

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/6/2012

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).

CE	rtifi	cate h	older in li	eu o	f such endor	seme	nt(s)	<u></u>							
PRO	DUCE	R							CONTACT Jodi Odlin, ACSR						
Cross Insurance-Portland										PHONE [A/C. No. Ext): (207) 780-1677 FAX (A/C. No): (207) 780-6377					
23:	31	Cong	ress S	tr	eet				E-MAIL ADDRESS: jodlin@crossagency.com						
PO Box 567										INSURER(S) AFFORDING COVERAGE					NAIC#
Portland ME 04112										INSURER A: Peerless Insurance Co.					
INSURED										INSURER B :					
Jung Hur, DBA: Spread									INSURER C						
100 Commercial St									INSURER D:						
									INSURER E :					 	
Portland ME 04						4101				INSURER F:					i
COVERAGES CEI					CER	RTIFICATE NUMBER:CL1266671			57 REVISION NUMBER:						
IN	DIC/ ERTI	ATED. IFICATI	NOTWITH E MAY BE	STAI ISSI	NDING ANY RI UED OR MAY	EQUIF PERT	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	ELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS HAVE BEEN REDUCED BY PAID CLAIMS.						WUICU TUIC
INSR LTR			TYPE OF IN	SURA	NCE	INSR WYD POLICY NUMBER				POUCY EFF POUCY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMIT			s		
	GE	NERAL L	LABILITY									EACH OCCURREN		<u> </u>	1,000,000
	Х	сомм	ERCIAL GEN	ERAL	LIABILITY		1			1		DAMAGE TO RENT PREMISES (Ea occ	ED	s	50,000
A		CLAIMS-MADE X OCCUR			x	ļ	BINDER		5/30/2012	5/30/2013	MED EXP (Any one person)		5,000		
												PERSONAL & ADV INJURY \$		1,000,000	
												GENERAL AGGREGATE \$			2,000,000
	GEI	GEN'L AGGREGATE LIMIT APPLIES PER:										PRODUCTS - COM	P/OP AGG	\$	2,000,000
	Х	POLIC	Y PRO	r	LOC									\$	
	AUT	OMOBI	LE LIABILITY	•								COMBINED SINGLE (Ea accident)	ELIMIT	s	
	ANY AUTO						80DILY INJURY (Per person) \$								
	ALL OWNED SCHEDULED AUTOS		ļ					BODILY INJURY (Per accident) \$							
		HIRED	AUTOS L		IÒN-OWNED LUTOS	İ						PROPERTY DAMA((Per accident)	3E	\$	
														\$	
A	X UMBRELLA LIAB OCCUR									EACH OCCURREN	CE	\$	1,000,000		
		EXCES	CESS LIAB CLAIMS-MADE					l			AGGREGATE		\$	1,000,000	
	DED RETENTION\$				\$			BINDERCU		5/30/2012	5/30/2013			\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N											X WC STATU- TORY LIMITS	OTH- ER		
	ANY	PROPE	METOR/PART	TOR/PARTNER/EXECUTIVE			1			- ((E.L. EACH ACCIDE	NT	\$	500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS bei						BINDERWC		5/30/2012	5/30/2013	E.L. DISEASE - EA	EMPLOYEE	\$	500,000	
				ATIO	NS below	_	<u>. </u>			 		E.L. DISEASE - POI	LICY LIMIT	\$	500,000
											:				
DESC	RIPT	TON OF	OPERATION	S/LC	CATIONS / VEHIC	LES	Attach	 ACORD 101, Additional Remarks	Schedu	le. If more space	(s required)	<u> </u>			
Ref	er	to p	olicy:	for	exclusion	nary	en	dorsements and spe Commercial General	cial	provisio	ons. Cert	tificate Ho	lder i	s an	
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															i
CEF	RTIF	ICAT	E HOLDE	R	· · · · · · · · · · · · · · · · · · ·	_			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.					
389 Congress Street Portland, ME 04101									AUTHORIZED REPRESENTATIVE						
į,										Jodi Odlin, ACSR/ADS Jodo Frances Bollin_					