

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/04/2015

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).

certificate holder in lieu of such endorsement(s).													
PRODUCER Cole Harrison Insurance							CONTACT Donna M Brunelle						
		83 Main Street						PHONE FAX (A/C, No, Ext): (A/C, No):					
Kennebunk, ME 040437086					E-MAIL ADDRESS: dbrunelle@coleharrison.com								
Net il lebulik, IVIE 040407 000				INSURER(S) AFFORDING COVERAGE NAIC #									
						INSURER A: Ohio Security				24082			
INSURED Alaina Harris Alaina Marie				INSURER A.									
INCONED		202 Pine Street					INSURER B:						
		So Portland, ME 04106				INSURER C:							
							INSURER D:						
							INSURER E :						
COVERAGES CERTIFICATE NUMBER:						INSURER F:							
					NUMBER:	REVISION NUMBER:							
IN CI	DICATE ERTIFIC	TO CERTIFY THAT THE POLICIES O ED. NOTWITHSTANDING ANY REQU CATE MAY BE ISSUED OR MAY PE ONS AND CONDITIONS OF SUCH PO	JIREN ERTAII	IENT, N, THE	TERM OR CONDITION OF AN E INSURANCE AFFORDED B	Y THE I	TRACT OR OTH POLICIES DES	HER DOCUMEN SCRIBED HERE	NT WITH RESPECT TO WHI	CH THIS			
			SUBR WVD			POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMIT	LIMITS				
A	GENER	RAL LIABILITY	Y	VVVD	BZS55922832		01/13/2015	01/13/2016	EACH OCCURRENCE	\$	1,000,000		
, `	7	OMMERCIAL GENERAL LIABILITY	'						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000		
	V C									-	15,000		
		CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	13,000		
									PERSONAL & ADV INJURY	\$	2,000,000		
									GENERAL AGGREGATE	\$	2,000,000		
	GEN'L	AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$			
		OLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$			
	AUTON	OBILE LIABILITY							(Ea accident)	\$			
		NY AUTO							BODILY INJURY (Per person)	\$			
		LL OWNED SCHEDULED UTOS AUTOS							BODILY INJURY (Per accident)	\$			
		NON-OWNED RED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$			
										\$			
	U	MBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	E	XCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
		ED RETENTION \$	1							\$			
	WORK	ERS COMPENSATION							WC STATU- OTH-	<u> </u>			
		MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS ER	•			
	OFFICE	R/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$			
	If yes, o	atory in NH) describe under							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCF	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)													
City of Portland is hereby listed as an additional insured in regard to Sign													
CEF	TIFIC	ATE HOLDER				CANCELLATION							
City of Portland 389 Congress Street Portland, ME 04101							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							
						A Joint a Drive of the							

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