			Client	#: 30	)700 <sup>,</sup>	4			ORAN	IGEUGLA			
Δ	С		CERT	FI	C۵	TE OF LIAB	і іт		IRANC	E	•	I/DD/YYYY)	
											2/21/2	-	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CER												-	
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												
		ms and conditior ate holder in lieu				olicies may require an en	dorsen	nent. A state	ment on this	certificate does not cor	nfer righ	ts to the	
PRODU							CONTA NAME:	CT Kim Cor	netta				
HUB International New England								o, Ext): 508-35	508-359-2114				
4 West Mill Street								E-MAIL ADDRESS:					
		d, MA 02052	ORDING COVERAGE NAIC #		NAIC #								
508 3	859	-4151					INSURER A : Travelers Indemnity Co of Ameri						
INSURE	Ð	Orongo Vou	Clad Investor	~ 1 1	c		INSURER B : Travelers Casualty Insurance Co						
		-	Glad Investor Frozen Yogur		0		INSURER C :						
		1 Kenwood (	-	•			INSURER D :						
		Franklin, MA					INSURER E :						
		-					INSURE	RF:					
			-			NUMBER: RANCE LISTED BELOW HAV				REVISION NUMBER:	POLICY		
						T, TERM OR CONDITION O							
						THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV					ALL THE	TERMS,	
	200			ADDL	SUBR			POLICY EFF (MM/DD/YYYY)		LIMIT	e		
	EN	ERAL LIABILITY	KANCE	INSR	WVD	POLICY NUMBER 6800D934417				EACH OCCURRENCE	\$1,000	000	
	X	COMMERCIAL GENER				00000000000		04/11/2013	07/11/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	,000	
	~	CLAIMS-MADE	X OCCUR							MED EXP (Any one person)	\$ <b>5,000</b>		
										PERSONAL & ADV INJURY	\$1,000		
										GENERAL AGGREGATE	\$2,000		
C	SEN'	L AGGREGATE LIMIT A	APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000		
		POLICY PRO- JECT	LOC								\$		
A	UTO	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO	_							BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
Α	Λ	-	X OCCUR			CUP0D938348		04/11/2013	04/11/2014	EACH OCCURRENCE	\$2,000	,000	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$2,000	,000	
- 14											\$		
	ND	KERS COMPENSATIO	TY V/N			UB1D139825		05/15/2013	05/15/2014				
0	FFIC	PROPRIETOR/PARTNE	R/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$500,0		
Ìf	yes	datory in NH) , describe under								E.L. DISEASE - EA EMPLOYEE			
D	ESC	CRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$ <b>500,0</b>	00	
DESCR	IPTI	ON OF OPERATIONS /	LOCATIONS / VEHIC	LES (/	Attach	ACORD 101, Additional Remarks	Schedul	e, if more space	is required)				
City	of	Portland, Maine	e is listed as a	dditi	onal	insured.							

CERTIFICATE HOLDER	CANCELLATION				
City of Portland, Maine	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				

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