28 K-01



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/17/2012

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). CONTACT Melissa W PHONE (A/C. No. Ext): (207) 873-5101 E-MAIL ADDRESS: melissaw@ghmagency.com FAX (A/C, No): (207) 873-5784 GHM Agency & BRM Associates LLC 51 Main Street CUSTOMER ID # 00022563 P.O. Box 649 INSURER(S) AFFORDING COVERAGE NAIC # Waterville ME 04903-0649 INSURED INSURER A MMG Insurance Co. 15997 INSURER B: Arcana LLC INSURER C: 81 Market St INSURER D: INSURER E : ME 04101 Portland INSURER F: **REVISION NUMBER: COVERAGES CERTIFICATE 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. ADDL SUBR INSR WVD POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 GENERAL LIABILITY \$ EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 50,000 X COMMERCIAL GENERAL LIABILITY 2/29/2012 2/28/2013 10,000 CLAIMS-MADE X OCCUR BP 0442835 MED EXP (Any one person) \$ A X 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG X POLICY PRO-\$ COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS **BODILY INJURY (Per accident)** \$ SCHEDULED AUTOS PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB S CLAIMS-MADE AGGREGATE PECTION DING INS \$ DEPT. OF BU DEDUCTIBLE ME \$ RETENTION \$ WORKERS COMPENSATION OTH-WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ N/A APR 1 7 2012 E.L. DISEASE - EA EMPLOYEE \$ if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks-Schedule; if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Portland 389 Congress St, Room 315 AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/09) INS025 (200909)

Portland, ME 04101

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Laura Rowe, AAI/LAURA