

From: **Tracy Wiles** TWiles@insurancepc.com  
 Subject: Certificate of Insurance  
 Date: May 2, 2014 at 2:23 PM  
 To: bevin@bambambakery.com

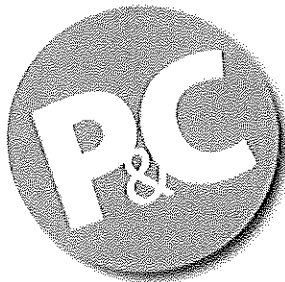
Hi Bevin,

Here is the certificate of insurance for the City of Portland. It will expire on 6/1/14. Your renewal has already processed so I will send another one for the 2014/2015 policy so you will be all set until next June.

Have a good weekend.

Tracy

Tracy Wiles, ACSR  
 PO Box 356, 260 Main St  
 Biddeford, ME 04005  
 207-710-2539 office  
 207-283-4258 fax  
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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
**5/2/2014**

<p>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.</p> <p>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).</p>															
<p>PRODUCER  <b>P&amp;C Insurance</b>          260 Main St.          P.O. Box 356  <b>Biddeford ME 04005</b></p>	<p>CONTACT NAME: <b>Tracy Wiles, ACSR</b>          PHONE (ACT. No.): <b>(207)283-1486</b> FAX (ACT. No.): <b>(207)283-4258</b>          E-MAIL ADDRESS: <b>twiles@insurancepc.com</b></p>														
<p>INSURED  <b>Bevin McNulty</b>          DBA: Bam Bam Bakery          267 Commercial St  <b>Portland ME 04101</b></p>	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A MHG Insurance Company</b></td> <td><b>15997</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A MHG Insurance Company</b>	<b>15997</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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COVERAGES: CERTIFICATE NUMBER: 145201914 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	ADDR CITY	STATE ZIP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			BP0335466	6/1/2013	6/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EXCESS) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> UNOWNED AUTOS						COMBINED SINGLE LIMIT (E&A) \$ BODILY INJURY (PERSONS) \$ BODILY INJURY (PROPERTY) \$ PROPERTY DAMAGE (PERSONS) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYEE PARTIAL OR EXCLUSIVE OF THE MEMBER EXCLUDED? (Mandatory IAH) <input type="checkbox"/> Y/N *See description under LEGEND for OPERATIONS below	N/A					WC STATE/TOTY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYER \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**In regards to General Liability, certificate holder and any other person is an Additional Insured when required by contract, agreement or permit.**

CERTIFICATE HOLDER	CANCELLATION
(207) 874-8716  City of Portland 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.  AUTHORIZED REPRESENTATIVE  Andrea Todd/TRACY