

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2013

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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). Phone: 207-773-8156 PHONE (A/C, No, Ext): E-MAIL ADDRESS: Turner Barker Insurance FAX (A/C, No): Fax: 207-773-6647 160 Preble Street Portland, ME 04101 Turner Barker Insurance INSURER(S) AFFORDING COVERAGE NAIC # 18333 INSURER A: Peerless Insurance Co INSURED Portland Post-Production LLC INSURER B: Morgan Myer INSURER C 110 Exchange St, 3rd FL INSURER D: Portland, ME 04101 INSURER E INSURER F **CERTIFICATE NUMBER:** REVISION NUMBER: COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 05/23/2012 05/23/2013 100,000 CBP6715907 Х A X COMMERCIAL GENERAL LIABILITY 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 \$ GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER \$ PRO-JECT POLICY LOC COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED. BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ £ EACH OCCURRENCE UMBRELLA LIAB OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Portland is included as additional insured for General Liability with regards to the named insured's premises and/or ongoing operations only where required by a written contract executed prior to the commencement of the named insured's work for or on behalf of certificate holder. RE: Sign CANCELLATION CERTIFICATE HOLDER CITYPTL SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Portland 389 Congress Street AUTHORIZED REPRESENTATIVE Portland, ME 04101