



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/7/2013

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 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)

	ertificate holder in lieu of such endors	seme	nt(s)	.	CONTRACT					<u>. </u>
_	DUCER			•	CONTACT NAME:					
Clark insurance P O BOX 3543									(207)	774-2994
Port	land, ME 04104				E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					NAIC#
		INSURER A : Peerless Indemnity					18333			
INSURED Dave Darosa Group					INSURER B : Peerless Insurance					24198
					INSURER C :					
	104 Pleasant St				INSURER D:					
	Brunswick, ME 04011			,	INSURER E :					
					INSURER F:					
CO	VERAGES CER	TIFIC	ATE	E NUMBER:			REVISION NUM	BER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PER	rem Tain,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF ANY CONTRAI DED BY THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITE ED HEREIN IS SU	H RESPE	CT TO	WHICH THIS
INSR TYPE OF INSURANCE			SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
	GENERAL LIABILITY			, , , , , , , , , , , , , , , , , , ,	(11117)		EACH OCCURRENC	E	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY	х		BOP1050600	5/1/2013	5/1/2014	DAMAGE TO RENTE PREMISES (Ea occur	D rence)	\$	300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one p		\$	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PERSONAL & ADV II		\$	1,000,000
							GENERAL AGGREG		\$	2,000,000
							PRODUCTS - COMP	OP AGG	\$	2,000,000
									\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Pe	r person)	\$	
			j				BODILY INJURY (Pe	r accident)	\$	
	AUTOS AUTOS NON-OWNED AUTOS	i					PROPERTY DAMAG (PER ACCIDENT)	E	\$;
	AUTOS						(I EIVAGOIDEIVI)		\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENC	Æ	\$	4,000,000
В	EXCESS LIAB CLAIMS-MADE	_		CU8903481	5/1/2013	5/1/2014	AGGREGATE		\$	4,000,000
	DED X RETENTION\$ 10,000								\$	
	WORKERS COMPENSATION						WC STATU- TORY LIMITS	OTH- ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDEN	١T	\$	
						E.L. DISEASE - EA EMPLOYEE \$				
	if yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$				
										· · · · · · · · · · · · · · · · · · ·
City	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC (of Portland named as Additional Insu	cles (Attacl	h ACORD 101, Additional Remarks	s Schedule, if more space i	is required)				
CE	ERTIFICATE HOLDER				CANCELLATION	ı			~	
	City of Portland Maine Inspections Room 315 389 Congress St. 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. AUTHORIZED REPRESENTATIVE Jee Janualle								
					Jee San	wille				

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