

## CERTIFICATE OF LIABILITY INSURANCE

190AK-1 OP ID: CT

DATE (MM/DD/YYYY) 07/09/2013

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

Description of Description and Description of Descr	rights to the					
MGGonagle - C'Hearn Insurance   Fax: 07-797-0956   Fix: 07-797-0956   MGGonagle - Composition   MGGonagle - MGGona	CONTACT Jeff Ryan					
MSURER D. 19 OAKS, LLC 795 Congress St Portland, ME 04102    MSURER p. Hartford Insurance	FAX (A/C, No):					
INSURER B. : National Grange INSURER B. : Hartford Insurance INSURER B. : Hartford Insurance INSURER B. : Hartford Insurance INSURER B. : INSURER B.	NAIC#					
INSURED 19 Oaks, LLC 795 Congress St Portland, ME 04102    INSURER C:						
T95 Congress St Portland, ME 04102    INSURER C :   INSURER D :   INSURER E :   INSURE	29424					
COVERAGES  CERTIFICATE NUMBER:  INSURER F:  INSURER F:  REVISION NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ERITHIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCTED BY PAID CLAIMS.  TYPE OF INSURANCE  AND COMMERCIAL GENERAL LIABILITY  A X COMMERCIAL GENERAL LIABILITY  BPT5626F  BP						
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PINDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  HERE TYPE OF INSURANCE  GENERAL LIABILITY  A X COMMERCIAL GENERAL LIABILITY  A X COMMERCIAL GENERAL LIABILITY  A X COMMERCIAL GENERAL LIABILITY  BPT5626F						
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  RER TYPE OF INSURANCE ADDISUBRE POLICY NUMBER POLICY NUMBER POLICY FOR THE						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    INSTANCE   ADDITIONAL OF THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    INSTANCE   ADDITIONAL OF THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    INSTANCE   ADDITIONAL OF THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.    GENERAL LIABILITY   ADDITIONAL PROPERTY OF THE POLICIES AND PAID CLAIMS.   ADDITIONAL PROPERTY OF THE POLICIES OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE INSURED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS OF THE POLICIES						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  INST  TYPE OF INSURANCE  ADDISUMS  TYPE OF INSURANCE  ADDISUMS  TORION POLICY NUMBER  TYPE OF INSURANCE  ADDISUMS  POLICY NUMBER  MINITORYYYY  MINITORYYYY  MINITORYYYY  ANY AUTO  ALL OWNED  AUTOS						
GENERAL LIABILITY A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  GENTLA AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC  AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOMOBILE LIABILITY  ANY AUTO AUTOMOBILE LIABILITY ANY AUTO AUTOMOBILE LIABILITY ANY AUTO AUTOMOBILE LIABILITY ANY AUTO AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OW	WHICH THIS					
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GENT AGGREGATE LIMIT APPLIES PER: X POLICY PRO- AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS						
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS  WORKERS COMPENSATION AND EMPLOYER'S LIABILITY  ANY PROPRIETIOR/PARTNEREXECUTIVE OFFICE/REMEMBER EXECUSED?  (Mandatory in NN) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	1,000,000					
PERSONAL & ADV INJURY \$  GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY PRO LOC \$  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  WCSTATU OTH AND EMPLOYER'S LIABILITY  AND PROPRIETORPARTINER/EXECUTIVE OFFICE/RMEMBER EXCLUSION (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	500,000					
GENERAL AGGREGATE LIMIT APPLIES PER:  X POLICY	10,000					
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY JECT LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS  UMBRELLA LIAB OCCUR EXCESS LI	1,000,000					
X POLICY FROT LOC  AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  HIRED AUTOS  NON-OWNED AUTOS  HIRED AUTOS  WORKERS COMPENSATION \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  S  AGGREGATE \$  WC STATU- TORY LIMBITS ER- TORY LIABILITY  ANY PROPRIETOR/PARTNER/PEXECUTIVE (Mandatory in NI) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS below  AUTOS  OAWECCK4849  OB/13/2012  B AUTOMOBILE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  EACH OCCURRENCE \$  AGGREGATE \$  WC STATU- TORY LIMBITS ER- TORY LIMBITS ER- TORY LIMBITS ER- ELL DISEASE - EA EMPLOYEE \$  ELL DISEASE - POLICY LIMIT \$  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	2,000,000					
AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS AGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EM	2,000,000					
ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AGREGATE \$ AGGREGATE \$ AGGREGATE \$ S WC STATU- TORY LIMITS ER ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under If yes, describe under If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS S    UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						
AUTOS NON-OWNED AUTOS HIRED AUTOS HIRED AUTOS  OCCUR EXCESS LIAB  OCCUR EXCESS LIAB  CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
HIRED AUTOS  UMBRELLA LIAB  OCCUR  EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  AGGREGATE \$  WC STATU- OTH- TORY LIMITS ER  E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$						
EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WC STATU- OTH- TORY LIMITS EL. ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ÆXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  WC STATU- TORY LIMITS  E.L. BACH ACCIDENT  \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT  \$ DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	500,000					
DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	500,000					
	500,000					
"LISTED AS ADDITIONAL INSURED"						
CERTIFICATE HOLDER CANCELLATION						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
PORTLAND, ME 04101  AUTHORIZED REPRESENTATIVE	AUTHORIZED REPRESENTATIVE					

**NOTEPAD:** 

HOLDER CODE

INSURED'S NAME 19 Oaks, LLC

190AK-1 OP ID: CT PAGE 2

DATE 07/09/13

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.