Client#: 1012029 ONELON

ACORD.

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

6/25/2015

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.

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).

CONTACT Shelly Munger

	Insurance Services LLC-SCL	PHONE (A/C, No, Ext): 855 874 0123 FAX (A/C, No): 87			e): 877 775-0110		
	Box 406			E-MAIL ADDRESS:			
Portland, ME 04112-0406				INSURER(S) AFFORDING COVERAGE			NAIC #
				INSURER A : United	States Liab	ility Co	
INSURED				INSURER B:			
	One Longfellow Square, Ir	ic.		INSURER C:			
181 State St. Ste. 201				INSURER D:			
	Portland, ME 04101			INSURER E :			
				INSURER F:			
OV	ERAGES CER	TIFICATE	NUMBER:	REVISION NUMBER:			
CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, 1	IT, TERM OR CONDITION OF THE INSURANCE AFFORDE	F ANY CONTRACT O D BY THE POLICIES VE BEEN REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	T TO WHICH THIS
SR R	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	IITS
	GENERAL LIABILITY		NPP1566561	05/25/2015	05/25/2016	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
ı	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
Ī						GENERAL AGGREGATE	\$2,000,000
- 1						PRODUCTS - COMP/OP AGO	\$
- 1	GEN'L AGGREGATE LIMIT APPLIES PER:				1		
-							\$
-	PRO.					COMBINED SINGLE LIMIT (Ea accident)	\$
	POLICY PRO- JECT LOC						\$
	POLICY PRODUCT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident	\$
	POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED					(Ea accident) BODILY INJURY (Per person)	\$
	POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE	\$ \$ \$ \$ (t) \$
	POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE	\$ \$ \$ tt) \$ \$ \$
	POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	POLICY PRODUCT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE WC STATU- OTI	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION	N/A				(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE WC STATU- TORY LIMITS ER	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

CERTIFICATE HOLDER	CANCELLATION		
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.		
Fortiaria, ME 04101	AUTHORIZED REPRESENTATIVE		
	Levet Turital		

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)