

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2017

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, 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).

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PRODUCER		CONTACT NAME: Amanda Ziegler				
Cross Insurance-Portland	l	PHONE (A/C, No, Ext): FAX (A/C, No): (207)780-6377				
2331 Congress Street		E-MAIL ADDRESS: aziegler@crossagency.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
Portland ME	04102	INSURER A: Citizens Ins Co of America	a	31534		
INSURED		INSURER B:Hanover Ins Group				
Street & Company, Inc.		INSURER C: Hanover Insurance Group,	Inc.			
72 Commercial Street		INSURER D Maine Employers Mutual In	s Co	11149		
Building 5		INSURER E :				
Portland ME	04101	INSURER F:				

COVERAGES CERTIFICATE NUMBER:17/18 Master

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		ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	<u> </u>	
	X COMMERCIAL GENERAL LIABILITY	INSU	WVD	TOLIOT NOMBER	(MM)DD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	\$ 1,000,0	00
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
		x		ZBP9822986	1/1/2017	1/1/2018	MED EXP (Any one person)	\$ 10,0	00
							PERSONAL & ADV INJURY	\$ 1,000,0	00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,0	00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,0	00
	OTHER:						7	\$ 1,000,0	00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00
B	X ANY AUTO						BODILY INJURY (Per person)	\$	
~	ALL OWNED SCHEDULED AUTOS			ABP9823325	1/1/2017	1/1/2018	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							Medical payments	\$ 5,0	00
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 10,000,0	00
c	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,0	00
	DED X RETENTION\$ 0			UHP9827515 01	1/1/2017	1/1/2018		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						X PER OTH- STATUTE ER		
							E.L. EACH ACCIDENT	\$ 500,0	00
D				1810101254	1/1/2017	1/1/2018	E.L. DISEASE - EA EMPLOYEE	\$ 500,0	00
							E.L. DISEASE - POLICY LIMIT	\$ 500,0	00
A	Liquor Liability			ZBP9822986	1/1/2017	1/1/2018	Limit	1,000,0	00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Outdoor Dining Permit. City of Portland is named as Additional Insured with respect to General Liability when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
cstacey@portlandmaine.gov 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.
10101414, 111 01101	AUTHORIZED REPRESENTATIVE
	Amanda Ziegler/BD7

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