

| | | | | | | | | | HOLYTRI-01 | | ALOVEIT | | |
|--|---|-------------------------------------|-----------------------------|------------|---------------|---|--|---|--|---|----------|--------------------------------|--|
| A | C | | CI | ER | TIF | ICATE OF LIA | ABILITY INSURANCE | | | | | DATE (MM/DD/YYYY) 2/29/2016 | |
| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POL BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHOR | | | | | | | | | | | | LDER. THIS E POLICIES | |
| 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 Uni 470 | ted In Fore | | | Jerrie | | • | CONTACT NAME: FAX PHONE FAX (A/C, No, Ext): (207) TE-MAIL ADDRESS: FAX | | | | | | |
| | | | | | | | | INSURER(S) AFFORDING COVERAGE INSURER A : Citizens Insurance Co of America INSURER B : Hanover Ins Co | | | | NAIC # 31534 22292 | |
| | | | | | | | | | | | | 11149 | |
| Holy Trinity Greek Orthodox Church of Portland 133 Pleasant Street | | | | | | | | INSURER C : Maine Employers Mutual Insurance Co | | | | 11149 | |
| Portland, ME 04101 | | | | | | | INSURER E : | | | | | | |
| | | | | | | | | INSURER F : | | | | | |
| | | AGES | | | - | E NUMBER: | REVISION NUMBER: | | | | | | |
| | NDIC/ | ATED. NOTWITHST FICATE MAY BE IS | ANDING ANY R SUED OR MAY | EQU PER | IREM TAIN, | SURANCE LISTED BELOW H ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | N OF ANY DED BY TH | CONTRAC | CT OR OTHER ES DESCRIB | DOCUMENT WITH RESPE | ECT TO | WHICH THIS | |
| INSF | 2 | TYPE OF INSURANCE | | | SUBR WVD | POLICY NUMBER | POI (MM/ | LICY EFF /DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | | | | EACH OCCURRENCE \$ | | 1,000,00 | | |
| | | CLAIMS-MADE | X OCCUR | Х | | ZBP2063017-26 | 03/ | 16/2016 | 03/16/2017 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,00 | |
| | | | | | | | | | | MED EXP (Any one person) | \$ | 10,00 | |
| | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,00 | |
| | GEN | N'L AGGREGATE LIMIT AI | PPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 2,000,00 | |
| | | POLICY PRO- JECT | LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| | | OTHER: | | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS | | | | | | 03/16/2016 | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| A | | | | | | ZBP2063017-26 | | 16/2016 | 03/16/2017 | BODILY INJURY (Per person) | \$ | 1,000,00 | |
| | | | | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ | | |
| | - | | A0103 | | | | | | | | \$ | | |
| | X | UMBRELLA LIAB | OCCUR | | | | | | | EACH OCCURRENCE | \$ | 2,000,00 | |
| В | | EXCESS LIAB | CLAIMS-MADE | | | UHP8756923 | 03/ | /16/2016 | 03/16/2017 | AGGREGATE | \$ | | |
| | | DED X RETENTIO | N \$ 0 | | | | | | | Aggregate | \$ | 2,000,00 | |
| с | C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | N / A | | | | | 03/16/2017 | PER OTH- STATUTE ER | | | |
| | | | | | | 1810003929 | 03/ | 16/2016 | | E.L. EACH ACCIDENT | \$ | 500,00 | |
| | | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500,00 | |
| | | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 500,00 | |
| | | | | | | | | | | | | | |
| DES | CRIPT | ION OF OPERATIONS / L | OCATIONS / VEHIC | LES (| ACORI | D 101, Additional Remarks Schedu | Ile, may be atta | ched if more | e space is requir | ed) | | | |
| **Greek Food Festival 2016** | | | | | | | | | | | | | |
| Event dates: June 23- June 25, 2016 The City of Portland is named as Additional Insured in regards to the Greek Food Festival taking place June 23- June 25th | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

meet alicia

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