

571ENT0-01 RRUMPF

DATE (MM/DD/YYYY)

ACORD	CERTIFICATE OF LIABILITY INSURANCE									DATE (MM/DD/YYYY)	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC									TE HOI		
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 hol the terms and conditions of the poli certificate holder in lieu of such endo	cy, ce	rtain	policies may require an e								
PRODUCER	CONTACT										
Clark Insurance 2385 Congress Street Portland, ME 04104					NAME: PHONE FAX (A/C, No, Ext): (207) T74-6257 (A/C, N)					774-2994	
					E-MAIL ADDRESS: info@clarkinsurance.com						
					INSURER(S) AFFORDING COVERAGE NAI						
INSURED											
FAT Dragon, LLC					INSURER B : INSURER C :						
Theresa Chan 575 Congress Street Portland, ME 04101					INSURER D :						
					INSURER E :						
					INSURER F :						
COVERAGES CE		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.											
INSR LTR TYPE OF INSURANCE	ADDI			DELITI	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMI	rs		
COMMERCIAL GENERAL LIABILITY			POLICI NUMBER				EACH OCCURRENC	E D	\$		
	X						PREMISES (Ea occu		\$		
	-						MED EXP (Any one p		\$		
	-						PERSONAL & ADV I		\$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREG		\$ \$		
OTHER:							COMBINED SINGLE		\$		
							(Ea accident)		\$		
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Pe	• •	\$		
AUTOS AUTOS HIRED AUTOS AUTOS						-	BODILY INJURY (Pe PROPERTY DAMAG (Per accident)		\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENC)E	\$ \$		
EXCESS LIAB CLAIMS-MAD	Ε						AGGREGATE		\$		
DED RETENTION \$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDEN	OTH- ER	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	·					E.L. DISEASE - EA E				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL				
								-	,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH		ACOR) 101. Additional Remarks Schedu	ile, may h	e attached if mo	e space is require	ed)				
City of Portland is included as additional											
CERTIFICATE HOLDER					CANCELLATION						
City of Portland 389 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.						
					AUTHORIZED REPRESENTATIVE						
					Willin R. Exley						
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ACORD 25 (2014/01)

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