HOLYTRI-01

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CERTIFICATE OF LIABILITY INSURANCE

2/2/2017

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).

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PRODUCER		CONTACT NAME:		
United Insurance - Portland 470 Forest Avenue		PHONE (A/C, No, Ext): (207) 797-9400	FAX (A/C, No): (207)	523-8057
Portland, ME 04101		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: Citizens Insurance Co of Ameri	31534	
INSURED		INSURER B: Hanover Ins Co		22292
Holy Trinity Greek Orthodox Cl	rch of Portland	INSURER C: Maine Employers Mutual Insura	11149	
133 Pleasant Street	naron or r ordana	INSURER D :		
Portland, ME 04101		INSURER E :		
		INSURER F:		
001/504.050		D=1/(0.01.111		

COVERAGES CERTIFICATE NUMBER: 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		ZBP2063017	03/16/2017	03/16/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
Α		ANY AUTO			ZBP2063017	03/16/2017	03/16/2018	BODILY INJURY (Per person)	\$	1,000,000
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
Ī	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								,	\$	
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	2,000,000
В		EXCESS LIAB CLAIMS-MADE			UHP8756923	03/16/2017	03/16/2018	AGGREGATE	\$	
		DED X RETENTION \$ 0)					Aggregate	\$	2,000,000
		KERS COMPENSATION EMPLOYERS' LIABILITY	I N/A	^	1810003929	03/16/2017	03/16/2018	X PER OTH- STATUTE ER		
C	ANY	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000
	(Man	Mandatory in NH)		′ -				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event dates: June 22- 24, 2017

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The City of Portland is named as Additional Insured in regards to the Greek Food Festival taking place June 22, 23, and 24th, 2017.

CENTIFICATE HOLDEN	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
	alicia Youett

CANCELL ATION

^{**}Greek Food Festival 2017**