

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/8/2014

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(les) 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). | | | | | | | | | | | |
|--|--|--------------|------|---------------|--|--|--------------|--|----------|--|--|
| PRODUCER | | | | | CONTACT Kathleen Flibotte, CISR | | | | | | |
| D.B. Warlick & Co. | | | | | NAME: PHONE (603) 964-6065 ×101 (A/C, No.): (603) 964-9029 | | | | | 964-9029 | |
| P O Box 1260 | | | | | ARC. NO. EXI: LAG. N | | | | | | |
| F | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | |
| 69 Lafayette Rd. | | | | | INSURER A :Patriot Insurance Company | | | | | THE W | |
| | | | | | | | | | | | |
| The state of the s | | | | | INSURER B: | | | | | | |
| Blanchard Block LLC | | | | | INSURER C: | | | | | | |
| L' | | | | | INSURER D: | | | | | | |
| P O Box 7626 | | | | | INSURER E: | | | | | ļ | |
| | | | | | INSURER F: | | | | | | |
| COVERAGES CERTIFICATE NUMBER:13-14 Master - Blanchard Block REVISION NUMBE | | | | | | | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMI | rs | | |
| | GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 500,000 | |
| A | CLAIMS-MADE X OCCUR | | 130 | BOP6081987 | | 11/14/2013 | 11/14/2014 | MED EXP (Any one person) | 8 | 5,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | |
| | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG | s | 2,000,000 | |
| | | ' | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | \vdash | | | | | | COMBINED SINGLE LIMIT (Ea accident) | | | |
| | | | | | | Į į | | BODILY INJURY (Per person) | \$ \$ | | |
| | ANY AUTO SCHEDULED | | | | | ļ | | BODILY INJURY (Per accident | + | | |
| | AUTOS AUTOS NON-OWNED | | İ | | | | ' | PROPERTY DAMAGE | + | | |
| ŀ | HIRED AUTOS AUTOS | | | | | | | (Per accident) | \$ | | |
| | | <u> </u> | | | | | | | \$ | | |
| | X UMBRELLA LIAB X OCCUR | 1 | | | | i ' | | EACH OCCURRENCE | 8 | 5,000,000 | |
| A | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | 5,000,000 | |
| | DED X RETENTIONS | ١ | | BOP6081987 | | 11/14/2013 | 11/14/2014 | | \$ | | |
| | WORKERS COMPENSATION | | | | | | | WC STATU- OTH TORY LIMITS ER | <u> </u> | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | OFFICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. DISEASE - EA EMPLOYE | E \$ | | |
| 1 | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| \vdash | DECOME THOR OF C. EIGHTONG SOUR | 1 | i – | | | | | | | | |
| | | - | [| ! | | | | 1 | | | |
| | | 1 | | | | | | | | ı | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Re: 111 Commercial Street, Portland Maine 04101 | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | | | |
| Craft Beer Cellar Jorgen Persson | | | | | SHO | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | AUTHO | AUTHORIZED REPRESENTATIVE | | | | | |
| 1 | | | | | | David Warlick/KF 1 3. W—J | | | | | |