NCPTWOL-02

JBELANGER

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2015

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)

CE	ertificate holder in lieu of such endors	eme	nt(s)									
PROI	DUCER	CONTACT NAME:										
Peoples Insurance PO Box 1336						PHONE (A/C, No, Ext): (207) 646-7118 FAX (A/C, No): (207) 646-8294						
Ogunquit, ME 03907						E-MAIL ADDRESS:						
•	•				7,22,1,2		URER(S) AFFOR	DING COVERAGE			NAIC #	
		INSURER A : Acceptance Indemnity Ins. Co.										
INSURED						INSURER B:						
NCP Two, Ltd DBA Flask						INSURER C:						
117 Spring Street Portland, ME 04101						INSURER D:						
	Tortiana, ME 04101				INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
IN CI	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Α							,	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		CP00083177		11/01/2014	11/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000	
	55551							, , , , , , , , , , , , , , , , , , , ,		\$	5,000	
								PERSONAL & ADV	. ,	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE		\$	2,000,000	
	PRO									-	2,000,000	
	POLICY JECT LOC							PRODUCTS - COM Liquor Liabilit		\$	1,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL		\$	1,000,000	
								(Ea accident)		-		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (P		\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (P PROPERTY DAMA		\$		
	HIRED AUTOS AUTOS							(Per accident)	OL .	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT		\$		
	(Mandatory in NH)	N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORE) 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)				
CEI	RTIFICATE HOLDER		ANCELLATION									
CEI	THI ICATE HOLDER		CANC	JANGELLA HUN								
City of Portland- Inspection Division Congress Street Portland, ME						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						