

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/4/2016

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

PRODUCER Garrasey Brothers Insurance P.O. Box 1040 Sanford, ME 04073    NSURER S.   INSURERS   AFFORDING COVERAGE   NAIC # NAIC		he terms and conditions of the policy ertificate holder in lieu of such endors				ndorse	ement. A sta	tement on th	is certificate does not c	onfer	rights to the	
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Sanford, ME 04073  AUGUSTA SCHOOLS SURPLIED AND SURPLIES	Garnsey Brothers Insurance						PHONE 5-4 (207) 324-5000 FAX NO. (207) 324-1563					
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OFFICERMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  The City of Portland as additional insured  CERTIFICATE HOLDER  City of Portland 389 Congress St Portland, ME 04101-3509  N/A  E.L. DISEASE - EA EMPLOYEE \$ 1,000,000  E.L. DISEASE - POLICY LIMIT \$ 1,000,000  E.L. DI	_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC184627	04/25/	04/25/2016	04/25/2017		•	1 000 000	
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