

DNADEAU



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2017

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 have ADDITIONAL INSURED provisions or be endorsed.

| li ti | SU nis c | BROGATION IS WAIVED, subjectificate does not confer rights t | ct to | the cert | terms and conditions of ificate holder in lieu of su | uch endors | , certain person (s) | policies may | require an endorse | ement. | A s | tatement on | |
|--|---|---|-----------------|----------------|---|--|--|--------------------------------------|---|----------|----------------|-------------|--|
| PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104 | | | | | | | CONTACT NAME: | | | | | | |
| | | | | | | | PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): | | | | (207) 774-2994 | | |
| | | | | | | | E-MAIL ADDRESS: info@clarkinsurance.com | | | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC # | | |
| | | | | | | INSURER A : Berkley National Insurance Company | | | | | | | |
| INS | JRED | | | | | INSURER B : Maine Employers Mutual | | | | | 11149 | | |
| United Way of Greater Portland PO Box 15200 | | | | | | | INSURER C: | | | | | | |
| | | | | | | | INSURER D: | | | | | | |
| | | Portland, ME 04112-5200 | | | | INSURER E : | | | | | | | |
| | | | | | | INSURER F: | | | | | | | |
| CC | VER | AGES CER | TIFI | CATE | E NUMBER: | | | | REVISION NUMBE | ER: | | | |
| l C | NDIC/ ERTI | IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH | REQU PER | IREMI TAIN, | ENT, TERM OR CONDITION , THE INSURANCE AFFORM | N OF ANY DED BY TH | CONTRAC | CT OR OTHER IES DESCRIB | R DOCUMENT WITH R | RESPEC | OT TO | WHICH THIS | |
| INSF LTR | | | | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | |
| A | Х | | | | | 1 | , | , , | EACH OCCURRENCE | | \$ | 1,000,000 | |
| | | CLAIMS-MADE X OCCUR | х | | HHS 8525772-10 | 01 | 01/01/2017 | 01/01/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | | \$ | 100,000 | |
| | | | | | | | | | MED EXP (Any one perso | | B | 5,000 | |
| | | | | | | | | | PERSONAL & ADV INJUI | | | 1,000,000 | |
| | GEN | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | | | 3,000,000 | |
| | X POLICY PRO- JECT LOC | | | | | | | | PRODUCTS - COMP/OP | | ъ В | 3,000,000 | |
| | | OTHER: | | | | | | | SEXUAL ABUSE | | | Included | |
| | AUT | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIM (Ea accident) | IIT | \$ \$ | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per per | rson) § | \$ \$ | | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per acc | | | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | 9 | | | |
| | | 7.0.000.012 | | | | | | | | 9 | \$ | | |
| Α | Х | UMBRELLA LIAB X OCCUR | DΕ | | | | | | EACH OCCURRENCE | 9 | B | 1,000,000 | |
| | | EXCESS LIAB CLAIMS-MADE | | | HHS 8525772-10 | 01/01/201 | /01/2017 | 01/01/2018 | AGGREGATE | 9 | B | | |
| | DED X RETENTION\$ | | | | | | | Aggregate | 9 | \$ | 1,000,000 | | |
| В | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N | | | | | | 01/01/2018 | PER C STATUTE E | OTH- ER | | | | |
| | | | | 1810000791 | | 01/ | | 01/01/2017 | E.L. EACH ACCIDENT | 9 | \$ | 500,000 | |
| | | | | | | | | | E.L. DISEASE - EA EMPL | LOYEE | B | 500,000 | |
| | | | | | | | | | E.L. DISEASE - POLICY I | | \$ | 500,000 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| The | certi | ion of operations / Locations / Vehic ficate holder (City of Portland, Mai (see attached endorsement). | LES (ne) is | ACORI addi | D 101, Additional Remarks Schedu Itional insured under the C | ule, may be atta commercial | ached if mor General L | e space is requir Liability for o | _{ed)} ngoing operations if | f requir | ed by | / written | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 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 Ordana, inc of ior | | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | |
| | | | | | | Que. | ω. | Hopkin | | | | | |
| | | 1 | | | | Joan | C 90 | Fr operan | V | | | | |