



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/10/2014

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 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).

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| PRODUCER<br><b>Masiello Insurance Agency</b><br>69-A Island Street, Suite 1<br><br><b>Keene NH 03431</b> | CONTACT NAME: <b>Tracy Walden, AAI</b>   |
|  | PHONE (A/C, No, Ext): <b>(603) 352-1810</b> FAX (A/C, No): <b>(603) 352-8367</b> |
| INSURED<br><b>Winxnet</b><br>P.O. Box 1700<br><br><b>Portland ME 04104</b>                               | E-MAIL ADDRESS:  |
|  | INSURER(S) AFFORDING COVERAGE  |
|  | INSURER A: <b>Travelers Insurance Company</b> NAIC # <b>19070</b>                |
|  | INSURER B:   |
|  | INSURER C:   |
|  | INSURER D:   |
| INSURER E:   |  |
| INSURER F:   |  |

COVERAGES CERTIFICATE NUMBER: **CL1411407531** 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 LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD   | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|--|-------------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY   |           |  | ZLP11T55672-12-15 | 11/9/2013               | 11/9/2014               | EACH OCCURRENCE \$ 1,000,000                           |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           | <input checked="" type="checkbox"/>                      |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |  |                   |                         |                         | MED EXP (Any one person) \$ 10,000                     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |           |  |                   |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                     |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |  |                   |                         |                         | GENERAL AGGREGATE \$ 2,000,000                         |
|          |   |           |  |                   |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                    |
|          |   |           |  |                   |                         |                         | \$   |
| A        | AUTOMOBILE LIABILITY  |           |  | BA3326R220-13-TEC | 11/9/2013               | 11/9/2014               | COMBINED SINGLE LIMIT (Ea accident) \$                 |
|          | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS   |           | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS |                   |                         |                         | BODILY INJURY (Per person) \$                          |
|          | <input checked="" type="checkbox"/> HIRED AUTOS   |           | <input checked="" type="checkbox"/>                      |                   |                         |                         | BODILY INJURY (Per accident) \$                        |
|          |   |           |  |                   |                         |                         | PROPERTY DAMAGE (Per accident) \$                      |
|          |   |           |  |                   |                         |                         | Hired/Borrowed \$ 1,000,000                            |
|          |   |           |  |                   |                         |                         | \$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB   |           | <input type="checkbox"/> OCCUR                           | ZUP11T55715-12-15 | 11/9/2013               | 11/9/2014               | EACH OCCURRENCE \$ 3,000,000                           |
|          | <input type="checkbox"/> EXCESS LIAB  |           | <input type="checkbox"/> CLAIMS-MADE                     |                   |                         |                         | AGGREGATE \$ 3,000,000                                 |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                      |           |  |                   |                         |                         | \$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |           |  | IS0B9811Y57511    | 4/2/2013                | 4/2/2014                | WC STATU-TORY LIMITS                                   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y/N       | N/A  |                   |                         |                         | E.L. EACH ACCIDENT \$ 500,000                          |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |           |  |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000                  |
|          |   |           |  |                   |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000                 |
|          |   |           |  |                   |                         |                         |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)  
 Cyber Liability Policy written through Hiscox Insurance Company 10/24/2013 - 10/24/2014 \$5,000,000 subject to a \$10,000 deductible, each and every claim.

ELPI policy 4/9/13 - 4/9/14 written through Travelers Ins \$1,000,000 Limit \$10,000 retention applies

.Scope of Work: Technology Solutions. City of Portland ME is listed as an Additional Insured per written agreement to General Liability.

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| <b>CERTIFICATE HOLDER</b><br><br>City of Portland City Hall<br>389 Congress Street<br>Portland, ME 04101 | <b>CANCELLATION</b><br><br>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<br><br>T Walden, AAI/TRACY <i>Tracy Walden</i>  |