

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/07/2017

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 have ADDITIONAL INSURED provisions or 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 liqu of such endorsement(s).

	is certificate does not confer rights to						may require	an endorsement. A state	ement (on	
PRODUCER						CONTACT Pamela Larrabee					
Atlantic Insurance & Benefits						PHONE (207)338-9787 FAX (A/C, No): (207)338-9727					
58 High St						E-MAIL ADDRESS:					
					ADDRES		SURFR(S) AFFOR	DING COVERAGE		NAIC #	
Belfast ME 04915						INSURER A: Maine Mutual Group 15					
INSURED					INSURER B:						
FITZ & BENNETT HOME LLC				INSURER C:							
43 Silver Street					INSURER D:						
						INSURER E :					
Portland				ME 04101	INSURER F:						
COVERAGES CER			TIFICATE NUMBER: CL179703518			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 ADDL SUBR					TREBUG	POLICY EFF POLICY EXP					
LTR	COMMERCIAL GENERAL LIABILITY		3D WVD POLICY NUMBER			(MM/DD/YYYY)	(WIWI/DD/TTTT)	EACH OCCURRENCE \$ 1,000,000		0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	φ .	0,000	
	CLAIIVIS-IVIADE CCCOR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,00		
Α		Υ		BP12836669		07/28/2017	07/28/2018	PERSONAL & ADV INJURY	Ψ	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	·	0,000	
	PRO- DECT LOC							PRODUCTS - COMP/OP AGG	·	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY						•	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							I DED I LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)				
City	City of Portland is an additional insured in regards to liability.										
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.					
						AUTHORIZED REPRESENTATIVE					
	Portland	ME 04101				Loing M Stly					