



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/18/2015

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 certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> LOTFEY DENNETT & CO LLC PO BOX 15010  PORTLAND ME 04112		<b>CONTACT NAME:</b> Matthew Dennett <b>PHONE (A/C, No, Ext):</b> 207 370 6773 <b>E-MAIL ADDRESS:</b> matt@lotfeydennett.com <b>FAX (A/C, No):</b> 866 433 6694	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> LLOYDS OF LONDON	
		<b>INSURER B :</b> JAMES RIVER INSURANCE	
		<b>INSURER C :</b> GREAT FALLS INSURANCE	
		<b>INSURER D :</b> ESSEX INSURANCE	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	
<b>INSURED</b>  PORTLAND HOUSE OF MUSIC AND EVENTS, LLC 25 TEMPLE ST  PORTLAND ME 04101			

**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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	X		LL3013C	04/06/2015	04/06/2016	EACH OCCURRENCE	\$ 100000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
							MED EXP (Any one person)	\$ 5000
							PERSONAL & ADV INJURY	\$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 2000000
							PRODUCTS - COMP/OP AGG	\$ 2000000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b>			00067231-0	06/12/2015	06/12/016	EACH OCCURRENCE	\$ 200000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 200000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input checked="" type="checkbox"/> RETENTION \$							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A		WCD0913990015	06/12/2015	06/12/2016	<input checked="" type="checkbox"/> PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. EACH ACCIDENT	\$ 50000
							E.L. DISEASE - EA EMPLOYEE	\$ 50000
							E.L. DISEASE - POLICY LIMIT	\$ 50000
D	<b>LIQUOR LIABILITY</b>			3DW0157	06/12/2015	06/12/2016	EA OCCURRENCE	\$ 1000000
							AGGREGATE LIMIT	\$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: PORTLAND HOUSE OF MUSIC AND EVENTS, 25 TEMPLE ST, PORTLAND, ME 04101 - MUSIC & EVENTS VENUE

THE CITY OF PORTLAND ARE ADDITIONALLY INSURED IN REGARDS TO THE GENERAL LIABILITY POLICIES

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF PORTLAND  
 389 CONGRESS ST  
 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

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