ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

	_		Ŭ		•••						6/3	20/2016	
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 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).													
Global Underwriters Agency, Inc.								NAME: Dana Provenzano PHONE (722)622.2700 FAX (722)622.0700					
20 Highland Avenue								(A)C. No. Ext): (732)632-2790 E-MAIL ADDRESS: dprovenzano@globalindemins.com					
						INSURER(S) AFFORDING COVERAGE NAIC #							
Metuchen NJ 08840												25895	
INSURED													
Portafoglio Inc. DBA O Bag							INSURER C :						
C/O Jo Hoppe							INSURER D :						
		lpine Park H					INSURER E :						
		enborough		254			INSURER F :						
COVERAGES CERTIFICATE NUMBER:16-17 PORTLAND COI 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 INSU	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	s		
	x	COMMERCIAL GENER								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A		CLAIMS-MADE	X OCCUR							PREMISES (Ea occurrence)	\$	100,000	
				-		CP1631459		7/1/2016	7/1/2017	MED EXP (Any one person)	\$	5,000	
				-						PERSONAL & ADV INJURY	\$	1,000,000	
	GEN X									GENERAL AGGREGATE	\$ \$	2,000,000	
			LOC							PRODUCTS - COMP/OP AGG Employee Benefits	\$ \$	2,000,000	
OTHER:									COMBINED SINGLE LIMIT	\$			
		ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
	х	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	2,000,000	
A		EXCESS LIAB	CLAIMS-MAD	E						AGGREGATE	\$		
						XL2556741		4/15/2016	4/15/2017	PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				4						STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$			
	If yes	ndatory in NH) s, describe under								E.L. DISEASE - EA EMPLOYEE			
	DES	CRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LIMIT	Þ		
A	Bu	siness Persona	l Property			CP1631459		7/1/2016	7/1/2017	BPP Limit: 100,00	Dec	luct: 1,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) O Bag insured location: 191 Middle St Portland ME 04104. City of Portland is included as additional													
insured with respects to the above General Liability and Excess Liability policies.													
CF								CANCELLATION					
CITY OF PORTLAND DEPARTMENT OF PERMITTING AND INSPECTIONS						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
389 CONGRESS STREET ROOM 315 PORTLAND, ME 04101						AUTHORIZED REPRESENTATIVE							
							Jo-Anne Cassidy/DANA Jane Cassicy						
								© 19	88-2014 AC	ORD CORPORATION.	All rig	hts reserved.	