2077800873



## **BROWTRA-01**

**AKRUG** 

DATE (MM/DD/YYYY) 06/01/2017

## CERTIFICATE OF LIABILITY INSURANCE

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(les) 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 r ghts to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT Angela Krug, AAI	, AINS		
Clark Insurance 2385 Congress Street		PHONE FAX (AIC, No.):			
Portland, ME 04104		E-MAIL ADBRESS: akrug@clarkinsurance.com			
		INSURER(S) AF	FORDING COVERAGE .	NAIC #	
		INSURER A : Patriot Insuranc		32069	
INSURED		INSURER & : Maine Employer	s Mutual	11149	
		INSURER C:			
260 Commercial Street		INSURER D:			
Portland, ME 04101		INSURER E:		1	
		INSURER F :			
COVERACES	LOATE MIMOED.	INSURER F:	REVISION NUMBER:	<u> </u>	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  THIS IS TO CERTIFY THAT THE FOLICIES 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 OF 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 TYPE OF INSURANCE INS	DL SUBR POLICY NUMBER	POLICY EFF POLICY EX	Y) LIMITS		
A X COMMERCIAL GENERAL LIABILIT		:	EACH OCCURRENCE \$	1,000,000	
: CLAIMS-MADE X OCCUI:	CPP6254339	06/01/2017   06/01/201	8 DAMAGE TO RENTED S. PREMISES (Ea occurrence)	500,000	
		i	MED EXP (Any one person) 3	5,000	
		·	PERSONAL & AOVINJURY . \$	1,000,000	
: GEN'L AGGREGATE LIMIT APPLIES PEF		1	GENERAL AGGREGATE 3	2,000,000	
POLICY X PRO: X LOC		İ	PRODUCTS - COMPIOP AGG   \$	2,000,000	
OTHER:			s		
A AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ee eccident)	1,000,000	
TO T	BA 6254339	06/01/2017 06/01/201	in I		
ANY AUTO OWNED AUTOS ONLY AUTOS	ļ	00/01/2017	"HATCHE CHINALTER COLUMN COLUMN		
			PROPERTY DAMAGE (Per accident) \$ (Per accident) \$		
LAUTOS ONLY NON-OWN D AUTOS OF LY			(Per accident) \$		
<u> </u>	<del>                                     </del>			3,000,000	
A X UMBRELLA LIAB X OCCUI:	0000000000	00/04/2047 00/04/204	EACH OCCURRENCE		
EXCESS LIAD CLAIM I-MADE	CPP6254339	06/01/2017 06/01/201	AGGREGATE \$	3,000,000	
DED X RETENTIONS 13,000			s		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			X SERTUTE OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/	5101800113	06/01/2017   06/01/201	E.L. EACH ACCIDENT 5	500,000	
(Mandatory in NH)	<b>"</b> [		ELL DISEASE - EA EMPLOYEE \$	500,000	
If yes, describe under OESCRIPTION OF OPERATIONS below	,		E L DISEASE - POLICY LIMIT \$	500,000	
!					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AGORD 101, Additional Remarks Schedule, may be attached if more space is required)					
DESCRIPTION OF OPERATIONS FOR AUTOMS FOR AUTOMS AND THE AUTOMS AND THE AUTOMS AND AUTOMS					
<u>CERTIFICATE HÖLDER</u>		CANCELLATION			
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			
					For info Only
CITY OF PORTLAND 389 CONGRESS ST.		AUTHORIZED REPRESENTATIVE			
DOT WHOREOS OF.	731	L.			
PORTLAND, MAINE OHIO	<b>-</b> 1	1			