

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2017

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).

certificate holder in lieu of such endorsement(s).												
PRODUCER Zwimer Ins & Financial Services						CONTACT NAME: Tricia Zwirner						
13 Storm Drive						PHONE (A/C, No, Ext): 207 892-2864 FAX (A/C, No):						
StateFarm Windham, ME 04062						E-MAIL ADDRESS: tricia@triciazwirner.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : State Farm Fire and Casualty Company						
INSURED Styling by Stoja LLC						INSURER B:						
14 Pleasant Street						INSURER C:						
Portland, ME 04101						INSURER D:						
A Companied Supposes of Edition (						INSURER E:						
207501010						INSURER F:						
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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s Mor	e Help	
Α	A GENERAL LIABILITY More Help				1		111111111111111111111111111111111111111	EACH OCCURRENCE	CE	\$	1,000,000	
9.8	X COMMERCIAL GENERAL LIABILITY		99-BD-F786-2			08/18/2016 08/18/2017		DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
	CLAIMS-MADE OCCUR							MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
								GENERAL AGGREG	SATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		1					PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
	POLICY PRO- JECT LOC									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$		
	ANY AUTO More Help ALL OWNED SCHEDULED							BODILY INJURY (Pe	er person)	\$		
	AUTOS SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Pe		\$		
	HIRED AUTOS AUTOS							PROPERTY DAMAG (Per accident)	SE More Help	\$		
-	- Lungger La Lung	_								\$		
1	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
_	DED   RETENTION \$ WORKERS COMPENSATION	_						M/C STATUL	IOTH.	\$		
AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								WC STATU- TORY LIMITS	OTH- ER		_	
								E.L. EACH ACCIDEN		\$		
								E.L. DISEASE - EA E				
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
		L	Ш									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101. Additional Remarks 5	Schedule	if more space is	required)					
				noons roll, realization at remains	ooneaalo	, ii more space is	requiredy					
Loca	ited at: 14 Pleasant Street Portland, M	E 0	4101									
CERTIFICATE HOLDER						CANCELLATION						
					ONNOLLENIUM							
City of Portland						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  Elegannes Paysoniot Available, Please Print and Sign.						