



# CERTIFICATE OF LIABILITY INSURANCE

DOBRA-1

OP ID: TG

DATE (MM/DD/YYYY)

05/24/2016

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.

**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).

|  |   |  |                                    |
|--|---|--|------------------------------------|
| <b>PRODUCER</b><br><b>Noyes Hall &amp; Allen Insurance</b><br>www.noyeshallallen.com<br>170 Ocean Street, PO Box 2403<br>South Portland, ME 04116-2403 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 207-799-5541 |  | <b>FAX (A/C, No):</b> 207-767-7590 |
|  | <b>E-MAIL ADDRESS:</b>  |  |                                    |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |  | <b>NAIC #</b>                      |
| <b>INSURER A : MMG Insurance</b>   |   |  | <b>15997</b>                       |
| <b>INSURED</b><br><b>Dobra Tea Maine</b><br><b>Sageonazafu LLC dba</b><br><b>PO Box 2444</b><br><b>South Portland, ME 04116-2444</b>                   | <b>INSURER B :</b>  |  |                                    |
|  | <b>INSURER C :</b>  |  |                                    |
|  | <b>INSURER D :</b>  |  |                                    |
|  | <b>INSURER E :</b>  |  |                                    |
|  | <b>INSURER F :</b>  |  |                                    |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

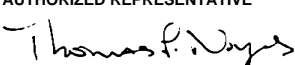
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 OF INSURANCE   | ADDL INSD                           | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-------------------------------------|----------|-------------------|-------------------------|-------------------------|---|
| <b>A</b> | <b>COMMERCIAL GENERAL LIABILITY</b>   | <input checked="" type="checkbox"/> |          | <b>BP 0439646</b> | <b>01/21/2016</b>       | <b>01/21/2017</b>       | EACH OCCURRENCE \$ <b>1,000,000</b>   |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Business Owners</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>250,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b>   |                                     |          |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS  |                                     |          |                   |                         |                         | <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED RETENTION \$  |                                     |          |                   |                         |                         | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>\$<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                                     |          |                   |                         |                         | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A<br>PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                |

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

**Cafe-Retail- Outdoor Seating - Certificate holder is listed as additional insured**

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| <b>CITYOFF</b><br><br><b>City of Portland</b><br><b>Ellen Kanner</b><br><b>389 Congress Street</b><br><b>Portland, ME 04101</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

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