

CERTIFICATE OF LIABILITY INSURANCE

LAFASQU-01

BGILBERT

DATE (MM/DD/YYYY)

			ΞK		ICATE OF LIA	BILI	I Y INS	URANC	E	10	/10/2014	
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. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to												
tł	ne te	RTANT: If the certificate holde erms and conditions of the policy icate holder in lieu of such endors	/, ce	rtain	policies may require an e							
PRO	DUCE	R				CONTACT NAME:						
Norton Insurance Agency 275 US Route 1						PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350						
Cumberland Foreside, ME 04110						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A : Vermont Mutual					
INSURED							INSURER B :					
		638 Congress Street Partner c/o Port Property Manageme	LC		INSURER C :							
		104-114 Grant Street										
		Portland, ME 04101				INSURER E :						
	VFR	AGES CER	TIFI		E NUMBER:	REVISION NUMBER:						
		IS TO CERTIFY THAT THE POLICI				HAVE B	EEN ISSUED			THE PO	LICY PERIOD	
C	ERTI	ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	PEF POL	RTAIN	, THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B'	Y THE POLIC	IES DESCRIB PAID CLAIMS	ED HEREIN IS SUBJECT			
INSR LTR		TYPE OF INSURANCE	ADD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X		BP11033668		02/14/2014	02/14/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
									MED EXP (Any one person)	\$	5,000	
	0.5								PERSONAL & ADV INJURY	\$	1,000,000 2,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$; \$	2,000,000	
									PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AU	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	t) \$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
	X	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4,000,000	
A		EXCESS LIAB CLAIMS-MADE			CU11001924		02/14/2014	02/14/2015	AGGREGATE	\$	4,000,000	
	WOR	DED X RETENTION \$ 10,000							PER OTH-	\$		
	AND	PEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBER EXCLUDED?		N / A	·					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	·		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT			
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mo	re space is requir	red)			
CE	RTIF	FICATE HOLDER			CANCELLATION							
City of Portland 389 Congress Street							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Portland, ME 04101						AUTHORIZED REPRESENTATIVE						
							Vauttary Mint					
1						\mathcal{T}						

The ACORD name and logo are registered marks of ACORD

© 1988-2014 ACORD CORPORATION. All rights reserved.