

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/1/2016

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.

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).

· · · · · · · · · · · · · · · · · · ·									
PRODUCER	CONTACT NAME:								
Clark Insurance	PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207)	774-2994							
2385 Congress Street Portland, ME 04104	E-MAIL ADDRESS: info@clarkinsurance.com								
	INSURER(S) AFFORDING COVERAGE	NAIC#							
	INSURER A: Patriot Insurance Company	32069							
INSURED	INSURER B: Maine Employers Mutual	11149							
Browne Trading Co	INSURER C:								
260 Commercial Street	INSURER D:								
Portland, ME 04101	INSURER E:								
	INSURER F:								
ACCUED A CEA									

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,

INSR	TOLU	JSIONS AND CONDITIONS OF SUCH I		SUBR		POLICY EFF	POLICY EXP			
LTR			INSD		POLICY NUMBER		(MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		CPP6254339	CPP6254339	39 06/01/2016	06/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	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:							\$	
		OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X	ANY AUTO			BA 6254339	06/01/2016	06/01/2017	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR		CPP6254339		06/01/2016	06/01/2017	EACH OCCURRENCE	\$	3,000,000
Α		EXCESS LIAB CLAIMS-MADE			CPP6254339			AGGREGATE	\$	3,000,000
		DED RETENTION \$ 10,000							\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	Y/N N/A		1810110897	06/01/2016	06/01/2017	E.L. EACH ACCIDENT	\$	500,000
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
			/		101 Additional Bamarka Sahadula may h			<u>,                                     </u>		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**RE: Outdoor Seating** 

**CERTIFICATE HOLDER** CANCELLATION

> The City of Portland Department of Planning & Urban Development 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.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.