

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)2/21/2017

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 have ADDITIONAL INSURED provisions or 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)

If SUBROGATION IS WAIVED, subject t this certificate does not confer rights to							uire an endorsement. A state	ment on	
PRODUCER	CCITI	neate floract in flea of 3a	CONTACT Matthew Dennett						
LOTFEY DENNETT INSURANCE BROKERS									
PO BOX 15010					(A/C, No, Ext): 20/3/00//3 (A/C, No):				
PO BOX 15010									
DODGE AND					INSURER(S) AFFORDING COVERAGE				
PORTLAND ME 04112					INSURER A: CATLIN SPECIALTY				
INSURED		INSURER B: GREAT FALLS INSURANCE							
TOC INDUSTRIES INC DBA THE ESCAPE ROOM					INSURER C:				
296 CONGRESS ST STE 2A					INSURER D:				
					INSURER E :				
PORTLAND ME 04101					INSURER F:				
COVERAGES CERTIFICATE NUMBER:						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. INSER! POLICY EFF POLICY EXP									
INSR LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
CLAIMS-MADE X OCCUR							EXCIT COCCURRENCE	00000	
							DAMAGE TO RENTED \$ 10	0000	
A							MED EXP (Any one person) \$ 50	00	
		0600300778			07/01/2016	07/01/2017	PERSONAL & ADV INJURY \$ 1000000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2000000		
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ 20	00000	
OTHER:							\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
ANY AUTO							BODILY INJURY (Per person) \$		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
HIRED NON-OWNED							PROPERTY DAMAGE (Per accident) \$		
AUTOS ONLY AUTOS ONLY							(Per accident) \$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
DED RETENTION\$							\$		
WORKERS COMPENSATION							X PER OTH-		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							50	0000	
B OFFICER/MEMBER EXCLUDED? Y			WCD0916100016		09/02/2015	09/02/2016	E.E. EXCITACOIDEIXI	0000	
(Mandatory in NH) If yes, describe under							50		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 50	0000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACOP!	D 101, Additional Remarks School	lule, may	be attached if me	ore snace is requ	uired)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ADDITIONAL INSUREDS DO NOT APPLY TO WORKERS COMPENSATION. WORKERS COMPENSATION COVERAGE									
APPLIES TO ALL STATES EXCLUDING MONOPOLISTIC STATES.									
ATT DIED TO ADD STATED EACDODING MONOT ODISTIC STATES.									
CITY OF PORTLAND IS LISTED AS ADDITIONALLY INSURED WITH RESPECT TO THE GENERAL LIABILITY POLICY.									
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.				
389 CONGRESS ST					AUTHORIZED REPRESENTATIVE				
PORTLAND ME 04101				[4 [4]					