SPINTRU-01

SBAKER

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

5/14/2013

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).

certificate holder in lieu of such e	endorsement(s).			
PRODUCER The Kyes Agency, Inc. 171 Main Street Farmington, ME 04938		CONTACT Me		
		PHONE (A/C, No, Ext): (207) 778-9862 246	78-9862 246 FAX (A/C, No): (207) 778-5970	
		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Peerless Insurance Co.		24198
INSURED		INSURER B:		
Spinnaker Trust		INSURER C :		
Po Box 7160 123 Free Street		INSURER D :		
Portland, ME 04112		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:	
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.				
: CEKTIFICATE MAY BE ISSUED OR	WAY PERIAIN. THE INSURANCE AFFOR	IDED BY THE POLICIES DESCRIBED HEREIN IS S	JUBJECT TO ALL	THE LEKINS.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS INSR ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER LTR INSR WVD (MM/DD/YYYY) (MM/DD/YYYY) **GENERAL LIABILITY** 1,000,000 **EACH OCCURRENCE** \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 8/22/2013 X BOP9650535 8/22/2012 50,000 COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE | X | OCCUR 5.000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE \$ HIRED AUTOS **AUTOS** \$ **UMBRELLA LIAB** X 1.000.000 OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CU9655343 8/22/2012 8/22/2013 Α CLAIMS-MADE AGGREGATE \$ 10,000 DED | X | RETENTION \$ \$ 1,000,000 WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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) City of Portland is listed as an additional insured			
AFRIFIGATE HOLDER	OANOELL ATION		
CERTIFICATE HOLDER	CANCELLATION		

The City of Portland
Department of Planning
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.

Elix Christie

AUTHORIZED REPRESENTATIVE

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