

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/2/2016

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

		rms and condi cate holder in						olicies may require an e	ndorse	ment. A stat	tement on th	is certificate does not	onfer	rights to the	
PRODUCER										CONTACT Mason Lebron					
Berkshire Insurance Group, Inc.										PHONE (A/C, No, Ext): (413) 935–1200 FAX (A/C, No): (413) 567–5300					
138 Longmeadow St.										E-MAIL ADDRESS: mcormier@berkshireinsurancegroup.com					
Ton mandan										INSURER(S) AFFORDING COVERAGE					
Longmeadow MA 01106									INSURER A: Covington Specialty Insurance					13027	
INSURED									INSURER B:						
Blake Orchard Juicery										INSURER C:					
3 Sherbrooke Street										INSURER D:					
Portland ME 04:									INSURER E : INSURER F :						
							·ΔTF	NUMBER:15GL	REVISION NUMBER:						
T IN C	HIS IS IDICA ERTI XCLU	S TO CERTIFY ATED. NOTWITH FICATE MAY BE	HSTA E IS:	T THE POLI ANDING AN' SUED OR M	CIES Y RE MAY F UCH I	OF I QUIR PERT POLI	NSUR REMEN AIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	SR TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	гѕ			
A	Х	CLAIMS-MADE X OCCUR						VBA404275			11/13/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$ \$	1,000,000 100,000 5,000	
												PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$	2,000,000			
	Х	POLICY PR	CT	LOC								PRODUCTS - COMP/OP AGG	\$	2,000,000	
	ALIT	OTHER: OMOBILE LIABILIT	~				$\vdash$					COMBINED SINGLE LIMIT	\$		
	AUI											(Ea accident) BODILY INJURY (Per person)	\$		
		ANY AUTO ALL OWNED		SCHEDULED								BODILY INJURY (Per accident)			
		AUTOS		AUTOS NON-OWNED								PROPERTY DAMAGE			
		HIRED AUTOS		AUTOS								(Per accident)	\$		
		UMBRELLA LIAB		OCCUR								EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-N	MADE							AGGREGATE	\$		
		DED RETE	ENTIC	N \$									\$		
		KERS COMPENSA										PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE				N/A						E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											E.L. DISEASE - EA EMPLOYE	<b>\$</b>		
If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate holder is an additional insured for General Liability only as respects the named insureds operation at 19 Exchange Street, Portland, ME.															
	DT:-	ICATE UOLD				—	—		CANCELLATION						
City of Portland City Hall 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.  AUTHORIZED REPRESENTATIVE					
									Mauroon Cormiar/MDC Mauroon Cornier						

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