

CERTIFICATE OF LIABILITY INSURANCE

RIBOINC-01 MWATERMAN

> DATE (MM/DD/YYYY) 12/9/2014

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, 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).

	DUCER				CONTACT Carol Sulides-Yerxa							
Clar	k Insurance 5 Congress Street				PHONE (A/C, No	, Ext): (207) 7	74-6257			(207)	774-2994	
	land, ME 04104				E-MAIL ADDRESS: csulides-yerxa@clarkinsurance.com							
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A: MMG Insurance Company					15997	
INSURED Ribollita, Inc.						INSURER B: Maine Employers Mutual					11149	
						INSURER C:						
Kevin Quiet 41 Middle Street Portland, ME 04101					INSURER D:							
					INSURER E:							
1 ordano, ma o 110 i						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDL	DDL SUBR NSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
A	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE OCCUR	CUR X		3P 0415088		01/07/2015	01/07/2016	DAMAGE TO RENTE PREMISES (Ea occu	:D	\$	250,000	
								MED EXP (Any one p	person)	\$	5,000	
								PERSONAL & ADV I	NJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Pe		\$	-	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	SE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A						PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		1810066703		12/02/2014	12/02/2015	E.L. EACH ACCIDEN	NT	\$	100,000		
	(Mandatory in NH)	N/A	N/A					E.L. DISEASE - EA E	MPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	500,000	
*RE	CRIPTION OF OPERATIONS / LOCATIONS / VEHICE: Side walk sign and/or seating** City of or ongoing operations only where requificate holder.	f Por	tland	is included as additional in	nsured	for General L	iability with	regards to the na	nmed ins s work fo	ured's or or or	premises n behalf of	
CERTIFICATE HOLDER						CANCELLATION						
City of Portland City Hall 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						
						@ 4000	2044 ACOD	D COPPORAT	ON AU	wie bto	recorned	