

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 5/11/2016

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 terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

	and conditions of the policy,				ndorse	ment. A stat	tement on th	is certificate does not c	onter i	rights to the	
certificate holder in lieu of such endorsement(s).						CONTACT Pam Fuller					
PRODUCER						NAME: PAIN FULLET					
Chalmers Insurance Group - York					(A/C No Ext) (207) 363-3200 (A/C No) (207) 363-1023						
286 York Street						E-MAIL ADDRESS: pfuller@chalmersinsurancegroup.com					
PO Box 468						INSURER(S) AFFORDING COVERAGE					
York ME 03909						INSURER A : Hanover Insurance Co					
INSURED						INSURER B:Citizens					
Foxville Group, LLC, John Regas DBA Emilitas						INSURER C					
PO Box 852						INSURER D :					
						INSURER E :					
Portland ME 04104					INSURER F:						
COVERAGES CERTIF				NUMBER:CL1651122	020 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.											
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AND EMPLOYERS' LIABILITY ANT FROFRIETORIFARTHERIEXEDUTIVE OFFICER NEWBER EXCLUDED? Windatory in NH) If yes describe order DESCRIPTION OF OFER TIONS below								E LIEACH ACCIDENT	1	100,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A CORD 101, Additional Remarks Schedule, may be attached if more space is required)											
OFFICIALITY HOLDER											
CERTIFICATE HOLDER						CANCELLATION					
City Of Portland 389 Congress Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Portland, ME 04101-3509					AUTHORIZED REPRESENTATIVE						
						Pamela Puller/PF					

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