



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/10/2014

PRODUCER (207) 882-9494  
**CARL M P LARRABEE AGENCY, INC.**  
 152 Main Street  
 Po Box 250  
 Wiscasset ME 04578-0250

INSURED **Alizarin Inc d/b/a Sweetgrass Farm**  
 325 Carroll Road

Union ME 04862-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>HANOVER</b>	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
<b>A</b>	<b>X</b>	<b>GENERAL LIABILITY</b>	<b>ZDP9061374</b>	<b>03/26/2013</b>	<b>03/26/2014</b>	EACH OCCURRENCE	\$ 1,000,000
	<b>X</b>	<b>COMMERCIAL GENERAL LIABILITY</b>		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person)	\$ 5,000
				/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
				/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<b>X</b>	POLICY		/ /	/ /	LIQR	1,000,000
		PROJECT		/ /	/ /		
		LOC		/ /	/ /		
		<b>AUTOMOBILE LIABILITY</b>		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO		/ /	/ /		
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	\$
		SCHEDULED AUTOS		/ /	/ /		
		HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		NON-OWNED AUTOS		/ /	/ /		
				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b>		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO		/ /	/ /	OTHER THAN EA ACC	\$
				/ /	/ /	AUTO ONLY: AGG	\$
		<b>EXCESS / UMBRELLA LIABILITY</b>		/ /	/ /	EACH OCCURRENCE	\$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>		/ /	/ /	AGGREGATE	\$
				/ /	/ /		\$
		DEDUCTIBLE		/ /	/ /		\$
		RETENTION \$		/ /	/ /		\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		/ /	/ /	WC STATUTORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		/ /	/ /	OTHER	
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. EACH ACCIDENT	\$
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
		<b>OTHER</b>		/ /	/ /		
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

( ) - ( ) -

City of Portland  
 389 Congress Street  
 Portland ME 04101-

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE