ALOVEITT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/22/2016

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.

certificate holder in lieu of such endorsement(s). PRODUCER					CONTACT				
United Insurance - Portland 470 Forest Avenue Portland, ME 04101					NAME: PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): (207) 523-8057				
					ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIC#
					INSURER A : MMG Insurance Company			10	15997
					NSURER B:	isarance o	ompany		10007
Maine Capital Mortgage & CRC, LLC 4 City Center 3rd Floor Portland, ME 04101				100-					
				200	ISURER C :				
					NSURER D :				
					INSURER E: INSURER F:				
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:				
TH IN CE EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	ES OF EQUIR PERTA	INSU EME AIN, IES. U	JRANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORDE	OF ANY CONTRA ED BY THE POLIC EEN REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	O ALL	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD V	VVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		4 000 000
Α	X COMMERCIAL GENERAL LIABILITY	.,		DD40440450	441401004=	44/40/0040	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	1	BP12412156	11/19/2015	11/19/2016	PREMISES (Ea occurrence)	\$	250,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
	PRO- POLICY PRO- PCT LOC						GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER: AUTOMOBILE LIABILITY		1				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE		
2	HIRED AUTOS AUTOS						(Per accident)	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below			——————————————————————————————————————			E.L. DISEASE - POLICY LIMIT	\$	
Subj Insu	RIPTION OF OPERATIONS / LOCATIONS / VEHIC ect to the policy's coverage, conditions ed on the Commercial General Liability tional Insured Status no coverage appl	s, exclu y polic	usior	ns and endorsements as sp	ecified in the police	y contract th	e City of Portland shall be		
CFF	ETIFICATE HOLDER				CANCELI ATION				
CEF	City of Portland/Portland Cit	y Hall				N DATE TH	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL I CY PROVISIONS.		
CEF	City of Portland/Portland Cit	y Hall			SHOULD ANY OF THE EXPIRATIO	N DATE TH	IEREOF, NOTICE WILL I		