

## **CERTIFICATE OF LIABILITY INSURANCE**

JUDIT-2

OP ID: NL

DATE (MM/DD/YYYY) 02/14/2014

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(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).

Certificat	le noider in ned of such	endorsement(s).			
PRODUCER Bradly S. Michals Insurance Agency, Inc.			CONTACT Nicholas Lotfey		
			PHONE (A/C, No, Ext): 617-924-1100	26-2162	
19 Main Street Watertown, MA 02472 Nicholas Lotfey			E-MAIL ADDRESS: nick@michalsinsurance.com		
			INSURER(S) AFFORDING COVERAGE	NAIC #	
			INSURER A: Hartford Insurance Company		19682
INSURED	Judith, LLC Brook Beaney 145 Commercial St Portland, ME 04101		INSURER B:		
			INSURER C:		
			INSURER D :		
			INSURER E :		
			INSURER F:		
COVEDAC	NEC	CEDITICICATE NUMBER.	DEVICION NUI	MDED.	

COVERAGES CERTIFICATE NUMBER: 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,0	00
Α	X	COMMERCIAL GENERAL LIABILITY			TBD	03/01/2014	03/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,0	00
	X	Business Owners						PERSONAL & ADV INJURY	\$ 1,000,0	00
								GENERAL AGGREGATE	\$ 2,000,0	00
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
		POLICY PRO- JECT LOC							\$	
	AUT	TOMOBILE LIABILITY						COMBINED 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)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	:					AGGREGATE	\$	
		DED RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		, , ,					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Bus	siness Property			TBD	03/01/2014	03/01/2015	Property	75,0	00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

CERTIFICATE HOLDER	CANCELLATION			
City of Portland Inspections Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
389 Congress Street Portland, ME 04101	AUTHORIZED REPRESENTATIVE  Bul Mull			