

JMCMANN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/18/2016

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

		erms and condition icate holder in lieu				policies may require an e			tement on th	us certificate does not	conte	er rights to the	
PRODUCER United Insurance - Portland 470 Forest Avenue Portland, ME 04101 INSURED								CONTACT NAME:					
								PHONE (A/C, No, Ext): (207) 774-2617 FAX (A/C, No): (207) 523-8057					
								E-MAIL ADDRESS:					
								INSURER(S) AFFORDING COVERAGE NAIC #					
								INSURER A : MMG Insurance Company				15997	
								INSURER B:					
								INSURER C:					
Peyote Moon, LLC, Bridget Lenahan 110 North St., Apt 2							INSURER D :						
		Portland, ME						ERE:					
							INSURER F:						
СО	VEF	RAGES	CER	TIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN C	IDIC. ERT XCLI	ATED. NOTWITHS IFICATE MAY BE IS USIONS AND COND	TANDING ANY R SSUED OR MAY ITIONS OF SUCH	EQUI PER POLI	REME	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO AL	TO WHICH THIS	
LTR		TYPE OF INSU		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	1	2 000 000	
Α	-	COMMERCIAL GENER				2472400		02/49/2040	02/40/2047	EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000	
	X	X Business Owners				2473109		02/18/2016	02/18/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
	_	Busiliess Owlie								MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	2,000,000	
	GEI	N'L AGGREGATE LIMIT								GENERAL AGGREGATE	\$	4,000,000	
		POLICY JECT	LOC							PRODUCTS - COMP/OP AGG		2,000,000	
	A11	OTHER: TOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$		
	AU	٦								(Ea accident)	\$		
		ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per person)			
		AUTOS	AUTOS NON-OWNED							BODILY INJURY (Per accident PROPERTY DAMAGE	\$		
		HIRED AUTOS	AUTOS							(Per accident)	\$		
		UMBRELLA LIAB											
		EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$		
			CLAIMS-MADE							AGGREGATE	\$		
	WOI	DED RETENTION								PER OTH- STATUTE ER	a		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT	\$			
	ANT FROPRIETOR/FARTNER/EACCHIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. DISEASE - EA EMPLOYE			
										E.L. DISEASE - POLICY LIMIT			
DESCRIPTION OF OPERATIONS DRIOW									E.E. DIOLAGE - I OLIGI LIWIT	Ψ			
DES	CRIP	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (/	ACORE	│ D 101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requir	red)			
CF	RTII	FICATE HOLDER					CANO	CELLATION					
OL.		I IOATE HOLDER					CAN	JEELA HON					
City of Portland 389 Congress Street							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		Portland, ME	: U41U1				AUTHORIZED REPRESENTATIVE						