|  |  |              |             |               |   |  |                            | 571ENT0-01  |          | SKARAM               |  |
|--|--|--------------|-------------|---------------|---|--|----------------------------|---|----------|----------------------|--|
| Ą  | CORD <sup>®</sup> CER1   | ٦F           | IC          | ATE OF LIA    | BIL   | ITY IN   | SURA                       | NCE   |          | MM/DD/YYYY)          |  |
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>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:   |  |              |             |               |   |  |                            |   |          |                      |  |
| Clark Insurance<br>2385 Congress Street<br>Portland, ME 04104  |  |              |             |               | PHONE (A/C, NO, EXI): (207) 774-6257 FAX (A/C, NO): (207) 774-2994<br>E-MAIL ADDRESS: |  |                            |   |          |                      |  |
|  |  |              |             |               | INSURER(S) AFFORDING COVERAGE NAIC #  |  |                            |   |          |                      |  |
|  |  |              |             |               | INSURER B :   |  |                            |   |          |                      |  |
| 571 Enterprise, LLC<br>Theresa Chan  |  |              |             |               |   | INSURER C :  |                            |   |          |                      |  |
| 575 Congress Street  |  |              |             |               | INSURER D :   |  |                            |   |          |                      |  |
| Portland, ME 04101   |  |              |             |               | INSURER E :   |  |                            |   |          |                      |  |
|  |  |              |             |               | INSURE  | RF:  |                            |   |          |                      |  |
|  |  |              |             | ENUMBER:      |   |  |                            | 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<br>INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |              |             |               |   |  |                            |   |          |                      |  |
| INSR<br>LTR  | TYPE OF INSURANCE  | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER |   | POLICY EFF<br>(MM/DD/YYYY)   | POLICY EXP<br>(MM/DD/YYYY) | LIMIT   | S        |                      |  |
| A  | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY                | x            |             | BPK0058205-22 |   | 11/27/2013   | 11/27/2014                 | EACH OCCURRENCE<br>DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$<br>\$ | 1,000,000<br>100,000 |  |
|  | CLAIMS-MADE X OCCUR  |              |             |               |   |  |                            | MED EXP (Any one person)  | \$       | 5,000                |  |
|  |  |              |             |               |   |  |                            | PERSONAL & ADV INJURY   | \$       | 1,000,000            |  |
|  |  |              |             |               |   |  |                            | GENERAL AGGREGATE   | \$       | 2,000,000            |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:                                 |              |             |               |   |  |                            | PRODUCTS - COMP/OP AGG  | \$       | 2,000,000            |  |
|  |  |              |             |               |   |  |                            |   | \$       |                      |  |
|  |  |              |             |               |   |  |                            | COMBINED SINGLE LIMIT<br>(Ea accident)                          | \$       |                      |  |
|  | ANY AUTO   |              |             |               |   |  |                            | BODILY INJURY (Per person)                                      | \$       |                      |  |
|  | ALL OWNED SCHEDULED  |              |             |               |   |  |                            | BODILY INJURY (Per accident)                                    | \$       |                      |  |
|  | AUTOS AUTOS NON-OWNED  |              |             |               |   |  |                            | PROPERTY DAMAGE   | \$       |                      |  |
|  |  |              |             |               |   |  |                            |   | \$       |                      |  |
|  |  |              |             |               |   |  |                            | EACH OCCURRENCE   | \$       |                      |  |
|  |  |              |             |               |   |  |                            | AGGREGATE   | \$       |                      |  |
|  | DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N |              |             |               |   |  |                            | WC STATU-<br>TORY LIMITS OTH-<br>ER                             | \$       |                      |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE                                   | N/A          |             |               |   |  |                            | E.L. EACH ACCIDENT  | \$       |                      |  |
|  | (Mandatory in NH)  |              |             |               |   |  |                            | E.L. DISEASE - EA EMPLOYEE                                      | \$       |                      |  |
|  | DESCRIPTION OF OPERATIONS below                                    |              |             |               |   |  |                            | E.L. DISEASE - POLICY LIMIT                                     | \$       |                      |  |
|  |  |              |             |               |   |  |                            |   |          |                      |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)<br>The certificate holder is additional insured under the General Liability for ongoing operations.  |  |              |             |               |   |  |                            |   |          |                      |  |
| CERTIFICATE HOLDER CANCELLATION  |  |              |             |               |   |  |                            |   |          |                      |  |
| City of Portland<br>389 Congress Street<br>Portland, ME 04101  |  |              |             |               |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |                            |   |          |                      |  |
|  |  |              |             |               | AUTHO   | AUTHORIZED REPRESENTATIVE  |                            |   |          |                      |  |
|  |  |              |             |               |   | Viendally and  |                            |   |          |                      |  |
| © 1988-2010 ACORD CORPORATION. All rights re   |  |              |             |               |   |  |                            |   |          | reserved.            |  |

The ACORD name and logo are registered marks of ACORD