

								SEASALT-01		LJACKSON	
	ACORD	, C	FRTI	FICATE OF LIA	RII I			F	DATE	(MM/DD/YYYY)	
_		0			ובום			, L	5/	/30/2017	
	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 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).											
$\left \right $	PRODUCER	in hea of such endo	sement(s	·)·	CONTA	СТ					
United Insurance - Portland 470 Forest Avenue Portland, ME 04101						NAME: FAX PHONE (A/C, No, Ext): (207) 797-9400 FAX E-MAIL (A/C, No): (207) ADDRESS: (A/C, No): (207)					
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURER A : MMG Insurance Company				15997		
	INSURED		INSURER B :								
	Sea Sal	iccolo		INSURER C :							
	111 Mid			INSURER D :							
Portland, ME 04101						INSURER E :					
					INSURE	RF:					
г	COVERAGES			E NUMBER:				REVISION NUMBER:			
	INDICATED. NOTW CERTIFICATE MAY EXCLUSIONS AND C	IENT, TERM OR CONDITION I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA (THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR THE POLICY PERIOD R DOCUMENT WITH RESPECT TO WHICH THIS BED HEREIN IS SUBJECT TO ALL THE TERMS,					
	LIK	FINSURANCE	ADDL SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	A X COMMERCIAL	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-M	ADE X OCCUR		BP12749517		03/24/2017	03/24/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE							GENERAL AGGREGATE	\$	2,000,000	
	POLICY	JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
\mid	OTHER:							COMBINED SINGLE LIMIT	\$		
		_ITY						(Ea accident)	\$		
	ANY AUTO ALL OWNED	SCHEDULED						BODILY INJURY (Per person)	\$		
	AUTOS	AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS	AUTOS						(Per accident)	\$		
┝									\$		
								EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$		
┢	DED RE	TENTION \$						PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LI	ABILITY Y/N						• • •	¢		
	ANY PROPRIETOR/PA OFFICER/MEMBER EX (Mandatory in NH)		N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under										
$\left \right $	DÉSCRIPTION OF OP	ERATIONS below						E.L. DISEASE - POLICY LIMIT	Þ		
$\left \right $	DESCRIPTION OF OPERAT	IONS / LOCATIONS / VEHIC	LES (ACOR	2D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	ed)			
			•								
1											

CERTIFICATE HOLDER

CANCELLATION

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, 3rd Floor City Hall Portland, ME 04101

AUTHORIZED REPRESENTATIVE

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