

CERTIFICATE OF LIABILITY INSURANCE

VENAS-1 OP ID: AJ

DATE (MM/DD/YYYY)

09/08/2016

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.

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

			older in lie	eu o	such endors	eme	nt(s).		CONTAC	T Amazda	Ingkoon				
PRODUCER /arney Agency-Scarborough										NAME: Alliatua Jackson					
83 US Rt 1, Suite 1E, Box 5 carborough, ME 04074									PHONE (A/C, No, Ext); 207-883-8229 (A/C, No): 207-883-4752 E-MAIL ajackson@varneyagency.com						
		ough, I Jacks							ADDRES					1	
									INSURER(S) AFFORDING COVERAGE					NAIC#	
									INSURER A: PATRIOT INSURANCE COMPANY				32069		
NSURED Vena's Fizz House										INSURER B:					
345 Fore Street Portland, ME 04101									INSURER C:						
Foliatio, M.C. 04103										INSURER D:					
										INSURER E:					
										INSURER F:					
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:						
EX EX	DIC/	ATED.	NOTWITHS	AATS	IDING ANY RE	QUIR PERT POLIC	EMEI AIN, CIES	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	Document with resi D Herein is Subject	ECT TO	WHICH THIS	
SR TR		1	YPE OF INS	URAN	ICE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LB	IITS		
4	Х	CLAIMS-MADE X OCCUR			x		CPP6318038		05/07/2016		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 500,000		
	X LIQUOR LIABILITY							CL1752049		05/07/2016	05/07/2017	MED EXP (Any one person)	\$	5,000	
	\neg	GEN'L AGGREGATE LIMIT APPLIES PER:				4.00.00						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN											GENERAL AGGREGATE	\$	2,000,000	
	OEI'	PRO-										PRODUCTS - COMP/OP AG	1	2,000,000	
												.,,	\$		
	AUT	OTHER	E LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$		
												BODILY INJURY (Per persor) \$	****	
		ANY AL	/NED		CHEDULED							BODILY INJURY (Per accide	+		
		AUTOS		N	UTOS ION-OWNED							PROPERTY DAMAGE	s		
		HIRED .	AUTOS	A	UTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUB				T							EACH OCCUPATION	\$	1,000,000	
A		EXCESS LIAB CLAIMS-MADE						CPP6318038		05/07/2016	05/07/2017	AGGREGATE	- s	1,000,000	
						CFF031003B			00,	03/01/2010		AGGREGATE	\$	1,000,000	
	WOF	DED	RETEN OMPENSATI		\$	 						PER OTH			
ANI		ID EMPLOYERS' LIABILITY Y/N							1				s		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				N/A						E.L. EACH ACCIDENT	_		
		landatory in NH) ves. describe under										E.L. DISEASE - EA EMPLOY			
	Property Section				S below	-		CDD6340030		05/07/2016	05/07/2017	E.L. DISEASE - POLICY LIM	IT \$		
4	РΓО	perty :	section					CPP6318038		05/0//2010	00/0//2017				
						<u> </u>	<u> </u>) 101, Additional Remarks Schedu			<u> </u>	1			
						v			, , ,			·			
CE	₹TIF	ICATE	HOLDE	R					CANO	CELLATION					
								СІТҮРОН	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						
		1							Ama	nda Jackso		D CODDODATION	A11*		