Reviewed for Code Compliance
Inspections Division
Approved with Conditions

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Date: 01/30/14

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

THIS CERTIFICATE IS ISSUED AS A M
ONLY AND CONFERS NO RIGHTS
HOLDER. THIS CERTIFICATE DOES N
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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

Union ME 04862-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: HANOVER	
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	ZDP9061374	03/26/2013	03/26/2014	EACH OCCURRENCE	$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY		/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
		CLAIMS MADE X 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
		X POLICY PRO-JECT LOC		/ /	/ /	LIQUR	1,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	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)	$
				/ /	/ /		
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	$
		ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY: EA ACC	$
				/ /	/ /	AGG	$
		EXCESS / UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	$
		OCCUR CLAIMS MADE		/ /	/ /	AGGREGATE	$
				/ /	/ /		$
		DEDUCTIBLE		/ /	/ /		$
		RETENTION $		/ /	/ /		$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATU-TORY LIMITS OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N		/ /	/ /	E.L. EACH ACCIDENT	$
		(Mandatory in NH)		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	$
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - POLICY LIMIT	$
		OTHER		/ /	/ /		
				/ /	/ /		
				/ /	/ /		

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

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