

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2017

T:::3 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.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	the	certi	ificate holder in lieu of su	ich end	iorsement(s)					
PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104 INSURED Ribollita, Inc.					CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257 [MAIL info@clarkingurance com						
										774-2994	
					E-MAIL ADDRESS: info@clarkinsurance.com						
					INSURER(S) AFFORDING COVERAGE				NAIC #		
					INSURER A: MMG Insurance Company				15997		
					INSURER B : Maine Employers Mutual 11149						
	Kevin Quiet				INSURE						
	41 Middle Street				INSURE						
ĺ	Portland, ME 04101				INSURE					100	
COVERAGES CERTIFICATE NUMBER:						INSURER F : REVISION NUMBER:					
T II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OF EQUII PERT POLIC	F INS REMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAI Y THE POLIC REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR DOCUMENT WITH RES	PECT T	O WHICH THIS	
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	AITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:			BP 0415088		01/07/2017	01/07/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- DECT LOC							PRODUCTS - COMP/OP AG	3 \$	s 2,000,00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accide			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(F b) dicadority	s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
	DED RETENTION \$							Neonconte	s		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			1810066703		12/02/2016	12/02/2017	PER OTH STATUTE ER			
								E.L. EACH ACCIDENT	\$	100,000	
								E.L. DISEASE - EA EMPLOY		100,000	
								E.L. DISEASE - POLICY LIM		500,000	
and	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE: Side walk sign and/or seating** City or longoing operations only where required in the control of the control										
-	DTIFICATE USI DES					OFI 1 4 TION					
CE	RTIFICATE HOLDER	-			CAN	CELLATION					
City of Portland City Hall 389 Congress St						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 Courl Sulides - Year a						