



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/21/2016

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).

PRODUCER Cross Insurance-Portland 2331 Congress Street Portland ME 04102		CONTACT NAME: Jennifer Reckmeyer PHONE (A/C, No. Ext): (207) 780-1677 FAX (A/C, No): (207) 780-6377 E-MAIL ADDRESS: jreckmeyer@crossagency.com															
INSURED Casco Bay Eye Care, LLC PO Box 7487 Portland ME 04112-7487		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Assurance Co of America</td> <td>19305</td> </tr> <tr> <td>INSURER B: Maine Employers Mutual Ins Co</td> <td>11149</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: Assurance Co of America	19305	INSURER B: Maine Employers Mutual Ins Co	11149	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: CL15112556291 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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBR	WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				PPS32281900	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
								PRODUCTS - COMP/OP AGG \$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY				PPS32281900	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO ALLOWED AUTOS							BODILY INJURY (Per person) \$
	HIRED AUTOS <input checked="" type="checkbox"/>		SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>					BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A	1810049237	1/1/2016	1/1/2017	\$
A	UMBRELLA LIAB				PPS3228190	1/1/2016	1/1/2017	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
	EXCESS LIAB							E.L. EACH ACCIDENT \$ 100,000
	DED		RETENTION \$					E.L. DISEASE - EA EMPLOYEE \$ 100,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000
								EACH OCCURRENCE 1,000,000
								AGGREGATE 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Portland is named as Additional Insured with respect to General Liability.

Re: Michael P. Anastasio O.D., Robert W. Bangelmaier O.D., Steven A. Goldstein O.D., Timothy A. Kearins O.D., Siam E. Liem O.D., Francis H. Robbins O.D., Timothy W. Tolford O.D. & Kyle Benner O.D.; Katherine D. Nickerson O.D.; Professional Liability coverage is included as an Underlying coverage of the Umbrella policy. Please refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER CANCELLATION

City of Portland 389 Congress Street 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 Michael Reali/AC1 <i>Michael S. Reali</i>
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