GULFOFM-01

TSAXBY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2013

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

			tions of the polic eu of such endor			policies may require an e	endorse	ement. A sta	tement on th	is certificate do	es not c	onfer	rights to the	
PRODUCER Clark Insurance 2385 Congress Street Portland, ME 04104								CONTACT NAME: PHONE (A/C, No, Ext): (207) 774-6257 E-MAIL E-MAIL FAX (A/C, No): (207) 774-2994						
								ADDRESS: INSURER(S) AFFORDING COVERAGE N						
								INSURER A : Citizens Ins Co of America					NAIC #	
INSURED Gulf of Maine Properties Inc 350 Commercial Street							INSURER B:					10.00.		
							INSURER C:							
							INSURER D :							
		Portland, N						INSURER E :						
								INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:						
IN C	IDICA ERTI XCLI	ATED. NOTWITH IFICATE MAY BE	STANDING ANY F ISSUED OR MAY	REQUI PER POLI	IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAG Y THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WIT	H RESPE	CT TO	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE			ADDL SUBR INSR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GEI X	X COMMERCIAL GENERAL LIABILITY				ZBP7909772		1/14/2013	1/14/2014	DAMAGE TO RENTE PREMISES (Ea occu	D	\$	1,000,000 100,000	
		CLAIMS-MADE	X OCCUR							MED EXP (Any one p		\$	5,000	
										PERSONAL & ADV I	NJURY	\$	1,000,000	
										GENERAL AGGREG	ATE	\$	2,000,000	
	GEI	N'L AGGREGATE LIMI								PRODUCTS - COMP	OP AGG	\$	2,000,000	
	X	POLICY PRO JECT	LOC									\$		
	AU	TOMOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	\$		
		ANY AUTO	COLIEDUII ED							BODILY INJURY (Pe		\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Pe		\$		
		HIRED AUTOS	AUTOS							(Per accident)		\$		
				-								\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENC	E	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
	wo	DED RETEN		1						WC STATU-	OTH-	\$		
	ANI	D EMPLOYERS' LIABI	LITY Y/N							TORY LIMITS	ER_	•		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDEN		\$		
										E.L. DISEASE - POL		\$		
	DE	SCRIPTION OF OPERA	ATIONS below							E.E. BIOLAGE TOL	IOT LIVIT	Ψ		
The	City	of Portland is an		d if re		ACORD 101, Additional Remarks ed by written contract.	Schedule	, if more space is	required)					
NE:	oign	iaye belliy ilistali	eu dii gwiri 8 duli	iuiiig										

CERTIFICATE HOLDER CANCELLATION

> The 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.

AUTHORIZED REPRESENTATIVE