

EIRISH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/01/2017

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 have ADDITIONAL INSURED provisions or be endorsed.

| | f SUBROGATION IS WAIVED, subje his certificate does not confer rights t | | | | | | | require an endorsemen | t. Ast | atement on | | | | | | | | | | | | |
|--|---|-------------|--------------------------------|--|---|--|-----------------------------|---|--------|----------------------|--|--|--|--|--|--|--------|------------|--|------------------------|-------|--|
| PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104 | | | | | | CONTACT NAME: | | | | | | | | | | | | | | | | |
| | | | | | | NAME: PHONE (A/C, No, Ext): (207) 774-6257 E-MAIL ADDRESS: info@clarkinsurance.com INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | INSURE | | | pecialty Insurance Con | npany | |
| | | | | | | | | | | | | INSURED FAT Dragon, LLC Theresa Chan 575 Congress Street | | | | | | INSURER B: | | | | |
| INSURER C: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| Portland, ME 04101 | | | | | INSURER E : | | | | | | | | | | | | | | | | | |
| | | | | | | INSURER F: | | | | | | | | | | | | | | | | |
| | | | | E NUMBER: | | | | REVISION NUMBER: | | | | | | | | | | | | | | |
| 11 C | HIS IS TO CERTIFY THAT THE POLICI NOTWITHSTANDING ANY F PERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | REQU PER | IREMI TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A DED BY | NY CONTRA 7 THE POLIC | CT OR OTHER IES DESCRIB | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | CT TO | WHICH THIS | | | | | | | | | | | | |
| INSR LTR | | | ADDL SUBR INSD WVD POLICY N | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | |
| Α | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | | BPK0058205-23 | | 11/27/2016 | 11/27/2017 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 100,000 | | | | | | | | | | | | |
| | SER MINE MINEE X SOCIAL | X | | DI R0030203-23 | | 11/2//2010 | 11/2//2017 | PREMISES (Ea occurrence) MED EXP (Any one person) | \$ | 5,000 | | | | | | | | | | | | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 | | | | | | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | | | | | | | | | | | | |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | | | | | | | | | | | | |
| | OTHER: | | | | | | | | \$ | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | | | | | | | | | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | |
| | | | | | | | | | \$ | | | | | | | | | | | | | |
| | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | | | | | | | EACH OCCURRENCE | \$ | | | | | | | | | | | | | |
| | DED RETENTION\$ | 1 | | | | | | AGGREGATE | \$ | | | | | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | \$ | | | | | | | | | | | | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | STATUTE ÉR E.L. EACH ACCIDENT | \$ | | | | | | | | | | | | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | | | | | | | | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | |
| DES City | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC of Portland is included as additional in | LES (A | acori d as r | 0 101, Additional Remarks Schedu equired by written contrac | ile, may b t for ou | e attached if mor tdoor dining | e space is requir permit | ed) | | | | | | | | | | | | | | |
| L_ | | | | | | | | | | | | | | | | | | | | | | |
| 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 WILL R. EXCEY | | | | | | | | | | | | | | | | | |