

## CERTIFICATE OF LIABILITY INSURANCE

AMALLCD-01 MLABRECQUE

DATE (MM/DD/YYYY)

8/25/2015

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(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

С	ertific	cate holder in	lieu d	of such endors	seme	nt(s)								
PRODUCER									CONTACT Mary Labrecque					
Clark Insurance								PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994						
2385 Congress Street Portland, ME 04104									E-MAIL ADDRESS: info@clarkinsurance.com					
									INSURER(S) AFFORDING COVERAGE					
									INSURER A : Peerless Insurance				NAIC #	
INSURED								INSURER B:						
AMA, LLC DBA Eventide Oyster Co & DBA Hugo's & The Honey Paw 88 Middle Street								INSURER C :						
								INSURER D :						
Portland, ME 04101									INSURER E :					
COVERAGES CERTIFICATE NUMBER:									INSURER F:  REVISION NUMBER:					
			THA				SURANCE LISTED BELOW	HAVE B	EEN ISSUED				OLICY BEBIOD	
IN C	IDICA	TED. NOTWIT	HSTA E ISS	ANDING ANY R	EQUI PER	REMI	ENT, TERM OR CONDITIC THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	DOCUMENT WITH RES	SPECT TO	O WHICH THIS	
INSR ADDL SUBR								POLICY EFF   POLICY EXP						
A	X					WVD	FOLIC I NUMBER		(MM/DD/YYYY)		EACH OCCURRENCE \$		1,000,000	
							CBP1044785		03/23/2015		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
		CLAIMS-MADE A OCCUR			X		J. 1044100				MED EXP (Any one person)	\$	5,000	
											PERSONAL & ADV INJURY	\$	1,000,000	
	CENT ACCRECATE LIMIT ARRIVES RED										GENERAL AGGREGATE	\$	2,000,000	
		X POLICY PRO-									PRODUCTS - COMP/OP AG		2,000,000	
											PRODUCTS - COMPTOP AC	\$	_,,	
	OTHER: AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT	\$		
	ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED									(Ea accident) BODILY INJURY (Per person	-			
										BODILY INJURY (Per accide				
										PROPERTY DAMAGE	\$			
		HIRED AUTOS	D AUTOS AUTOS								(Per accident)	\$		
	V	IMADDELLA LIAD		/								-	1,000,000	
Α	X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS MADE					CU8955201		03/23/2015	03/23/2016	EACH OCCURRENCE	\$	1,000,000	
	CEAINISTNADE					C00933201		03/23/2013	00/20/2010	AGGREGATE	\$	1,000,000		
	DED X RETENTION \$ 10,000			-	-					PER OTH				
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				Y/N										
				N/A						E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLO				
	DÉS	SCRIPTION OF OPERATIONS below			-	-					E.L. DISEASE - POLICY LIMIT   \$			
City	CRIPT of Poired.	ION OF OPERATION OF IS AN AC	NS / Li	OCATIONS / VEHIC nal insured, wh	LES (A	ACOR	D 101, Additional Remarks Sched ed by written contract, wit	ule, may t	le attached if moi ds to general	re space is requi liability arisi	red) ng out of the ongoing (	operation	ns of the	
CERTIFICATE 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						