ARISLLC-01

NIDACHI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2017

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 certificate holder in lieu of such endors				ndorse	ement. A sta	tement on th	is certificate do	es not c	onfe	rights to the
PRODUCER	CONTACT NAME.									
NBT-Mang Insurance Agency 66 South Broad Street					NAME: PHONE (A/C, No, Ext): (800) 965-6264 FAX (A/C, No): (607) 334-4) 334-4162
Norwich, NY 13815				E-MAIL ADDRE	SS:					
				INSURER(S) AFFORDING COVERAGE						NAIC#
				INSURER A: Ohio Security Insurance Company					24082	
INSURED				INSURER B:						
Aristelle LLC				INSURER C:						
92 Exchange Street		INSURER D:								
Portland, ME 04101		INSURE								
		INSURER F:								
COVERAGES CER	NUMBER:	REVISION NUMBER:						-		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REME AIN, IES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE I	N OF A	ANY CONTRAG Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT T	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	X		BZS57573993			01/01/2018	EACH OCCURRENC DAMAGE TO RENTE	D	\$	1,000,000
CLAINIS-INIADE OCCUR	^				0.,0.,2011	01/01/2010	PREMISES (Ea occui	•	\$	15,000
							MED EXP (Any one p	-		13,000
OFAIL ACCRECATE LIMIT APPLIES BED.							PERSONAL & ADV IN		\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREG		\$	2,000,000
							PRODUCTS - COMP.	OP AGG	\$	
OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	
							(Ea accident)			
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per	·	\$	
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per PROPERTY DAMAGE	,	\$	
HIRED AUTOS AUTOS							(Per accident)	_	\$	
									\$	
UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$							1.050	l o z u	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	Т	\$	
(Mandatory in NH)	,,						E.L. DISEASE - EA E	MPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POLI	CY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	red)			
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.								
. Jidana, ME 04101				AUTHORIZED REPRESENTATIVE						
					a	-y				

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DATE (MM/DD/YYYY) 04/13/2017

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	he terms and conditions of the polic ertificate holder in lieu of such endor			endorsem	ent. A sta	tement on th	is certificate does not c	onfer	rights to the		
PRODUCER NBT-Mang Insurance Agency 66 South Broad Street				CONTACT NAME: PHONE (A/C, No, Ext): (800) 965-6264 FAX (A/C, No): (607) 334-4162							
66 S	South Broad Street wich, NY 13815			E-MAIL							
1101	wich, it isoso			ADDRESS: INSURER(S) AFFORDING COVERAGE					NAIC#		
				INSURER A	24082						
INSURED			INSURER E	1002							
Aristelle LLC 92 Exchange Street Portland, ME 04101					INSURER C:						
					INSURER D :						
					INSURER E :						
			Alle	INSURER F:							
CC	VERAGES CEF	RTIFICAT	E NUMBER:				REVISION NUMBER:				
II C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRENT PERTAIN POLICIES	IENT, TERM OR CONDIT I, THE INSURANCE AFFO I. LIMITS SHOWN MAY HAV	ION OF ANY ORDED BY T	CONTRACTHE POLICE	CT OR OTHER	DOCUMENT WITH RESPE	CT TO	O WHICH THIS		
INSF	TYPE OF INSURANCE	ADDL SUB INSD WVI		F (M	OLICY EFF IM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	CLAIMS-MADE OCCUR	x	BZS57573993	6	1/01/2017	01/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
		.40	Double All				MED EXP (Any one person)	\$	15,000		
			1960 AND				PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:		Aller				GENERAL AGGREGATE	\$	2,000,000		
	POLICY PRO- LOC			1	P		PRODUCTS - COMP/OP AGG	\$			
	OTHER:		100	1000	400	h.		\$			
	AUTOMOBILE LIABILITY		No. of the last of		ART N		COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO	100		ger d		No.	BODILY INJURY (Per person)	\$			
	ALL OWNED SCHEDULED AUTOS		Mar.	.40	PRID.	1999	BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS	September 1		400	- 1000		PROPERTY DAMAGE (Per accident)	\$			
	400		100	70"	1000		Alla.	\$			
	UMBRELLA LIAB OCCUR				100	.40	EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE		All A		000		AGGREGATE	\$			
	DED RETENTION \$ WORKERS COMPENSATION	No. 1			4007		PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y/N			35			STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	ARC YES	h	79	Wh.	E.L. EACH ACCIDENT	\$			
	(Mandatory in NH) If yes, describe under			B 60		400	E.L. DISEASE - EA EMPLOYEE	OL 1			
	DÉSCRIPTION OF OPERATIONS below	- 14		- Alba		90000	E.L. DISEASE - POLICY LIMIT	\$			
			A COUNTRIES				19				
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (ACOR	D 101, Additional Remarks Scho	edule, may be a	ttached if mor	e space is requir	ed)	gr.			
			- 4								
				04110=							
CERTIFICATE HOLDER					LLATION						
	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						