



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2015

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

	ne terms and conditions of the ertificate holder in lieu of sucl					tement on th	nis certificate does not	confe	r rights to the	
PRO	DUCER			CONT	Mary La	brecque				
Clark Insurance 2385 Congress Street					PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207)					
Port	tland, ME 04104				E-MAIL ADDRESS: info@clarkinsurance.com					
					INSURER(S) AFFORDING COVERAGE					
				INSU	RER A : MMG IT	surance C	ompany		15997	
INSURED				INSU	INSURER B:					
Duckfat, Inc. DBA Duckfat 43 Middle Street					INSURER C:					
					INSURER D:					
	Portland, ME 04101			INSU	INSURER E :					
				INSUI	RER F :					
CO	VERAGES	CERTIF	ICATE	NUMBER:			REVISION NUMBER:			
CE	DICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED O	ANY REQ	UIREM RTAIN,	SURANCE LISTED BELOW HAVE ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE BEEN	ANY CONTRA	CT OR OTHER	DOCUMENT WITH RESE	PECT T	O WHICH THIS	
NSR LTR	TYPE OF INSURANCE		DL SUBA		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A	X COMMERCIAL GENERAL LIABIL						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCC	JR X		BP 0430988	08/17/2015	08/17/2016	DAMAGE TO RENTED	s	250,000	

INSR		TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
A	X	COMMERCIAL GENERAL LIABILITY				00/45/0046		EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		BP 0430988	08/17/2015	08/17/2016	PREMISES (Ea occurrence)	\$	250,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,000
	X	POLICY PRO- JECT LOC					1	PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	(Man	ICER/MEMBER EXCLUDED?	MIA					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedule,	may be attached if mor	re space is requir	ed)		

CERTIFICATE HOLDER	CANCELLATION				
City of Portland 389 Congress Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Portland, ME 04101	AUTHORIZED REPRESENTATIVE				

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