

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
5/1/2015

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 certificate holder in lieu of such endorsement(s).

	ne terms and conditions of the policy ertificate holder in lieu of such endors				endorseme	ent. A stat	tement on th	is certificate does not con	iter rights to the		
PRODUCER Clark Insurance						CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257  FAX (A/C, No): (207) 774-2994					
	•				INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A	15997					
INSU	JRED				INSURER B : Maine Employers Mutual 11149						
	Vinland, Inc.				INSURER C						
	David Levi 593 Congress St				INSURER D						
	Portland, ME 04101				INSURER E						
	*				INSURER F	:					
CO	VERAGES CER	TIFIC	CATE	E NUMBER:							
II C	HIS IS TO CERTIFY THAT THE POLICIE  NDICATED. NOTWITHSTANDING ANY R  ERTIFICATE MAY BE ISSUED OR MAY  XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORM	N OF ANY DED BY T	CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS		
INSR LTR			SUBR WVD		P (Mi	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	х		BP0448570		·	04/24/2016	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000		
								MED EXP (Any one person) \$	5,000		
								PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							COMBINED SINGLE LIMIT &			
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)			
	UMBRELLA LIAB OCCUP							\$			
	- OCCUR							EACH OCCURRENCE \$			
	CLAIWS-WADE							AGGREGATE \$			
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER			
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	1	1810104178	12	12/02/2014	12/02/2015	E.L. EACH ACCIDENT \$	100,000		
_	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	100,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000		
	DESCRIPTION OF GLERNING SOUR							,	·		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL						e space is requir	red)			
City	of Portland, Inc is an additional insured	ı tor (	gener	al liability if required by v	written con	tract					
CE	DTIEICATE HOLDED				CANCELLATION						
CE	RTIFICATE HOLDER			CANCEL	LATION						
	City of Portland, Inc 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.								
	i ornanu, ME 04101		AUTHORIZED REPRESENTATIVE								



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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

certificate holder in lieu of such endorsement(s). PRODUCER					CONTACT NAME:							
	Insurance							7) 774-2994				
2385 Congress Street Portland, ME 04104						E-MAIL ADDRESS: info@clarkinsurance.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURER A: MMG Insurance Company					15997		
INSUR	ED		INSURE	11149								
	Vinland, Inc.				INSURER C:							
	David Levi 593 Congress St			INSURER D:								
	Portland, ME 04101		INSURER E :									
					INSURE	RF:						
COV	ERAGES CER	NUMBER:	REVISION NUMBER:									
INE CE	IS IS TO CERTIFY THAT THE POLICIEDICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	N OF A	ANY CONTRA THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH ED HEREIN IS SUB	RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE OCCUR	X	ı	BP0448570		04/24/2015	04/24/2016	DAMAGE TO RENTED	) \$			

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5	
Α	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,00	0
	CLAIMS-MADE OCCUR	X		BP0448570	04/24/2015	04/24/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$ 5,00	0
							PERSONAL & ADV INJURY	\$ 1,000,00	0
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,00	0
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,00	0
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						PER OTH- STATUTE ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			1810104178	12/02/2014	12/02/2015	E.L. EACH ACCIDENT	\$ 100,00	0
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 100,00	0
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,00	0
									_
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Paul "Buzzy" Trusiani is an additional insured for general liabilitiv if required by written contract								

CERTIFICATE HOLDER	CANCELLATION

Paul "Buzzy" Trusiani 79 Ocean Street South Portland, ME 04106 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**