

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/17/2015

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	n endorsement(s).					
PRODUCER		CONTACT NAME:				
United Insurance - Falmouth 202 U.S. Route One		PHONE (A/C, No, Ext): (207) 781-3519 FAX (A/C, No): (207) 781-3				
Falmouth, ME 04105		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: Citizens Insurance Co of Ameri	31534			
INSURED		INSURER B: Massachusetts Bay Ins Co		22306		
Purdy Powers & Con		INSURER C:				
Gerhild Paris, Firm A 130 Middle Street	Administra	INSURER D:				
Portland, ME 04101		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:			
THIS IS TO CERTIFY THAT THE	POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABO	OVE FOR THE PO	LICY PERIOD		
INDICATED NOTWITHSTANDING	: ANY REQUIREMENT TERM OR CONDITIC	ON OF ANY CONTRACT OR OTHER DOCUMENT W	ITH RESPECT TO	WHICH THIS		

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 INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		OBP9599131	06/30/2015	06/30/2016	PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
Α		EXCESS LIAB CLAIMS-MADE			OBP9599131	06/30/2015	06/30/2016	AGGREGATE	\$	1,000,000
		DED X RETENTION\$							\$	
	WORKERS COMPENSATION						PER OTH- STATUTE ER			
_	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A		WDP9599135	06/30/2015	06/30/2016	E.L. EACH ACCIDENT	\$	500,000
			N/A	1/ A				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
D=6		ION OF OPERATIONS / LOCATIONS / VEHIC	. = 0				<u> </u>			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Subject to the policy's coverage, conditions, exclusions and endorsements as specified in the policy contract the certificate holder listed shall be an
Additional Insured on the Commercial General Liability policy for ongoing operations when required by a written contract. Without a written contract requiring

this Additional Insured Status no coverage applies.

CERTIFICATE HOLDER	CANCELLATION		
The 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		
	Leatherson		