

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/18/2013

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

th C	he terms and conditions of the policy ertificate holder in lieu of such endo	y, certain	policies may require an e	ndorsement. A sta	atement on th	his certificate does not confe	er rights to the	
	DUCER	1301113,	3).	CONTACT Kelley	Nentune	אוו אאד		
Cr	oss Insurance			CONTACT Kelley Neptune, AU, AAI PHONE (A/C. No. Ext): (207) 947-7345 FAX (A/C. No. Ext): (A/C. No.):				
	Gilman Road			E-MAIL kneptu	PHONE (A/C, No. Ext): (207) 947-7345 FAX (A/C, No): E-MAIL ADDRESS: kneptune@crossagency.com			
	O. Box 1388							
Bangor ME 04401				INSURER(S) AFFORDING COVERAGE			NAIC #	
INSURED				INSURER A: Patriot Insurance				
Morris Rees, Inc., DBA: Consumer Title				INSURER B: Guard Insurance INSURER C: Westchester Surplus Lines Ins				
82 Columbia Street					hester S	urplus Lines Ins	10172	
oz corumbia screet				INSURER D :				
Bangor ME 04401				INSURER E :				
COVERAGES CERTIFICATE NUMBER:CL1352			FE NUMBER OF 1 252006	INSURER F:				
TH IN CE	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S OF INSUREQUIREME PERTAIN, POLICIES	URANCE LISTED BELOW HAT IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE BRI	AVE BEEN ISSUED TO I OF ANY CONTRACT DED BY THE POLICII E BEEN REDUCED BY	TO THE INSURI	DOCUMENT WITH RESPECT 1 ED HEREIN IS SUBJECT TO AL S.	TO MUNICIPALITY	
LIK	GENERAL LIABILITY	INSR WVD	D POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			
2	CONTRACTOR STATE S					EACH OCCURRENCE \$ DAMAGE TO RENTED	2,000,000	
A				2/20/2012	2 (20 (2014	PREMISES (Ea occurrence) \$	300,000	
A	CLAIMS-MADE X OCCUR		BOP6213540	3/28/2013	3/28/2014	MED EXP (Any one person) \$	5,000	
						PERSONAL & ADV INJURY \$	2,000,000	
	OSTAN ACCORDANTE LIMIT ADDITION DED					GENERAL AGGREGATE \$	4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$	4,000,000	
	X POLICY JECT LOC	-				\$	1	
						COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) \$		
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$		
	X UMBRELLA LIAB OCCUP					\$		
	EXCECULAR					EACH OCCURRENCE \$	1,000,000	
A	EXCESS LIAB CLAIMS-MADE	4				AGGREGATE \$	1,000,000	
В	DED RETENTION \$ WORKERS COMPENSATION		BOP6213540	3/28/2013	3/28/2014	\$		
B	AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$	500,000	
	(Mandatory in NH)		MOWC457506	3/28/2013	3/28/2014	E.L. DISEASE - EA EMPLOYEE \$	500,000	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	500,000	
C			CPLG26596889001	3/28/2013	3/28/2014			
	· ·							
DESC The ope	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder is name eration of the named insure	LES (Attack ned as ed.	h ACORD 101, Additional Remarks Additional Insured	Schedule, if more space l with respect	is required): to liabi	ility arising out of	the	
CERTIFICATE HOLDER				CANOCI I ATION				
<u> </u>	TIFICATE HOLDER			CANCELLATION				
City of Portland				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				

ACORD 25 (2010/05)

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INS025 (201005) 01

K Neptune, AU, AAI/KA 🥒