

CERTIFICATE OF LIABILITY INSURANCE

VESSSE0-01 **KCONLEY**

> DATE (MM/DD/YYYY) 5/16/2014

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.

the	e terms and conditions of the policy, rtificate holder in lieu of such endorse	, certain	policies may require an e							
PRODUCER					CONTACT Christine O'Hare					
	Insurance Congress Street	PHONE (A/C, No	774-2994							
Portl	and, ME 04104	E-MAIL ADDRESS: cohare@clarkinsurance.com								
					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #	
				INSURE	R A : Peerles	s Insuranc	е		24198	
INSUF	RED		INSURER B : Maine Employers Mutual					11149		
	Vessel Services Inc	INSURE								
	Alan Tracy 1 Portland Fish Pier			INSURE						
	Portland, ME 04101	INSURE								
	,			INSURE	RF:					
COV	/ERAGES CERT	FIFICATI	E NUMBER:	REVISION NUMBER:						
INI CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I	EQUIREM PERTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT T	O WHICH THIS	
INSR LTR		ADDL SUBF	8	DEEN	POLICY EFF	POLICY EXP		T0		
A	X COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY)		LIMI	T	4 000 000		
A	· · · · <u></u>	.,	000000000		07/00/0040	07/00/0044	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	CBP8789599		07/26/2013	07/26/2014	PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							DEDCONAL & ADVINUIDA	•	1.000.000	

LTR		TYPE OF INSURANCE	INSD	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		CBP8789599	07/26/2013	07/26/2014	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
1	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			BA8789399	07/26/2013	07/26/2014	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
1		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
Α		EXCESS LIAB CLAIMS-MADE			CU8789799	07/26/2013	07/26/2014	AGGREGATE	\$	1,000,000
		DED X RETENTION \$ 10,000							\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY	N/A			12/13/2013	12/13/2014	PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE			1810057419			E.L. EACH ACCIDENT	\$	500,000
	(Mar	CER/MEMBER EXCLUDED?	,					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

City of Portland is an additional insured with regards to General Liability coverage as required by permit.

CERTIFICATE HOLDER	CANCELLATION			
City of Portland 389 Congress Street Portland. ME 04101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
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