ACORD CERTIFICATE OF LIABILITY INSURANCE										DATE (MM/DD/YYYY) 10/28/2014	
PRO Hi P.	ggin O. I	207 ns & Box 3	.465.2531 Bolduc Agency, 369	FAX 207.4		THIS CERT ONLY AND HOLDER.	TIFICATE IS ISSU CONFERS NO I THIS CERTIFICA	JED AS A MATTER OF RIGHTS UPON THE CI TE DOES NOT AMENI FFORDED BY THE PO	INF ERTI D, E)	ORMATION FICATE (TEND OR	
Oakland, ME 04963						INSURERS A	INSURERS AFFORDING COVERAGE				
7 Whaler Lane Quincy, MA 02171						INSURER A: Tr	INSURER A: Travelers				
						INSURER B:	INSURER B:				
						INSURER C:	INSURER C:				
						INSURER D:	INSURER D:				
						INSURER E:	INSURER E:				
T A	HE PC NY RE	QUIRE	MENT, TERM OR CON	DITION OF ANY CO	NTRACT OR OTHER D	OCUMENT WITH F	RESPECT TO WHIC	DLICY PERIOD INDICATED THE THIS CERTIFICATE MA MS, EXCLUSIONS AND CO	Y BE	ISSUED OR	
			GREGATE LIMITS SHO			CLAIMS.			וטווכ	110110 01 00011	
NSR LTR	ADD'L INSRD		TYPE OF INSURANCE	POI	LICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	ITS		
		GENEF	RAL LIABILITY		6805E317276		07/15/2015	EACH OCCURRENCE	\$	1,000,000	
		X C	OMMERCIAL GENERAL LIA	BILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	300,000	
		CLAIMS MADE X OCCUR						MED EXP (Any one person)	\$	5,000	
Α								PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
			AGGREGATE LIMIT APPLIE	S PER:				PRODUCTS - COMP/OP AGG	\$	2,000,000	
A		AUTOMOBILE LIABILITY X ANY AUTO			BA-5E318285	04/23/2014	04/23/2015	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per person)	\$		
			IRED AUTOS ON-OWNED AUTOS					BODILY INJURY (Per accident)	\$		
								PROPERTY DAMAGE (Per accident)	\$		
		$\overline{}$	GE LIABILITY					AUTO ONLY - EA ACCIDENT	+ -		
		Al	NY AUTO					OTHER THAN AUTO ONLY: AGO			
		EXCES	S/UMBRELLA LIABILITY					EACH OCCURRENCE	\$		
		0	CCUR CLAIMS	MADE				AGGREGATE	\$		
		_							\$		
		D	EDUCTIBLE						\$		
		R	ETENTION \$						\$		
	WOR	WORKERS COMPENSATION AND UB-4299T790					07/01/2015	WC STATU- OTH TORY LIMITS ER	1-		
		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	500,000	
Α	OFFI	FICER/MEMBER EXCLUDED?						E.L. DISEASE - EA EMPLOYE	E \$	500,000	
		, describ CIAL PRO	e under DVISIONS below					E.L. DISEASE - POLICY LIMIT	\$	500,000	
	OTHE	ER									
DES	CRIPTIC	ON OF O	PERATIONS / LOCATIONS	VEHICLES / EXCLUSIO	NS ADDED BY ENDORSEM	IENT / SPECIAL PROVI	ISIONS	•			
ſhe	Cit	y of	Portland is l	isted as add [.]	itional insure	d.					
CERTIFICATE HOLDER (CANCELLATION				
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,					
City of Portland							BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY				
389 Congress Street Portland, ME 04101							OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				
i di Ciallu, PL OTIDI							En : sollalare				
						panielle	Danielle Marquis/DKB				

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.