

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2013

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

tl	ne terr ertific	ns and conditions of the policy, ate holder in lieu of such endors	ceri seme	tain p ent(s)	oolicies may require an e	ndorse	ment. A stat	ement on th	is certificate does not co	onfer	rights to the	
PRODUCER BroGue Insurance & Fin. Svcs. 328 Harlow St.							CONTACT NAME: PHONE (A/C, No, Ext): 207-942-3526 PAGE (A/C, No): 207-942-3712					
P.O. Box 2729						[AJC, No, Ext): 201-342-3112 E-MAIL ADDRESS:						
Bangor, ME 04402-2729 Daniel R. Guerette							INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : National Grange Mutual					14788	
INSURED MC Cellular						INSURER B:					14700	
DBA Computer Solutions			3			INSURER C:						
73 Main Street Bangor, ME 04401						INSURER D :						
						INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
E C	IDICAT ERTIFI XCLUS	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' FD BY	Y CONTRACT	THE INSURE OR OTHER I	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	OT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3			
		RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α		COMMERCIAL GENERAL LIABILITY	Х		BPS8939R		11/25/2013	11/25/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	XE	CLAIMS-MADE X OCCUR Business Owners							MED EXP (Any one person)	\$	10,000	
		Dusiliess Owllers							PERSONAL & ADV INJURY	\$	1,000,000	
	- J -	ACCRECATE A MATE ARRANGE DEP							GENERAL AGGREGATE	\$	2,000,000	
	\vdash	AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY JECT LOC MOBILE LIABILITY		-				***************************************	COMBINED SINGLE LIMIT			
	<u></u> — 1								(Ea accident) BODILY INJURY (Per person)	\$		
	F	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)			
		AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE (PER ACCIDENT)	\$		
	H-	HIRED AUTOS AUTOS							(PER ACCIDENT)	\$		
		JMBRELLA LIAB OCCUP		╁					EAGU GOOUREENOE			
		EXCESS LIAB OCCUR CLAIMS-MADE							EACH OCCURRENCE	\$		
		CEATING-WADE							AGGREGATE	\$s		
	+	DED RETENTION \$ KERS COMPENSATION		 					WC STATU- OTH-	3		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE				
	If yes,	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	DEGO	KIP HON OF OPENATIONS BEIOW							L.E. DIGEAGE -1 GEIGT EIMIT	<u> </u>		
nee	CRIPTIO	N OF OBERATIONS / LOCATIONS / VEHICL	ES /	Attack	ACORD 404 Additional Damada	Cabadala	** !-					
Cit	y of	N OF OPERATIONS/LOCATIONS/VEHICE Portland is named as ty and location at 360	add	itio	onal insured with	respe	ects to ge					
CE	RTIFIC	CATE HOLDER				CANCELLATION						
CITYOFP City of Portland 389 Congress Street Room 315 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.					
		-				Sheila M. Chealey						