

**CERTIFICATE OF INSURANCE - COMMERCIAL**

**ALLSTATE INSURANCE COMPANY - NORTHBROOK, IL**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATEHOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INTERESTED PARTY TYPE:** Additional Insured  
**Comments:**

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
CITY OF PORTLAND 389 CONGRESS ST PORTLAND, ME 04101-3566	THE HOLY DONUT 222 SAINT JOHN ST PORTLAND, ME 04102-3041
	Location Address (if different than above) <i>7 Exchange St. Portland, ME 04101</i>

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, notwithstanding any requirement, term or condition of any contractor 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.

**TYPE OF INSURANCE AND LIMITS**

Policy Number: 648693288	Effective Date: 08-23-2013	Expiration Date: 08-23-2014
<b>COVERAGE SUMMARY</b>		
<b>GENERAL LIABILITY</b>	<b>AMOUNT</b>	
GENERAL AGGREGATE LIMIT (Other than Products Completed Operations)	\$ 4,000,000	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 4,000,000	
PERSONAL AND ADVERTISING INJURY LIMIT	\$ 2,000,000	
EACH OCCURRENCE LIMIT	\$ 2,000,000	
PHYSICAL DAMAGE LIMIT	\$ 100,000 ANY ONE LOSS	
MEDICAL EXPENSE LIMIT	\$ 10,000 ANY ONE PERSON	
<b>PROPERTY INSURANCE</b>		
<b>POLICY TYPE</b>		<b>Amount</b>
<input type="checkbox"/> BUILDING	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Deductible	
<input checked="" type="checkbox"/> CONTENTS \$ 2,000	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Deductible	\$ 1,000
<input type="checkbox"/> Basic Form	Wind Deductible	%
<input type="checkbox"/> Broad Form	Exclude Wind <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> Special Form		
<b>ADDITIONAL COVERAGE'S:</b> 194 PARK AVE. & 7 EXCHANGE PL.; PORTLAND, ME		
<b>MORTGAGE CLAUSE</b> - The policy contains a Mortgage Clause in favor of:		
Mortgagee		
Address		
<b>CERTIFICATE PERIOD</b>		
THIS CERTIFICATE WILL REMAIN IN FORCE FROM THE INCEPTION OF THE POLICY UNTIL THE POLICY IS CANCELLED OR EXPIRES.		
POLICY INCEPTION DATE: 08-23-2013	<input checked="" type="checkbox"/> 12:01 AM	<input type="checkbox"/> 12:00 NOON
Standard Time at the location of the Insured premises.		
<b>PROVISIONS</b>		
This form is not the contract of insurance, but attests that a policy as identified above has been issued. The provisions of the policy shall prevail in all respects.		
IT IS AGREED THAT SHOULD THE INSURANCE PROTECTION EVIDENCED HEREIN TERMINATE, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL NOTICE OF SUCH TERMINATION WITHIN 30 DAYS FOR THE FOLLOWING INTERESTED PARTIES: MORTGAGEE, LIEN HOLDER, ADDITIONAL INSURED AND ADDITIONAL INTERESTED PARTY.		
AMY ALWARD AY INC		09-11-13
Authorized Representative		Date