								COAST1	9	OP ID: LCC			
A	CORD		TIC	ICATE OF LIAE	л п			- [DATE (MM/DD/YYYY)			
		CER				1 11130		-	02/	/18/2016			
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													
th	PORTANT: If the certificate te terms and conditions of the ertificate holder in lieu of such	policy, c	ertain	policies may require an e									
	DUCER				CONTACT Lynda Crandall								
	ride & Harris Irance Services LLC				PHONE (A/C, No, Ext): 207-774-7919 FAX (A/C, No): 207-774-7920								
210	Western Avenue				E-MAIL ADDRESS: Icrandall@khinsurance.com								
	Portland, ME 04106 da C. Crandall				INSURER(S) AFFORDING COVERAGE NAIC #								
					INSURER A : Pharmacist Mutual Insurance Co								
INSU	RED Coastal Pharmacy,	LLC											
	Coastal Pharmacy	& Welln	ess			INSURER B :							
	84 Marginal Way				INSURE								
	Portland, ME 0410	1			INSURE	RD:							
					INSURER E :								
					INSURER F :								
<u> </u>	VERAGES	-	-	E NUMBER:	REVISION NUMBER:								
IN C	HIS IS TO CERTIFY THAT THE PO IDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED OF XCLUSIONS AND CONDITIONS OF	any req r may pe f such po	UIREM RTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFORD 3. LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то	WHICH THIS			
LTR	TYPE OF INSURANCE	IN	SD WVE			(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs				
A	X COMMERCIAL GENERAL LIABILI CLAIMS-MADE X OCCL			BINDER		02/29/2016	02/28/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 50,000			
								MED EXP (Any one person)	\$	5,000			
								PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PE	R:						GENERAL AGGREGATE	\$	3,000,000			
	POLICY PRO- JECT LO							PRODUCTS - COMP/OP AGG	\$	2,000,000			
		č							\$				
<u> </u>	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$				
								(Ea accident) BODILY INJURY (Per person)	\$				
	ANY AUTO	ED						,	-				
	AUTOS AUTOS NON-OW							BODILY INJURY (Per accident) PROPERTY DAMAGE					
	HIRED AUTOS AUTOS							(Per accident)	\$				
									\$	-			
	UMBRELLA LIAB OCCL	JR						EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIN	IS-MADE						AGGREGATE	\$				
	DED RETENTION \$								\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIV		/ A					E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		· ^					E.L. DISEASE - EA EMPLOYE	= \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
Α	Package Policy			BINDER		02/29/2016	02/28/2017	Contents		1,010,169			
								Deduct		5,000			
										-,			
Pha See	rmacy (non-sterile compou attached for additional cov of Portland is listed as add	Inding o Verages	nly) 8	small cafe		e attached if mo	re space is requi	ed)					
CE					CAN								
				CITYOFP									
	City of Portland 389 Congress Stre	et		GITOIP	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 Lynda C. Crandall								

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NOTEPAD	INSURED'S NAME	Coastal Pharmacy, LL	 AST19 D: LCC Da	_{ite} 0	PAGE 2 2/18/2016
Pharmacists Profess Hired & Non-Owned J Cyber Liability: \$ Employment Practice	Auto Liabili 100,000 (2/2)	ty - Included 9/16 retro date)			

Contents Limit was \$100,000 from 1/29/16 - 2/29/16.