

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2014

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).

PRODUCER	CONTACT NAME:					
T. Edmund Garrity & Co., Inc.	PHONE (A/C, No, Ext): (617)354-4640 FAX (A/C, No): (617)35	54-5828				
545 Concord Ave.	E-MAIL ADDRESS: annie@garrity-insurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
Cambridge MA 02138	INSURER A:Travelers Casualty Ins Co	19046				
INSURED	INSURER B:SC National Continental Ins Co					
OSCAR PIZZA, LLC	INSURER C:					
	INSURER D:					
576 CONGRESS ST	INSURER E:					
PORTLAND ME 04101	INSURER F:					

COVERAGES CERTIFICATE NUMBER: MASTER COI 2014 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.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD		POLICY EFF	POLICY EXP	LIMIT	s	
LIK	GENERAL LIABILITY	INSR	WVD	POLICT NUMBER	(MIMI/DD/TTTT)	(WIW/DD/TTTT)	EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	CLAIMS-MADE X OCCUR			6805205P004	1/1/2014	1/1/2015	MED EXP (Any one person)	\$	5,000
	X 1,000,000 Liquor Lia						PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	500,000
В	ANY AUTO			CME0007237682-13	5/9/2014	5/9/2015	BODILY INJURY (Per person)	\$	
~	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	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)
Location 1: 576 Congress St, Portland ME 04101. Location 2: 225 Congress St, Portland ME 04101. Location
3: 108 Cumberland Ave, Portland ME 04101. Location 4: 159 Cottage Rd S Portland, ME 04106. Location 5:
125 John Roberts Rd Unti 1, S Portland ME 04106. City of Portland is listed as additional insured for general liability if so required by written contract.

CERTIFICATE HOLDER	CANCELLATION
City of Portland	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
	W Garrity/CRISTI