

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2014

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

	erms and conditions of the policy, co ertificate holder in lieu of such endors			ies may require an end	iorsem	ent. A state	ement on thi	s certificate does not cor	ifer rights to the	
PRODUCER						CONTACT NAME: SHERRI MICHEAU				
CHURCH MUTUAL INSURANCE COMPANY						PHONE (A/C, No. Ext): 800-554-2642 EXT 4784 (A/C, No): 715-539-4453				
300	0 SCHUSTER LN				F-MAII	•				
PO BOX 357						ADDRESS: smicheau@churchmutual.com INSURER(S) AFFORDING COVERAGE NA				
MERRILL WI 54452-0357						INSURER A: CHURCH MUTUAL INSURANCE COMPANY				
INSURED						INSURER B:				
SHAMBHALA INTERNATIONAL (VAJRADHATU					INSURER C:					
1084 TOWER RD					INSURER D :					
HALIFAX , NOVA SCOTIA B3H2Y5					INSURER E:					
CANADA					INSURE					
CO	VERAGES CER	TIFIC	ΔTF	NUMBER:	INSURE	KF:		REVISION NUMBER:		
TI IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	OF IN EQUIRE PERTA POLIC	NSUR. EMEN AIN, T IES. L	ANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE REDUCED BY	O THE INSUR OR OTHER S DESCRIBE PAID CLAIMS.	ED NAMED ABOVE FOR THI DOCUMENT WITH RESPECT	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
	X COMMERCIAL GENERAL LIABILITY	₋				09/15/2011	09/15/2014	DAMAGE TO RENTED	300,000	
	CLAIMS-MADE X OCCUR	X	C						5,000	
Α				0500005-02-387067					1,000,000	
									3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								1,000,000	
	X POLICY PRO- JECT LOC							\$	1,000,000	
Α	AUTOMOBILE LIABILITY	[x]					COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$		
	X HIRED AUTOS X NON-OWNED			0500005-02-387067		09/15/2011	09/15/2014	PROPERTY DAMAGE (Per accident) \$		
	HIRED AUTOS X AUTOS							(Per accident) \$		
	X UMBRELLA LIAB X OCCUR		-							
٨		X		0500005 04 307060		00/45/0044	00/4 5/2014		4,000,000	
Α	ODAINIO-NIADE	1		0500005-81-387069		09/15/2011	09/15/2014		4,000,000	
	DED RETENTION \$ WORKERS COMPENSATION			······································				\$ WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	N/A	!				:	E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below	-		·····				E.L. DISEASE - POLICY LIMIT \$		
		ľ 🍴								
BRL	L CRIPTION OF OPERATIONS / LOCATIONS / VEHIC JNSWICK/PORTLAND SHAMBHALA M RTLAND IS NAMED ADDITIONAL INSU	IEDITA	NOITA	I CENTER, 81 OAK ST, F	PORTLA	AND, ME. EV	IDENCE OF		CITY OF	
CERTIFICATE HOLDER						CANCELLATION				
<u> </u>	CITY OF PORTLAND 389 CONGRESS ST PORTLAND		ME	E 04101	SHC THE ACC	ULD ANY OF EXPIRATION	N DATE TH TH THE POLIC	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL BE BY PROVISIONS.		