

**VWYMAN** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/25/2017

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 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 NAME:				
Clark Insurance	PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 7	774-2994			
2385 Congress Street Portland, ME 04104	E-MAIL ADDRESS: info@clarkinsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Philadelphia Indemnity Ins Co				
INSURED	INSURER B: Firemen's Insurance Company of Washington, D.C.	21784			
Goodwill Industries of Northern New England	INSURER C:				
34 Hutcherson Drive, Unit 1	INSURER D:				
Gorham, ME 04038-2750	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: **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		JSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		POLICY EFF	POLICY EXP	LIBAIT		
LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	ડ	4 000 000
A	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		PHPK1512660	07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	3,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
Α								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
					PHPK1512660	07/01/2016	07/01/2017	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			PHUB545423	07/01/2016	07/01/2017	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 10,000							\$	
В	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  ANY PROPRIETOR/PARTNER/EXECUTIVE							X PER OTH- STATUTE ER		
			N/A	X	WPA5070350-14	01/01/2017	01/01/2018	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Portland is Additional Insured with respect to the following if required by written contract, by means of the General Liability Deluxe Human Services Endorsement Form PI-GLD-HS Ed 10/11:

- 1) the sign located at the insured's 75 Washington Avenue, Portland ME location
- 2) the sign located at the insured's "Bayside" location, 190 Lancaster Street, Portland ME
- 3) 1104 Forest Avenue, Portland ME and
- 4) the license agreement for 71 High Street, Portland ME

**SEE ATTACHED ACORD 101** 

CERTIFICATE HOLDER	
City of Portland 389 Congress 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.
	AUTHORIZED REPRESENTATIVE  Authory Las

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Clark Insurance		NAMED INSURED Goodwill Industries of Northern New England
POLICY NUMBER		Goodwill Industries of Northern New England 34 Hutcherson Drive, Unit 1 Gorham, ME 04038-2750 Cumberland
SEE PAGE 1		Cumberland
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL REMARKS	!	<u> </u>
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,	
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabil		
Description of Operations/Locations/Vehicles: 5) WIOA-Youth - Work Experience Program		
A Waiver of Subrogation with respect to Workers Com	pensation i	is granted to the City of Portland.
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