								TUFFMCN-0		LABRECQUE	
Ą	CORD <sup>®</sup> CER	<b>FIF</b>		ATE OF LIA	BIL	ITY IN	SURA	NCE		(MM/DD/YYYY)	
C B R IM th	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT ELOW. THIS CERTIFICATE OF INS EPRESENTATIVE OR PRODUCER, A IPORTANT: If the certificate holde the terms and conditions of the policy	MA IVEL SUR/ ND T er is /, ce	TTEI Y O ANCE HE C an A rtain	R OF INFORMATION ON R NEGATIVELY AMEND DOES NOT CONSTITU ERTIFICATE HOLDER. DDITIONAL INSURED, th policies may require an e	NLY AN , EXTE JTE A e polic	D CONFERS ND OR ALT CONTRACT y(ies) must b	NO RIGHTS ER THE CO BETWEEN	UPON THE CERTIFICA OVERAGE AFFORDED THE ISSUING INSURER If SUBROGATION IS W	TE HO BY TH (S), AI	E POLICIES UTHORIZED	
-	ertificate holder in lieu of such endors	seme	ent(s)		CONTA	ст					
PRODUCER Clark Insurance P O BOX 3543						CONTACT NAME: Mary Labrecque   PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994   E-MAIL ADDRESS: mlabrecque@clarkinsurance.com FAX (A/C, No): (207) 774-2994					
Port	land, ME 04104				ADDRE	SS: Mabrec		INSURANCE.COM		NAIC #	
					INSURE	R A : Peerles	s Insuranc	е		24198	
INSURED Tuffy McNutt, LLC DBA Sonny's						INSURER B :					
						INSURER C :					
	83 Exchange Street				INSURER D :						
	Portland, ME 04101				INSURE						
CO	VERAGES CER	TIFI	САТІ	E NUMBER:	INSURE	:KF:		REVISION NUMBER:			
IN C E INSR	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TC FO ALL	WHICH THIS	
LTR	TYPE OF INSURANCE GENERAL LIABILITY		WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		1,000,00	
A	X COMMERCIAL GENERAL LIABILITY	x		CBP7167759		8/11/2012	8/11/2013	EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	100,00	
	CLAIMS-MADE X OCCUR						•••••	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,00	
								PERSONAL & ADV INJURY	\$	1,000,00	
								GENERAL AGGREGATE	\$	2,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,00	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)	\$ \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$	-	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
City	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC of Portland is an additional insured wi				ng out o	of the operation		sured.			
CE	RTIFICATE HOLDER				CAN	CELLATION					
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.					
							NIAIIVE				
						to 14.					
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