UWGPORT-01

DNADEAU



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/7/2016

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.

th	e terms and c		y, cer	tain _l	DDITIONAL INSURED, the policies may require an e	ndorse	ement. A sta					
PRODUCER							CONTACT NAME:					
Clark Insurance 2385 Congress Street						PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207)				774-2994		
Portland, ME 04104							E-MAIL ADDRESS: info@clarkinsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #		
							INSURER A: Riverport Insurance Company					
INSURED						INSURER B : Maine Employers Mutual				11149		
United Way of Greater Portland					INSURER C:							
PO Box 15200 Portland, ME 04112-5200						INSURER D:						
						INSURER E:						
						INSURER F:						
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.												
INSR LTR	TYPE	TYPE OF INSURANCE INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	X COMMERCIA CLAIMS	MADE X OCCUR	Х		NAI 1820117		01/01/2016	,	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGAT	E LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000	
	X POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:								BA:Hire/Nonown	\$	Included	
	AUTOMOBILE LIAI	BILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		

SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS **AUTOS** \$ X **UMBRELLA LIAB** 1,000,000 EACH OCCURRENCE OCCUR \$ X **EXCESS LIAB** NEL 1808061 01/01/2016 01/01/2017 1.000.000 Α CLAIMS-MADE AGGREGATE \$ 0 DED | X | RETENTION \$ \$ WORKERS COMPENSATION PER STATUTE X AND EMPLOYERS' LIABILITY

1810000791 01/01/2016 01/01/2017 500,000 В ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? 500,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Portland is an Additional Insured under the General Liability coverage with respect to the insured's operations and if required by written contract

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress St. 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.
i ordand, inc 04101	AUTHORIZED REPRESENTATIVE
	Kristine Sullivan

BODILY INJURY (Per accident)

\$