Client#: 1012029

ONELON

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2014

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 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).

PO Bo	certificate holder in lieu of such endorsement(s). PRODUCER USI Insurance Services LLC-SCL PO Box 406 Portland, ME 04112-0406							CONTACT Shelly Munger					
								PHONE (A/C, No, Ext): 800 723-2877 [FAX (A/C, No): 877 775-0110 E-MAIL ADDRESS:					
Portla													
								INSURER(S) AFFORDING COVERAGE					
							INSURER A: Nautilus Insurance Company				NAIC# 17370		
INSURED							INSURER B :						
One Longfellow Square, Inc.							INSURER C :						
181 State St. Ste. 201 Portland, ME 04101							INSURER D:						
							INSURER E :						
						INSURER F:							
	RAGES		NUMBER:	REVISION NUMBER:									
INDIC CERT EXCL	ATED, NOTWITHSTA IFICATE MAY BE ISS	NDING ANY RE SUED OR MAY F	QUIR ERTA POL	EMEN VIN, T LICIES.	RANCE LISTED BELOW HA T, TERM OR CONDITION O "HE INSURANCE AFFORDE LIMITS SHOWN MAY HA	FANY DBY T	CONTRACT OF HE POLICIES N REDUCED I	R OTHER DOO DESCRIBED H BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A MS.	TO WH	ICH THIS		
NSR TR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MIM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A GE	GENERAL LIABILITY				NN239820		05/25/2013	05/25/2014	EACH OCCURRENCE	\$1,00			
X	X COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100 <u>,</u>			
<u> </u>	CLAIMS-MADE	X occur							MED EXP (Any one person)	\$5,00			
_									PERSONAL & ADV INJURY	\$1,00			
	J								GENERAL AGGREGATE	\$2,00	U,UUU		
GE	N'L AGGREGATE LIMIT A	F							PRODUCTS - COMP/OP AGG	\$			
-	POLICY PRO- JECT	LOC		-		-			COMBINED SINGLE LIMIT				
AU	TOMOBILE LIABILITY								(Ea accident) BODILY INJURY (Per person)	\$			
\vdash	ANY AUTO ALL OWNED	SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$			
\vdash	AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$			
\vdash	HIRED AUTOS	AUTOS							(Per accident)	\$			
- -	UMBRELLA LIAB								EACH OCCURRENCE	\$			
-	EXCESS LIAB	OCCUR							AGGREGATE	\$			
\vdash	<u> </u>	CLAIMS-MADE	1						AGGREGATE	\$	***,**		
wo	DED RETENTION RETENTION		 		<u>.</u>			· · · ·	WC STATU- OTH-	Ψ			
AN	D EMPLOYERS' LIABILIT Y PROPRIETOR/PARTNE	Y Y N					1	:	E.L. EACH ACCIDENT	\$			
ÖÄ /M:	Y PROPRIETOR/PARTNE FICER/MEMBER EXCLUD Andatory in NH)	ED?	N/A						E.L. DISEASE - EA EMPLOYEE				
Ìέγ	es, describe under SCRIPTION OF OPERATI	ans helaw		1					E.L. DISEASE - POLICY LIMIT				
155	SOMETION OF OPERATION	OLIO DRIDM	1	1									
			-		,								

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AUTHORIZED REPRESENTATIVE

W Cuttol