BE	HIS CERTIFICATE IS ISSUED AS A MATERIFICATE DOES NOT AFFIRMATIVELY INDUCTION. THIS CERTIFICATE OF INSURPRESENTATIVE OR PRODUCER, AND	ANCE	E DOE	S NOT CONSTITUTE A						
IM the	PORTANT: if the certificate holder is an e terms and conditions of the policy, cert rtificate holder in lieu of such endorsem	ADI	DITION	AL INCIDED the nelleville	es) must nent. A	be endorsed. statement on ti	If SUBROGATION CONTROL OF THE CONTRO	ION IS WAIVED, subject does not confer rights to	to the	
PRO	NUCER	+ E			CONT	ACT			Anderson (Indiana and Age	
	HEARN INSURANCE AGEN	PHONE [AC, No. Ed): (207) 797-9400 [AC, No. (207) 1								
	87 Forest Ave	EMAL (A/C, No): (207)								
Portland, ME 04103						<del></del>	URER(S) AFFORD	No Antrope		
-		INSUF	ERA: TRAV		WAS CALEBOOK					
INSU	INSURED Little Tap House					UER B :				
	41 Barberry Creech Rd.					INSURER C:				
South Portland , ME 04106					INSURER D:					
				•	INSUR	ER E :				
	ERAGES CFR				INSUR	ERF:				
	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE	(III-II	CATE	NUMBER:				REVISION NUMBER:		
CE EX UNSR LTR	DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P TYPE OF INSURANCE ( GENERAL LIABILITY	PERT OLIC	AIN, T IES, LI	HE INSURANCE AFFORD MITS SHOWN MAY HAVE B	n. wat i	CONTINUE OF	COTHER DOC DESCRIBED : DCLAIMS.	UMENT WITH RESPECT HEREIN IS SUBJECT TO	TO WHICH TO WHICH ALL THE	
	<del></del>		ĺ					EACH OCCURRENCE	\$ 1,	
+		!						DAMAGE TO RENTED PREMISES (Ea occurrence)	3	
A	CLAIMS-MADE X OCCUR	1		. COO				MED EXP (Any one person)	\$	
		†		680-0D426503		į		PERSONAL & ADVINJURY	s 1,	
, I	GEN'L AGGREGATE LIMIT APPLIES PER	! ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					GENERAL AGGREGATE	\$ 2,	
	X POLICY PROLLOC							PRODUCTS - COMPIOP AG	s s 2,	
	AUTOMOBILE LIABILITY		-			<del> </del>		COMBINED SINDLE LINE	\$	
	ANYAUTO				· 1			COMBINED SINGLE LIMIT (Ea accident)	\$	
	ALL OWNED SCHEDULED AUTOS	•		•		!		BODILY INJURY (Per person		
1 [	HIRED AUTOS NON-OWNED	:	1					BODRY INJURY (Per accider PROPERTY DAMAGE	<del></del>	
								(Per accident)	\$ 5	
	UMBRELLA LIAB OCCUR					<u> </u>		EACH OCCURRENCE	<del></del>	
-	EXCESS LIAB CLAIMS MADE							AGGREGATE	\$	
	DED RETENTIONS  VORKERS COMPENSATION								5	
	WD EMPLOYERS' LIABILITY				- <u>-</u>			WC STATU- OTI- TORY LIMITS ER		
	NY PROPRIETORFARTNER/EXECUTIVE	N/A				-	•	EL EACH ACCIDENT	5	
14	yes, describe under						[	E.L. DISEASE - EA EMPLOY	EES	
<b>├</b>	ESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - POLICY LIMIT		
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach /	CORD 101 Additional Remarks	Echadria	if make annual				
CER	CIFICATE HOLDER IS LI	STI	ED 3	AS ADDITIONAL	INSU	RED.	edra 60)			
CERT	FICATE HOLDER	CANCELLATION								
CITY OF PORTLAND 389 CONGRESS ST PORTLAND ME 04101					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELI ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE					
						- 1	N/\	11	-	
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