

CERTIFICATE OF LIABILITY INSURANCE

MATTCOF-01 ETARDIFF

DATE (MM/DD/YYYY) 6/12/2015

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).

C	ertificate holder in lieu of such endor	•			1100150	mont. A sta	tomont on th	iis oci iiiloute uoes iiot o	Oilici	rigino to the	
PRODUCER United Insurance - Portland (O'Hearn) 1087 Forest Avenue						CONTACT NAME:					
						PHONE (A/C, No, Ext): (207) 797-9400 FAX (A/C, No): (207) 797-0956					
	land, ME 04103				E-MAIL ADDRE	SS:					
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE	R A : Massac	husetts Ba	y Ins Co		22306	
INSURED						INSURER B: Progressive Northern Ins Co				38628	
Matt's Coffee, LLC						INSURER C: Maine Employers Mutual Insurance Co				11149	
567 Congress Street				INSI		INSURER D :					
	Portland, ME 04101				INSURE	RE:					
			INSURE	RF:							
СО	VERAGES CE	RTIFI	CATI	E NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREM RTAIN, ICIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORM . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			ODPA004243			05/13/2016	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
В	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY			02244824-2		06/05/2015	06/05/2016	(Ea accident)	\$	500,000	
	ANY AUTO ALL OWNED Y SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS X SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
С	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		1810102414		05/13/2015	05/13/2016	E.L. EACH ACCIDENT	\$	100,000	
	(Mandatory in NH)	1						E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
Sub Add	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lect to the policy's coverage, condition itional Insured on the Commercial Gen Additional Insured Status no coverage	s, exe eral L	clusio Liabili	ons and endorsements as s	specifie	ed in the polic	y contract th	e certificate holder listed			
CERTIFICATE HOLDER						CANCELLATION					
City of Portland, Maine						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESE	NTATIVE				