

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/14/2014

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

	e terms and conditions of the policy, rtificate holder in lieu of such endors				ndorse	ment. A stat	tement on th	is certificate does not c	onfer r	ights to the	
PRODUCER						CONTACT Carol Binette					
P&C Insurance						PHONE (A/C, No. Ext): (207) 283-1486 FAX (A/C, No): (207) 283-4258					
260 Main St.						E-MAIL ADDRESS: cbinette@insurancepc.com					
P.O. Box 356						INSURER(S) AFFORDING COVERAGE					
Biddeford ME 04005						INSURER A: Liberty Mutual Insurance Co.					
INSURED						INSURER B:					
Charles Bragdon, DBA: Uptown Antiques						INSURER C:					
31 Munjoy South						INSURER D :					
					INSURE	RE:					
Portland ME 04101					INSURER F:						
COVERAGES CERTIFICATE NUMBER:CL14260344											
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 SUBR INSR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
A	CLAIMS-MADE			TBD		2/6/2014	2/6/2015	MED EXP (Any one person)	\$	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		

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

CERTIFICATE HOLDER	CANCELLATION						
City of Portland 389 Congress Street	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						
	Carol Binette/CAROLB Carol Binetta						

ANY AUTO ALL OWNED AUTOS

HIRED AUTOS

EXCESS LIAB

DED

UMBRELLA LIAB

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

SCHEDULED

AUTOS NON-OWNED

OCCUR

CLAIMS-MADE

BODILY INJURY (Per accident)

PROPERTY DAMAGE

EACH OCCURRENCE

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT \$

AGGREGATE

\$

\$

\$

\$ \$