

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY 03/16/2016

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.

RODUCER	Anderson-Watkins Insuranc 31 Central Street			CONTACT Viet	LV		
ISURED				NAME: VIET LY			(207) 956 0004
ISURED	Westbrook			(A/C, No, Ext): (201) 000 0000			(207) 856-0004
SURED	* *COLDIOON			E-MAIL ADDRESS: Vly@andersonwatkinsinsurance.com			
SURED				INSURER(S) AFFORDING COVERAGE			NAIC
SURED				INSURER A : Peerles	s Insurance		24198
	AAA The North Boint LLC			INSURER B:		A STATE OF THE STA	
	AAA The North Point LLC The North Point			INSURER C:			
35 Silver St Portland				INSURER D:			
			ME 04101-	INSURER E :			
		WIE 04101-		INSURER F:			
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:			
INDICAT	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY P SIONS AND CONDITIONS OF SUCH I	EQUIREME PERTAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF ANY CONTRAC DED BY THE POLICI BEEN REDUCED BY	CT OR OTHER ES DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPI D HEREIN IS SUBJECT T	ECT TO WHICH T O ALL THE TERM
TR	TYPE OF INSURANCE	INSR WVD	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMI	4 000 00
in the second	RAL LIABILITY		CBP1082235	02/06/2016	02/06/2017	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,00
X	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$ 100,00
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,00
						PERSONAL & ADV INJURY	\$ 1,000,00
						GENERAL AGGREGATE	\$ 2,000,00
GEN'L	AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,00
P	POLICY PRO-						\$
	MOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s
Δ.	ANY AUTO					BODILY INJURY (Per person)	\$
A	ALL OWNED SCHEDULED AUTOS NON-OWNED					BODILY INJURY (Per accident	\$
						PROPERTY DAMAGE (Per accident)	s
	HIRED AUTOS AUTOS					(Fel acolden)	S
1	UMBRELLA LIAB OCCUP					EACH OCCURRENCE	s
1	OCCOR					AGGREGATE	s
-	OD MINO III NOL					7,00ncom	s
	DED RETENTION S KERS COMPENSATION	-				WC STATU- OTH	-
ANDE	EMPLOYERS' LIABILITY Y / N		*		0	TORY LIMITS ER	s
	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	
(Mano	datory in NH)					E.L. DISEASE - EA EMPLOYE	
DESC	CRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIMIT	\$
DESCRIPTIO Location:	describe under PRIPTION OF OPERATIONS below ON OF OPERATIONS / LOCATIONS / VEHIC 35 Silver St Portland ME 04101 (LES (Attach Certificate	ACORD 101, Additional Remarks holder is considered an a	s Schedule, if more space dditional insured wi	is required) h regard to the	general liability HE N 35 SIL I PORTL	ORTH POIL YER STREET AND MAINE 4101 9/9
CERTIFICATE HOLDER				CANCELLATIO			AI 0
CERTIFI	City of Portland 389 Congress St Portland		ME 04101-	THE EXPIRAT	TION DATE THE	DESCRIBED POLICIES BE HEREOF, NOTICE WILL CYPROVISIONS.	BE DELIVERE