

HOLYTRI-01

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ACORD [®] C				ERTIFICATE OF LIABILITY INSURANCE							DATE (MM/DD/YYYY) 3/18/2015	
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).												
PRO	DUCE	R		. ,		CONTACT NAME:						
United Insurance - Falmouth 202 U.S. Route One Falmouth, ME 04105							PHONE (A/C, No, Ext): (207) 781-3519 E-MAIL ADDRESS:					
							INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A : Citizens Insurance Co of America					31534	
INSURED							INSURER B : Hanover Ins Co				22292	
		Holy Trinity Greek Orthodo	c Chu	rch o	of Portland	INSURER C : Maine Employers Mutual Insurance Co)	11149	
133 Pleasant Street						INSURER D :						
Portland, ME 04101						INSURER E :						
						INSURER F :					<u> </u>	
				-	E NUMBER:				REVISION NUMBER:			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE							POLICY EFF POLICY EXP					
	LTR TYPE OF INSURANCE INSD V			WVD	POLICY NUMBER		(MM/DD/YYYY) (MM/DD/YYYY) LIMITS		1 000 000			
A		CLAIMS-MADE X OCCUR	x		ZBP2063017		03/16/2015	03/16/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN								GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	i \$ \$		
		OTHER:							COMBINED SINGLE LIMIT	\$		
		ANY AUTO							(Ea accident) BODILY INJURY (Per person)			
		ALL OWNED SCHEDULED							BODILY INJURY (Per accident	_		
		AUTOS AUTOS HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	X	UMBRELLA LIAB OCCUR					03/16/2015	03/16/2016	EACH OCCURRENCE	\$	2,000,000	
в		EXCESS LIAB CLAIMS-MADE			UHP8756923				AGGREGATE	\$	2,000,000	
	DED X RETENTION \$ 0								Pers/Adv Inj	\$	2,000,000	
с	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							03/16/2016	PER OTH- STATUTE ER			
					1810003929		03/16/2015		E.L. EACH ACCIDENT	\$	500,000	
									E.L. DISEASE - EA EMPLOYE	Е\$	500,000	
DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	- \$	500,000	
DEC) 101 Additional Pamarka Sabada		a attached if ma					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **Greek Food Festival 2015**												

Event dates: June 25th - June 27th, 2015 The City of Portland is named as Additional Insured in regards to the Greek Food Festival taking place June 26th - 28th. The additional insured status pertains to the USE of Pleasant Street as well as a Canopy & Tent that will be placed across and on Pleasant Street throughout the Festivals duration.

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					
	Leatherton					

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