

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2014

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).

	ertificate holder in lieu of such endors	eme	nt(s).		i danur -						
	DUCER				CONTACT NAME:						
United Insurance - Portland 21-1/2 Eastern Promenade Portland, ME 04101					PHONE (AVC, No, Ext): (207) 774-2617 FAX (AVC, No): (207) 774-2869						
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						INSURER(S) AFFORDING COVERAGE				NAIC#	
INSURED						INSURER A : Acadia Insurance Company				31325	
164-BCG-LLC DBA White Cap Grille 164 Middle Street Portland, ME 04101						INSURER B: Maine Employers Mutual Insurance Co 111149					
						INSURER C:					
						RD:				-	
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COVERAGES CERTIFICATE NUMBER:						INSURER F:					
	IS IS TO CERTIFY THAT THE POLICI				NAVE D	CN ICCUED T		REVISION NUMBER:	UE D	NIOV SECIOD	
C E	DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REME FAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC ' THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPI	CT TO) WHICH THIS 1	
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ואון	rs		
Α	X COMMERCIAL GENERAL LIABILITY]			1			EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CPA5155381-10		05/24/2014	05/24/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC]			PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINEO SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS]						PROPERTY DAMAGE (Per accident)	\$		
									\$		
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION							EACH OCCURRENCE	\$	4,000,000	
				CUA5155382-10	05/24/2014	05/24/2014	05/24/2015	AGGREGATE	\$	4,000,000	
								\$			
В	AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		1810096883		06/07/2014	06/07/2015	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	DESCRIPTION OF OPERATIONS below		<u> </u>					E.L. DISEASE - POLICY LIMIT	\$	500,000	
	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<u> </u>			
DES Rea	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL BON for Certificate: Serving Food - Mid-	LES (# dle St	cori reet	D 101, Additional Remarks Sched: Sidewalk	ule, may b	e attached if mor	re space is requir	red)			
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Liat	respects to the operations performed ility - per written contract requirement:	Dy 16 City	of Po	ortland. Maine	ille, the	following sha	all be Additio	nal insured on the Comπ	iercia	General	
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CE	RTIFICATE HOLDER	····	-		CANO	ELLATION					
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						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
City of Portland, Maine 389 Congress Street Portland, ME 04101					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
											AUTHORIZED REPRESENTATIVE
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