								MTDES-1	l	OP ID: JW	
A	CORD	CERT		ATE OF LIAE			SURA		DATE	(MM/DD/YYYY)	
		CLNI							04	1/20/2017	
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 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											
	ertificate holder in lieu									•	
			CONTACT NAME:								
227	Lynam Agency Main Street		PHONE FAX   (A/C, No, Ext): (A/C, No):								
Bar Harbor, ME 04609 The Lynam Agency						Ê-MÂIL ADDRESS:					
1 IIC	Lynam Agency					INS	URER(S) AFFOR	DING COVERAGE		NAIC #	
[						INSURER A : Hanover Insurance Company 22					
INSURED Mt Desert Island Ice Cream						INSURER B : Maine Employers Mutual					
325 Main Street Bar Harbor, ME 04609						INSURER C : Hanover Insurance Company					
						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											
				MENT, TERM OR CONDITION N. THE INSURANCE AFFORD							
E			POLICIE	ES. LIMITS SHOWN MAY HAVE	BEEN REDUCE	ED BY	PAID CLAIMS			,	
insr Ltr	TYPE OF INSURA	NCE	ADDL SU		POLICY (MM/DD/	(EFF YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY			OBP8032454	05/27	05/27/2016	05/27/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
	CLAIMS-MADE	OCCUR						MED EXP (Any one person)	\$	5,000	
	X Business Owners	5						PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	POLICY PRO- JECT	LOC							\$		
	AUTOMOBILE LIABILITY						6 09/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$	500,000	
С				AWPA 74658	09/30/20	/2016		BODILY INJURY (Per person)	\$		
	ALL OWNED X	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
		NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$		
								MEDPAY	\$	5,000	
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTIO	N \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A			05/19/2016	05/19/2017	WC STATU- TORY LIMITS ER			
в				1810081523	05/19/			E.L. EACH ACCIDENT	\$	100,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIC	ONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
								PROPERTY		67,095	
			•	ch ACORD 101, Additional Remarks	Schedule, if more	space i	s required)				
Cit	y of Portland is	listed as	an a	dditional insured							
CE	RTIFICATE HOLDER				CANCELLA	TION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
City of Portland, Maine 389 Congress Street Portland, ME 04101						AUTHORIZED REPRESENTATIVE The Lynam Agency					

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