

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/19/2016

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).

	` '		
PRODUCER		CONTACT NAME: Lori Laverriere	
P&C Insurance		PHONE (A/C, No, Ext): (207)283-1486 FAX (A/C, No): (207)2	83-4258
260 Main St.		E-MAIL ADDRESS: llaverriere@insurancepc.com	
P.O. Box 356		INSURER(S) AFFORDING COVERAGE	NAIC #
Biddeford ME	04005	INSURER A :American Alternative Ins Corp	
INSURED		INSURER B:	
Hospice of Southern Maine	1	INSURER C:	
180 US Route 1		INSURER D:	
		INSURER E:	
Scarborough ME	04074	INSURER F:	
COVERACEC	OFFICIOATE NUMBER-2015 2016	DEVICION NUMBER.	

COVERAGES CERTIFICATE NUMBER:2015-2016

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.

1			ADDL	SUBR		POLICY EFF	POLICY EXP		_	
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
A		X CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		Professional Liability	х		VHHHHG305091210	10/1/2015	10/1/2016	MED EXP (Any one person)	\$	50,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	3,000,000
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED SCHEDULED AUTOS AUTOS			VHHHA105040604	10/1/2015	10/1/2016	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate issued in regards to Deering Oaks Park for the Twilight In The Park event being held Saturday
September 24th and rain date of Sunday September 25th 2016, the policy is endorsed to name the City of
Portland as an Additional Insured. Forms attached.

CERTIFICATE HOLDER	CANCELLATION
tvm@portlandmaine.gov	
City of Portland, Parks & Recreation 134 Congress Street 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.
101014114, 111 0 1101	AUTHORIZED REPRESENTATIVE
	P Duranceau/KATIE

© 1988-2014 ACORD CORPORATION. All rights reserved.