

OP ID: LCC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/04/2017

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 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 have ADDITIONAL INSURED provisions or be endorsed.

lf ti	SUBROGATION IS WAIVED, subject nis certificate does not confer rights t	to the	he te	rms and conditions of thificate holder in lieu of su	ne polic	cy, certain po dorsement(s)	olicies may	require an end	lorsement	. A s	tatement on	
PRODUCER Kilbride & Harris Insurance Services LLC 210 Western Avenue So. Portland, ME 04106 Lynda C. Crandall INSURED Coastal Pharmacy, LLC Coastal Pharmacy & Wellness						CONTACT Lynda Crandall						
										_{):} 207-774-7920		
						E-MAIL ADDRESS: Icrandall@khinsurance.com						
						INSURER(S) AFFORDING COVERAGE INSURER A : Pharmacist Mutual Insurance Co					NAIC#	
											10,40 %	
						INSURER B:						
84 Marginal Way Portland, ME 04101					INSURER C:							
					INSURER D:							
					INSURER E :							
						INSURER F:						
CO	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NU	MBER:			
11 C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WIT D HEREIN IS SI	TH RESPE	ст то	WHICH THIS	
INSR LTR			SUBR WVD		DELIVI	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	•		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WIWI/DD/11111)	(WIWI, D.D., T.T.T.)	EACH OCCURRE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			BOP016106000		01/29/2017	01/29/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	50,000	
								MED EXP (Any one person)		\$	5,000	
								PERSONAL & ADV INJURY		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$	3,000,000	
	POLICY PRO- JECT LOC OTHER:							PRODUCTS - COM	MP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (I	Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (I		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS ONET							(i si assiasin)		\$		
Α	X UMBRELLA LIAB OCCUR			BINDER		10/04/2017	01/29/2018	EACH OCCURRE	NCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	1,000,000	
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
		N/A						E.L. EACH ACCID	ENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	A EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	DLICY LIMIT	\$		
Α	Property			BOP016106000		01/29/2017	01/29/2018	Business				
								Contents			1,000	
29 I Çer	 cription of operations / Locations / Vehic Marginal Way, Portland, ME is the tificate holder is listed as Additio sign	cov	ered	location	-	e attached if mor	e space is requi	 red)				
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. AUTHORIZED REPRESENTATIVE							
						Lynda C. Crandall						