

CERTIFICATE OF LIABILITY INSURANCE

5/31/2016

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.

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).

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)	774-2994				
2385 Congress Street Portland, ME 04104	E-MAIL ADDRESS: info@clarkinsurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: MMG Insurance Company	15997				
INSURED	INSURER B: Maine Employers Mutual	11149				
Portland Community Health Center	INSURER C:					
180 Park Ave	INSURER D:					
Portland, ME 04102	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						

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.

| STATE OF INSURANCE | ADDITIONAL | A

INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	Х	COMMERCIAL GENERAL LIABILITY	X						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR				BP10604931	01/01/2016	01/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	5,000	
				1				PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	V'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
İ		OTHER:							\$		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO						BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS NON-OWNED AUTOS				-		PROPERTY DAMAGE (Per accident)	\$		
					AANII	<u> </u>			\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	-	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
:		DED RETENTION \$							\$		
B A		RKERS COMPENSATION EMPLOYERS' LIABILITY]					PER OTH- STATUTE ER			
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	1810101247	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	''' ^	""				E.L. DISEASE - EA EMPLOYEE	\$	500,000		
	If yes	s, describe under CRIPTION 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 listed as an Additional Insured by Form BP 04 48 (07/02) on the General Liability Policy.

CERTIFICATE HOLDER	CANCELLATION
City of Portland Health & Human Services Department, Public Health Division 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 WILLIE R. Six Cey

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