

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/5/2017

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 have ADDITIONAL INSURED provisions or 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).											
PRODUCER					CONTACT Carla Torline						
Arthur J. Gallagher Risk Management Services, Inc. 1 West 4th Street					PHONE (A/C, No, Ext): 513-977-3132 FAX (A/C, No):						
Cincinnati OH 45202					È-MAIL ADDRESS: Carla_Torline@ajg.com						
					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : AXIS Insurance Company 37						
INSURED CORPCOM-03					INSURER B : Federal Insurance Company						
Corporex Companies, LLC					INSURER C: Allmerica Financial Benefit Insuran 41840						
Attn: Mark Arstingstall 100 E. Rivercenter Blvd., St 1100					INSURER D : Liberty Insurance Corporation 42404						
Covington KY 41011				INSURER E : Cincinnati Insurance Company					10677		
					INSURER F : Hanover Insurance Company 22292						
COVERAGES CERTIFICATE NUMBER: 1588585343 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	NSR TYPE OF INSURANCE		SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Fχ	COMMERCIAL GENERAL LIABILITY	Y	LHW-A162829-03		12/1/2016	12/1/2017	EACH OCCURRENCE	\$1,000	,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,00	0		
x	Liquor Liab						MED EXP (Any one person)	\$5,000			
X Terrorism							PERSONAL & ADV INJURY	URY \$1,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	RAL AGGREGATE \$2,000,000			
	POLICY PRO-X LOC						PRODUCTS - COMP/OP AGG	\$2,000	,000		
	OTHER:							\$			
			AWW-A098095		12/1/2016	12/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
X							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$			
X	HIRED NON-OWNED AUTOS ONLY X AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
X	CompDed 1000 X CollDed 1000						Hired Car PD	\$			
DX	UMBRELLA LIAB X OCCUR		TH7-681-054450		12/1/2016	12/1/2017	EACH OCCURRENCE	\$25,00	0,000		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$25,00	0,000		
	DED RETENTION \$							\$			
- I	ORKERS COMPENSATION		EWC0408765		12/1/2016	12/1/2017	X PER OTH- STATUTE ER				
AN	IV PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000	,000		
(M	andatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000	,000		
DE	ves, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000	,000		
BR	roperty/Agreed amt ented Equipment nployment Practices Liab		MCB777524-15 8221-4183		12/1/2016 12/1/2016	12/1/2017 12/1/2017	Blanket Limit Leased/Rented Equip Occurrence	400,000 100,000 1,000,0) (
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
KENTUCKY EMPLOYERS MUTUAL INS: 12/1/16-17, KY WORKER'S COMP POLICY 395534 ZURICH AMERICAN INSURANCE COMPANY: #WC901532400 12/1/16-17 WORKER'S COMP: AZ,CA,CO,CT,FL,GA,IL,IN,MO,MS,NV,UT ***FIREMAN'S FUND EXCESS LIABILITY \$25M X \$25MPOLICY #SHX00015258288 12/1/16-17 City of Portland is additional insured with respect to general liability.											
CFRT	CERTIFICATE HOLDER					CANCELLATION					
					VANUELLATION						
Hyatt Place Portland Old Port 433 Fore 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.						
		AUTHO	AUTHORIZED REPRESENTATIVE								
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