

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/16/2016

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).

[1] 사이 선생님은 아일 아일 아이를 하는데 하는데 하지 않는데 이번 시간에 되었다고 있다.								
PRODUCER			CONTACT NAME: Corinne Rescigno					
Tarpey Insurance Group			PHONE (A/C, No, Ext): (781) 246-2677	FAX (A/C, No): (781)	224-0973			
442 Water St			E-MAIL ADDRESS: corinne@tarpeyinsurance.com					
PO BOX 567			INSURER(S) AFFORDING COVER	AGE	NAIC #			
Wakefield	MA	01880-4667	INSURER A :Acadia Insurance Co		31325			
INSURED			INSURER B :Acadia Insurance Compa	ny				
CUSTOM WIRELESS, INC.			INSURER C:					
220 BROADWAY			INSURER D:					
UNIT 104			INSURER E :					
LYNNFIELD	MA	01940	INSURER F:					
COVERAGES		CERTIFICATE NUMBER:Liab 15-1	16 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.

TR	SR TYPE OF INSURANCE INSUR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
-	CLAIMS-MADE X OCCUR		BOA5066559-13	10/1/2015	10/1/2016	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					PBCL	\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS		MAA5067308-12	10/1/2015	10/1/2016	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS			50 1455	SS 10	PROPERTY DAMAGE (Per accident)	\$	Α.
	AOTOS					Underinsured motorist BI split	\$	20,000
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000
	DED X RETENTION\$ 5,000		CUA5074500-12	10/1/2015	10/1/2016		\$	
,	WORKERS COMPENSATION					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WCA5070604-12	11/1/2015	11/1/2016	E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000
A	Business Personal Property		BOA5066559-13	10/01/2015	10/01/2016	BPP Blanket Limit		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Marginal Wayand Forest Ave, Portland ME 04101

Listed as Additional Insured City of Portland

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress St 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.
FOI CLAIRE, PIE 04101	AUTHORIZED REPRESENTATIVE
	M Tarpey, CPCU, CIC, AAI

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