STATST0-01

**HCTALBOT** 

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2015

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 partitions holder is an ADDITIONAL INCLIDED the pollowline) must be endorsed. If SLIBBOGATION IS WAIVED subject to

| certificate holder in lieu of such endorsement(s).  |   |   |         |                 |                            |          | CONTACT Roberta Rumpf   |  |                                     |                                  |                                      |  |
|---|---|---|---------|-----------------|----------------------------|----------|---|--|-------------------------------------|----------------------------------|--------------------------------------|--|
| Clark Insurance 2385 Congress Street Portland, ME 04104  INSURED  The State Street Congregational Church of the UCC Camy Barrantes, Treasurer |   |   |         |                 |                            |          | PHONE<br>(A/C, No, Ext): (207) 774-6257   |  |                                     | FAX<br>(A/C, No): (207) 774-2994 |                                      |  |
|   |   |   |         |                 |                            |          | (AC, No, Ext): (201) 114-0231 (AC, No): (201) |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      | INSURER A : Philadelphia Insurance Company |
|   |   |   |         |                 |                            |          | INSURER B:  |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          | INSURER C:  |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  | A W SEEDING                         |                                  |                                      |  |
|   |   |   |         |                 |                            |          | 159 State Street Portland, ME 04101   |  |                                     |                                  |                                      |  |
| INSURER E:  |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
| COVERAGES CERTIFICATE NUMBER:   |   |   |         |                 |                            |          | INSURER F:  REVISION NUMBER:  |  |                                     |                                  |                                      |  |
|   |   | IS TO CERTIFY THAT THE PO                       |         |                 |                            | OWINE    | DEEN ISSUED   |  |                                     | THE DO                           | OLICY PEDIOD                         |  |
|   |   | ATED. NOTWITHSTANDING AN                        |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
| C   | ERTI  | IFICATE MAY BE ISSUED OR M                      | AY PE   | RTAIN           | THE INSURANCE AF           | FORDED E | BY THE POLIC  | IES DESCRIE  | ED HEREIN IS SUBJECT                |                                  |                                      |  |
|   |   | USIONS AND CONDITIONS OF SU                     |         | ICIES<br>LISUBI |                            | AVE BEEN |   |  | 1                                   |                                  |                                      |  |
| INSF  |   | TYPE OF INSURANCE                               | INS     | D WVD           | POLICY NUMB                | ER       | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)   | LIMI                                | TS                               | 4 000 000                            |  |
|   | X   | X COMMERCIAL GENERAL LIABILITY                  |         |                 |                            |          |   |  | EACH OCCURRENCE DAMAGE TO RENTED    | \$                               | 1,000,000                            |  |
|   |   | CLAIMS-MADE X OCCUR                             | X       |                 | PHPK1359510                |          | 07/01/2015  | 07/01/2016   | PREMISES (Ea occurrence)            | \$                               | 100,000                              |  |
|   | X   | H&NO, Pastoral Prof.                            |         |                 |                            |          |   |  | MED EXP (Any one person)            | \$                               | 5,000                                |  |
|   |   |   |         |                 |                            |          |   |  | PERSONAL & ADV INJURY               | \$                               | 1,000,000                            |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |   |         |                 |                            |          |   |  | GENERAL AGGREGATE                   | \$                               | 2,000,000                            |  |
|   | X   | X POLICY PRO-<br>JECT LOC                       |         |                 |                            |          |   |  | PRODUCTS - COMP/OP AGG              | \$                               | 2,000,000                            |  |
|   |   | OTHER:  |         |                 |                            |          |   |  |                                     | \$                               |                                      |  |
|   | ANY AUTO  |   |         |                 |                            |          |   |  | COMBINED SINGLE LIMIT (Ea accident) | \$                               |                                      |  |
|   |   |   |         |                 |                            |          |   |  | BODILY INJURY (Per person)          | \$                               |                                      |  |
|   |   | ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS |         |                 |                            |          |   |  | BODILY INJURY (Per accident)        | \$                               |                                      |  |
|   |   |   |         |                 |                            |          |   |  | PROPERTY DAMAGE<br>(Per accident)   |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     | \$                               |                                      |  |
| A   | X   | UMBRELLA LIAB X OCCUR                           |         |                 |                            |          |   |  | EACH OCCURRENCE                     | \$                               | 1,000,000                            |  |
|   |   | EXCESS LIAB CLAIMS-MADE                         | ADE     |                 | PHUB505816                 |          | 07/01/2015  | 07/01/2016   | AGGREGATE                           | \$                               | 1,000,000                            |  |
|   | DED X RETENTION\$ 10,000  |   |         |                 |                            |          |   |  |                                     | \$                               |                                      |  |
|   | WORKERS COMPENSATION  |   |         |                 |                            |          |   |  | PER OTH-<br>STATUTE ER              |                                  |                                      |  |
|   | AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?               |   |         |                 |                            |          |   | The state of the s | E.L. EACH ACCIDENT                  | s                                |                                      |  |
|   | OFFICER/MEMBER EXCLUDED? (Mendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |   |         | A               |                            |          |   |  | E.L. DISEASE - EA EMPLOYE           | 1                                | THE COLUMN IS MAKED AS SAME SEPTEM I |  |
|   |   |   |         |                 |                            |          |   |  | E.L. DISEASE - POLICY LIMIT \$      |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
| DEC   | CDIDI   | TION OF OPERATIONS / LOCATIONS / V              | NICI EC | /ACOD           | D 404 Additional Demarks C |          | h   |  | i                                   |                                  |                                      |  |
|   |   | Portland is named as additional                 |         |                 |                            |          | be attached if mo   | re space is requi  | red)                                |                                  |                                      |  |
|   | Sign  |   |         |                 |                            | •        |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   | ,  |                                     |                                  |                                      |  |
| CERTIFICATE HOLDER  |   |   |         |                 |                            |          | CANCELLATION  |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      |  |
| City of Portland<br>Attn: Business License Dept<br>389 Congress St  |   |   |         |                 |                            |          |   |  | ESCRIBED POLICIES BE O              |                                  |                                      |  |
|   |   |   |         |                 |                            |          | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.   |  |                                     |                                  |                                      |  |
|   |   |   |         |                 |                            |          |   |  |                                     |                                  |                                      | Portland, ME 04101                         |
|   |   |   |         |                 |                            | 1        | . 0   |  | tentallet                           |                                  |                                      |  |
|   |   |   |         |                 |                            |          | ratter  | -Car   | rentallet                           |                                  |                                      |  |