

JBELANGER

DATE	(MM/DD/YYYY)	
~~	107/0047	

NCPTWOL-02

		ERTI	FICATE OF LIA	BIL	ITY INS	SURAN	CE	03	/27/2017	
	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 have ADDITIONAL INSURED provisions or 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).									
PR	ODUCER			CONTA NAME:	СТ					
Pe	oples Insurance - Ogunquit) Box 1336			PHONE (A/C, No	o, Ext): (207) 6	646-7118	FAX (A/C, No	. (207)	646-8294	
	junquit, ME 03907			E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE NAIC #						
				INSURE	R A : Accept	ance Indem	nity Ins. Co.			
INS	SURED			INSURE						
	NCP Two, Ltd DBA Flask 117 Spring Street			INSURE						
	Portland, ME 04101			INSURE						
				INSURE						
C	OVERAGES CER	TIFICAT	E NUMBER:	MOON			REVISION NUMBER:			
	THIS IS TO CERTIFY THAT THE POLICIE	S OF IN	SURANCE LISTED BELOW	HAVE B	EEN ISSUED	TO THE INSUF	RED NAMED ABOVE FOR	THE PO	LICY PERIOD	
	INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN POLICIES	IENT, TERM OR CONDITION I, THE INSURANCE AFFORI . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INS LT	R TYPE OF INSURANCE	ADDL SUBI	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	CP00083418		11/01/2016	11/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
							PRODUCTS - COMP/OP AGG		1,000,000	
-	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$.,,	
							(Ea accident) BODILY INJURY (Per person)	\$\$		
	OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per acciden	-		
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$						PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS DRIOW						L.L. DISEASE - FOLICT LIMI	φ		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACOR	D 101, Additional Remarks Schedu	le, may b	e attached if mor	re space is requir	red)			
	ERTIFICATE HOLDER			CAN	CELLATION					
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	City of Portland- Inspection	Division					PROVISIONS.	DC DE	LIVENED IN	

Congress Street Portland, ME

AUTHORIZED REPRESENTATIVE

Jone Belanger

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		ox 1336 nquit, ME 03907				E-MAIL ADDRE	SS:				
`	-					INSURER(S) AFFORDING COVERAGE					NAIC #
						INSURE			nity Ins. Co.		
IN	SUF	RED				INSURE	RB:				
		NCP Two, Ltd DBA Flask				INSURE	RC:				
		117 Spring Street				INSURE	RD:				
		Portland, ME 04101				INSURE	RE:				
						INSURE	RF:				
C	ov	ERAGES CER	TIFI	САТ	E NUMBER:				REVISION NUMBER:		
	-	IS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED 1			THE PO	LICY PERIOD
	INE CE	DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	РЕСТ ТО	WHICH THIS
INS LT	R	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIN	ITS	
A		X COMMERCIAL GENERAL LIABILITY					······,	······	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CP00083418		11/01/2016	11/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
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									PERSONAL & ADV INJURY	\$	1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	Ī	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO		2,000,000
	Ī	OTHER:							Liquor Liabilit	\$	1,000,000
		AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden		
		HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$								\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
									E.L. EACH ACCIDENT	\$	
		OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE	E \$	
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI		
DE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
С	ER	TIFICATE HOLDER				CANO	ELLATION				
						SHO	ULD ANY OF 1	THE ABOVE D	ESCRIBED POLICIES BE	CANCEL	LED BEFORE

Current Coverage

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jone Belanger

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