ACORD

CERTIFICATE OF LIA

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND,
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUT
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the
the terms and conditions of the policy, certain policies may require an er
certificate holder in lieu of such endorsement(s).

PRODUCER
Rodman Insurance Agency, Inc.
145 Rosemary St., Bldg. A
Needham, MA 02494-3238
James N. Rodman

INSURED
Preferred Wireless Consultants
c/o Brian Henderson
116 Hawkeye St.
Ronkonkoma, NY 11779

CITY OF PORTLAND, MAINE · RESURGAM

Inspections Division

Date: 02/22/17

COVERAGES CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER				
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			BP11046480 MAINE LOC			MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			BP11046480 MAINE LOC	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 1000			CU11003439 (MAINE LOC)	10/01/2016	10/01/2017	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder named additional insured ATIMA.

CERTIFICATE HOLDER

PORTLAN

City of Portland
389 Congress St
Portland, ME 04101

CANCELLATION

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

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