

MATTCOF-01

LJACKSON

					ΞK	TIF	DATE (MM/DD/YYYY) 4/18/2017						
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. TH CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICII BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZE 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												
1	the te	erms and con	ditio	ons of the policy	/, cei	tain	policies may require an e						
certificate holder in lieu of such endorsement(s). PRODUCER United Insurance - Portland								CONTACT NAME: PHONE (A/C, No, Ext): (207) 797-9400 FAX (A/C, No): (207) 523-8057) 523-8057
470 Forest Avenue Portland, ME 04101									E-MAIL ADDRESS:				,
									INSURER(S) AFFORDING COVERAGE				
INSURED Matt's Coffee, LLC 567 Congress Street									INSURER A: INCOSCIONACIÓN DE LA MARCINA DE L				
									INSURER C: Maine Employers Mutual Insurance Co				
									INSURER D :				11149
		Portland						INSURER E :					
									INSURER F :				
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
	INDICA CERTII EXCLU	ATED. NOTWI FICATE MAY E	THST BE IS	TANDING ANY R SSUED OR MAY	EQU PER POLI	IREMI TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF AN DED BY BEEN RE	Y CONTRACT THE POLICE DUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESP	ECT T	O WHICH THIS
	R	TYPE OF INSURANCE				SUBR WVD		(POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X	X COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MAI	DE	X OCCUR			ODPA004243		05/13/2016	05/13/2017	PREMISES (Ea occurrence)	\$	300,000
											MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	I'L AGGREGATE LI		APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY JE	RO- ECT	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
<u> </u>	-										COMBINED SINGLE LIMIT	\$	500.000
в	AUT						02244824-3		06/05/2016	06/05/2017	(Ea accident)	\$ \$	500,000
Р	ANY AUTO ALL OWNED X SCHEDULED					02244024-3		00/03/2010	00/03/2017	BODILY INJURY (Per person) BODILY INJURY (Per accident	-		
		AUTOS	^	AUTOS NON-OWNED							PROPERTY DAMAGE	\$ \$	
		HIRED AUTOS		AUTOS							(Per accident)	\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	F	CLAIMS-MADE							AGGREGATE	\$	
					1							\$	
		KERS COMPENSA	TION								X PER OTH- STATUTE ER	-	
с	ANY	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					1810102414		05/13/2016	05/13/2017	E.L. EACH ACCIDENT	\$	100,000
	OFFICER/MEMBER EXCLUDED?				N/A						E.L. DISEASE - EA EMPLOYE		100,000
	If yes	, describe under CRIPTION OF OPE	RATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000
Su Ad	bject t ditiona	o the policy's o al Insured on t	cove he C	erage, conditions	s, exc eral L	lusio iabili	1 101, Additional Remarks Schedu ns and endorsements as s ty policy for ongoing opera	specified	in the polic	y contract th	e certificate holder liste		

CERTIFICATE HOLDER

CANCELLATION

City of Portland, Maine 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

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