A	C	OKD	CERTI	RTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 04/08/2016	
C B	ERT ELO	W. THIS CERTIF	OT AFFIRMATI	VELY	R OF INFORMATION ONL OR NEGATIVELY AMEND, CE DOES NOT CONSTITU E CERTIFICATE HOLDER.	EXTEND OR	ALT	ER THE CO	VERAGE AFFORDED	TE HO BY TH	OLDER. THIS HE POLICIES
th	e te		ns of the policy,	certai	ADDITIONAL INSURED, the n policies may require an e t(s).						
PRO	DUCE	R			<u>()</u>	CONTACT Mat	thev	v Vaillanco	urt		
www	/.no	all & Allen Insural veshallallen.com				PHONE (A/C, No, Ext): 207-799-5541 FAX (A/C, No): 207-76					767-7590
170	Oce	an Street, PO Box ortland, ME 04116	2403			E-MAIL ADDRESS: MV8	illar	ncourt@nha			
Mat	hew	Vaillancourt	2400			INSURER(S) AFFORDING COVERAGE					NAIC #
		0				INSURER A : MMG Insurance					15997
NSU	RED		LC dba East & Karl Deuben			INSURER B :					
47 Middle Street Portland, ME 04101						INSURER C :					
						INSURER D :					
						INSURER E :	-				
CO	VER	AGES	CER	TIFICA	TE NUMBER:	INSURER F.			REVISION NUMBER:		
IN Cl	DIC/	TED. NOTWITHST	SUED OR MAY	QUIRE	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORE ES. LIMITS SHOWN MAY HAVE	OF ANY CONT	RACI	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT 1	ECT TO	O WHICH THIS
NSR TR		TYPE OF INSUR	ANCE	ADDL SU		POLICY (MM/DD/	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIM	TS	
	GE	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	COMMERCIAL GENERAL LIABILITY			x	BP12427248	01/02/	01/02/2016	01/02/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
									MED EXP (Any one person)	\$	5,000
	X Business Owners								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC								GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	2,000,000
_									COMBINED SINGLE LIMIT		
	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS								BODILY INJURY (Per accident) \$	
	X	HIRED AUTOS X	NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
			Noree							\$	
	Х	UMBRELLA LIAB	X OCCUR						EACH OCCURRENCE	\$	1,000,000
A		EXCESS LIAB	CLAIMS-MADE	X	KU12427248	01/02/	2016	01/02/2017	AGGREGATE	\$	
	DED RETENTION \$							WC STATU- OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under			N/A					E.L. EACH ACCIDENT	\$	
									E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT		
	DES	SCRIPTION OF OPERAT	IUNS below						E.L. DISEASE * FOLIO I LIMIT	4	
					ach ACORD 101, Additional Remarks dditional insured.	a Schedule, if more t	pace	is required)			
CE	RTI	ICATE HOLDER				CANCELLA	TION	<u> </u>			
		City of Port			CITYOFP	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
389 Congress Street Portland, ME 04101						AUTHORIZED REPRESENTATIVE					
							198	*	RD CORPORATION. A	ll righ	nts reserved.