Client	#: 10	)369 <sup>-</sup>	19			UNITE	WAY25		
ACORD. CERTI	FI	CA	TE OF LIAB	LIT	Y INSI	JRANC	E	DATE (MI 8/07/2	//DD/YYYY) 2014
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AN	ELY ANC ID TH	OR N E DO HE CE	EGATIVELY AMEND, EX ES NOT CONSTITUTE A ERTIFICATE HOLDER.		OR ALTER TI ACT BETWI	HE COVERAG	GE AFFORDED BY THE UING INSURER(S), AUT	DLDER. POLIC HORIZ	THIS IES ED
the terms and conditions of the policy,	certa	ain po	olicies may require an en						
PRODUCER USI Insurance Services LLC-CL 75 John Roberts Road, Building C				PHONE (A/C, No	, Ext): 800 72	3-2877		877-77	75-0110
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFICERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OF BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRAREPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) r the terms and conditions of the policy, certain policies may require an endorseme certificate holder in lieu of such endorsement(s).   PRODUCER USI Insurance Services LLC-CL CONTACT NAME: CONTACT N	INSURER(S) AFFORDING COVERAGE				NAIC #				
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ACORD_TM CERTIFICATE OF INFORMATION ONLY AND CONFERENCE ATTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERENCE ATTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALL BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.   IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must the terms and conditions of the policy, certain policies may require an endorsement. A certificate holder in lieu of such endorsement(s). CONTACT JI   PRODUCER VISI Insurance Services LLC-CL CONTACT JI   VISI Insurance Services LLC-CL RAME:: JI   75 John Roberts Road, Building C INSURER A: P   South Portland, ME 04106 INSURER A: P   INSURED United Way, Inc dba United Way of Greater Portland & United Way Foundation PO Box 15200 INSURER E: E   THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCT TYPE OF INSURANCE	URER E :								
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INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH	QUIRE ERTA POLI	EMEN <sup>-</sup> NN, T ICIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY ( D BY TH	CONTRACT OF HE POLICIES N REDUCED F	R OTHER DOO DESCRIBED H BY PAID CLAII	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WH	CH THIS
INSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
			PHPK1117736		01/01/2014	01/01/2015	EACH OCCURRENCE	\$1,00	,
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,	-
CLAIMS-MADE X OCCUR						-	MED EXP (Any one person)	\$5,00	
						-	PERSONAL & ADV INJURY	\$1,00	
						-	GENERAL AGGREGATE	\$2,00 \$2,00	,
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT (Ea accident)	\$ <b>2,000</b> \$	5,000
							BODILY INJURY (Per person)	\$	
AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$ \$	
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						ŀ	WC STATU- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					ŀ	E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under						ŀ	E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
		Attach	ACOPD 101 Additional Damaster	Sehedul	if more anno 1	e roquired)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Insurance	LE9 (/	-mach /	ACORD IVI, Additional Kemarks	Schedule	, ii more space i	s requirea)			
The Commercial Package Policy incl	ude	s an	additional insured en	dorsei	ment that p	rovides add	ditional insured		
status to the Certificate holder.									
CERTIFICATE HOLDER				CANC	ELLATION				
				CANC	LLATION				
City of Portland 389 Congress Street				THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL B LICY PROVISIONS.		
Portland, ME 04101				AUTHOR	RIZED REPRESE	NTATIVE			

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