

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2014

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).

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PRODUCER		CONTACT Sunny Quintal				
Cross Insurance-Portl	and	PHONE (A/C, No, Ext): (207)780-1677 FAX (A/C, No): (207)7	7)780-1677 FAX (A/C, No): (207)780-6377			
2331 Congress Street		E-MAIL ADDRESS: squintal@crossagency.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
Portland M	E 04102	INSURER A:The Netherlands				
INSURED		INSURER B : Peerless Insurance Co				
Greenhut Galleries		INSURER C: Travelers Ins. Co.	-			
146 Middle Street		INSURER D:				
		INSURER E:				
Portland M	E 04101	INSURER F:				
001/504050	0=DTIEL0 ATE NUMBER 0= 1 41 0000	00				

## COVERAGES CERTIFICATE NUMBER:CL141800029

**REVISION NUMBER:** 

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		NERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	50,000
		CLAIMS-MADE OCCUR			BOP8454868	6/25/2013	6/25/2014	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	
1								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	х	POLICY PRO- JECT LOC							\$	
A	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	х	ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED SCHEDULED AUTOS AUTOS			BA1011798	6/25/2013	6/25/2014	BODILY INJURY (Per accident)	\$	
1		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Medical payments	\$	5,000
	Х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
В		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
		DED X RETENTION\$ 10,000			CU8455668	6/25/2013	6/25/2014		\$	
A		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER		
1	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	WC8450568		6/25/2013 6	6/25/2014	E.L. EACH ACCIDENT	\$	500,000
1			,,,					E.L. DISEASE - EA EMPLOYEE	\$	500,000
		SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City of Portland is an Additional Insured with respect to Commercial General Liability only. Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER	CANCELLATION				
The 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				
	Sunny Quintal/AC1	Junny &. Quintal			

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