate holder in lieu of such endor	, certa	ain p	olicies may require an ei					confer	rights to the	
PRODUCER Arthur J Gallagher Risk Management Services, Inc.					CONTACT NAME: John Cavallaro					
2 Westchester Park Drive White Plains NY 10604					PHONE (A/C, No, Ext): 207-773-6471 x7857 FAX (A/C, No): 207-321-7857					
					E-MAIL ADDRESS: John. Cavallaro @ portlanddiocese.org INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURER(S) AFFORDING COVERAGE INSURER A:The National Catholic Risk Retentio					
						ional Cathol	ic Risk Retentio		10083	
					INSURER B:					
Roman Catholic Bishop of Portland 510 Ocean Avenue					INSURER C:					
Portland ME 04104-7559					INSURER D :					
					INSURER E :					
COVERAGES CERTIFICATE NUMBER: 14674617:					INSURER F: REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF II EQUIR PERTA	NSUF EMEI AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN ED BY	Y CONTRACT	THE INSURE OR OTHER I S DESCRIBEI	ED NAMED ABOVE FOR DOCUMENT WITH RESP D HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE	ADDL INSR	SUBR			POLICY EFF (MM/DD/YYYY)			ITS		
A GENERAL LIABILITY	Y		RRG 10169-2-17			7/1/2015	EACH OCCURRENCE	\$1,000	0.000	
X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,,000	
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$		
X Sexual Misconduc							PERSONAL & ADV INJURY	\$1.000	0.000	
							GENERAL AGGREGATE	\$1,000	7	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGO		,	
X POLICY PRO- JECT LOC								\$,,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)			
ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per acciden	t) \$		
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADI	<u> </u>						AGGREGATE	\$		
DED RETENTION\$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH TORY LIMITS EF			
ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
(Mandatory in NH)	"' ^						E.L. DISEASE - EA EMPLOYE	E \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	г \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	•				•		200			
Additional Insured Status for any Person Protection. Insurance Shall not exceed policy. The limit is inclusive of the Insurance Shall not exceed policy.	d amo	unt a	agreed upon or exceed	policy	limits provid	led by this	nce			
Certificate holder is named as Addition	al Ins	ured	as their interest may ap	opear	as respects	Rite Aid Pla	za Sign Permit			
CERTIFICATE HOLDER					CANCELLATION					
City of Portland 389 Congress St. 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					