

CERTIFICATE OF LIABILITY INSURANCE

PORTDI0-01

RRUMPF

DATE (MM/DD/YYYY)

5/22/2015

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).

(certificate holder in lieu of such endors	eme	nt(s)		cildoise	ment. A Sta	atement on tr	ils certificate does not	conter	rights to the	
market !	DDUCER				CONTA NAME:	СТ			ASSESSMENT		
Clark Insurance 2385 Congress Street Portland, ME 04104						PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994 E-MAIL ADDRESS: info@clarkinsurance.com					
				INSURER A : Ohio Security Insurance Co				NAIC#			
Coast Watch & Guiding Light Navigation Co. dba Portland Discovery Land & Sea Tours P.O. Box 68 Portland, ME 04112						INSURER B:					
						RC:	1-0-10-10-10-1				
						ERD:					
						RE:					
						RF:		***************************************			
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:	-		
C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	PERT	AIN.	INT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF A	NY CONTRA	TO THE INSUF	RED NAMED ABOVE FOR R DOCUMENT WITH RES	DECT TO	MARILOUT THE	
INSF	TYPE OF INCUPANCE	ADDL S	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)		IITS		
A	X COMMERCIAL GENERAL LIABILITY				(MINIOD/TTTT)		(MINUDDITTI)	EACH OCCURRENCE \$		2,000,000	
	CLAIMS-MADE X OCCUR	X		BZS56627215		04/16/2015	04/16/2016	DAMAGE TO RENTED	\$	300,000	
								PREMISES (Ea occurrence) MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO		4,000,000	
	OTHER:							THOUSEN SOME TO THOSE	\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per acciden	t) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								(i ei accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		The state of the s	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	-	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
				3							
City	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE of Portland is included as additional insi	es (AC ured i	in re	101, Additional Remarks Schedu gards to general liability a	ale, may be	e attached if mor red by writter	e space is require n contract RE	^{ed)} : Sidewalk Sign		1	
CF	RTIFICATE HOLDER	46 75			CANO	ELL ATION					
					CANC	ELLATION				0000 0 0000 000 000 000 000 000 000 00	
	City of Portland 389 Congress Street 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. AUTHORIZED REPRESENTATIVE						
	1					heather casteritallet					