

## CERTIFICATE OF LIABILITY INSURANCE

3/19/2014

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 DEPORTS OF PRODUCER AND THE CERTIFICATE HOLDER.

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).

RODUCER

CONTACT
NAME:

Certificate floider in fied of Such characteristics	CONTACT	
PRODUCER	NAME:	4 0000
United Insurance - Portland	PHONE (A/C, No, Ext): (207) 774-2617 FAX (A/C, No): (207)	774-2869
21-1/2 Eastern Promenade	E-MAIL ADDRESS:	
Portland, ME 04101	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Cambridge Mutual Fire Insurance Co	19771
Donna M Barthe 367 US Rt 1 Falmouth, ME 04105	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	DELMOION NUMBER.	

				NSURER F:			
COV	VERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:	UE DOLLOY DEDIOD
TH	VERIGES  IIS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	REQUIREN	THE INSURANCE AFFORD	ED BY THE PO	LICIES DESCRI	BED HEREIN IS SUBJECT T	CT TO WHICH THIS O ALL THE TERMS,
		ADDL SUB	R	POLICY E	FF POLICY EXP		S
NSR LTR	TYPE OF INSURANCE	INSR WVI	POLICY NUMBER		(IIIIII)	EACH OCCURRENCE	\$ 1,000,000
A	COMMERCIAL GENERAL LIABILITY		SBP2149698	07/24/20	07/24/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
			ODI 2140000			MED EXP (Any one person)	\$ 5,000
	CLAIMS-MADE OCCUR		9	A 100 M		PERSONAL & ADV INJURY	\$ 1,000,000
					Ber Walter	GENERAL AGGREGATE	\$ 2,000,00
				STOLES AND		PRODUCTS - COMP/OP AGG	\$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:	12.		group a national	Carlo	1,10000	\$
2 P. C.	POLICY PRO- JECT LOC	n war a comment of the	and the control of th	GYM IGATYL	27V-2	COMBINED SINGLE LIMIT (Ea accident)	\$
Ale tre	AUTOMOBILE LIABILITY	or a supplied of the supplied	and an appropriate to the state of the state	arana and area areas are so the second	April 1 April 1 April 2 April	BODILY INJURY (Per person)	\$
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE (PER ACCIDENT)	\$
	HIRED AUTOS AUTOS					(PER ACCIDENT)	\$
			F 2			EACH OCCURRENCE	\$
	UMBRELLA LIAB OCCUR					AGGREGATE	\$
	EXCESS LIAB CLAIMS-MAD	틱	a s a s , a i i y ati		r e e e e e	MODILESTIE	\$
	DED RETENTION \$					WC STATU- OTH- TORY LIMITS ER	
1.6	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	2			E.L. DISEASE - EA EMPLOYER	= \$
	(Mandatory in NH) If yes, describe under	1				E.L. DISEASÉ - POLICY LIMIT	
	DÉSCRIPTION OF OPERATIONS below					The state of the s	
				9			* *
			. 5				
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Atta	h ACORD 101 Additional Remarks S	Schedule, if more s	pace is required)		5
	iect at 486 Congress Street	CLES (Allac	III ACOND 101, Additional Normania	• *************************************	~ ,		
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						Profit Library College College	
	AND CONTRACT CONTRACTOR					BODE WILL B. BERGE	
			1	CANCELLAT	ION	t og semmetere Det semmetere	
CE	CITY OF PORTLAND 389 CONGRESS STREET Portland, ME 04101			SHOULD AN	Y OF THE ABOVE ATION DATE CE WITH THE PO	DESCRIBED POLICIES BE OF THEREOF, NOTICE WILL LICY PROVISIONS.	CANCELLED BEFORE BE DELIVERED IN
	Portland, ME 04101			AUTHORIZED RE			