

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2014

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

	ne terms and conditions of the policy				ndorse	ement. A sta	tement on th	is certificate does not o	onfer	rights to the	
PRODUCER						CONTACT Diane Christy, CISR, ACSR					
Cross Insurance-Portland						NAME: Draine Chi 1967, C198, ACSK PHONE (A/C, No, Ext): (207)780-1677 (A/C, No, Ext): (207)780-6377					
2331 Congress Street						(A/C, No, Ext): (2077/80-1077   (A/C, No): (2077/80-0377   E-MAIL   ADDRESS: dchristy@crossagency.com					
	or congress serees				ADDRE					NAIC #	
Portland ME 04102						INSURER(S) AFFORDING COVERAGE INSURER A: ACCEPTANCE Indemnity Ins. Co.					
INSURED						-					
Bonfire Country Brew Works Bonfire LLC						INSURER B:					
<del>-</del>						INSURER C:					
37 Wharf Street						INSURER D:					
Portland ME 04101						INSURER E :					
				NUMBER:CL1410292	INSURE	RF:		REVISION NUMBER:			
TI IN C	VERNICES  HIS IS TO CERTIFY THAT THE POLICIES  IDICATED. NOTWITHSTANDING ANY RE  ERTIFICATE MAY BE ISSUED OR MAY  XCLUSIONS AND CONDITIONS OF SUCH	S OF EQUIF	INSUI REME TAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	VE BEE OF AN ED BY	IY CONTRACT	THE INSURI OR OTHER S DESCRIBE	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
Α	CLAIMS-MADE X OCCUR			CP00144000		10/10/2014	10/10/2015	MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$	1							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
			L								
Re:	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC Fer to policy for exclusion ditional Insured with respo	nary	en	dorsements and spe	ecial	provisio	ns. Cert	tificate Holder i	s an		
CERTIFICATE HOLDER						CANCELLATION					
City of Portland 389 Congress Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Portland ME 04101						AUTHORIZED REPRESENTATIVE					

D Christy, CISR, ACSR Diane M. Chris