

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/25/2016

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

certificate holder in lieu of such endorsement(s).						CONTACT					
Clark Insurance 2385 Congress Street						NAME: PHONE (A/C, No, Ext): (207) 774-6257 [A/C, No, Ext): (207) 774-2994 E-MAIL ADDRESS: info@clarkinsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A : Ohio Security Insurance Co				24082	
Rosemont Market & Bakery						INSURER B:					
						INSURER C:					
Blue House LLC White House LLC 559 Brighton Ave Portland, ME 04102					INSURER D:						
					INSURER E :						
					INSURER F:						
COVERAGE	S CER	TIFICATE NUMBER:			REVISION NUMBER:						
INDICATED. CERTIFICAT EXCLUSION	CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R E MAY BE ISSUED OR MAY IS AND CONDITIONS OF SUCH	EQUIF PERT POLIC	REMI FAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC 7 THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL :				POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S		
1 ——	MERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		BZ\$56890300		10/15/2015	10/15/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	15,000	
		- Valentino						PERSONAL & ADV INJURY	\$		
GENII AGG	GREGATE LIMIT APPLIES PER:	-						GENERAL AGGREGATE	\$ .	2,000,000	
POLIC	DRO.							PRODUCTS - COMP/OP AGG	\$	_,,	
								TRODUCTO - COMIT OF ACC	\$		
AUTOMOB	:R: ILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
								(Ea accident) BODILY INJURY (Per person)	\$		
ANY A	WNED SCHEDULED							BODILY INJURY (Per accident)	\$		
AUTO	NON-OWNED							PROPERTY DAMAGE	\$		
HIRE	D AUTOS AUTOS							(Per accident)	\$		
Luant	RELLA LIAB OCCUB										
l —								EACH OCCURRENCE	\$		
<del>     </del>	SS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED	RETENTION \$ COMPENSATION							PER LIOTH-	\$		
AND EMPL	OYERS' LIABILITY VAN							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTI	ribe under ON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
RE: Insured La	F OPERATIONS / LOCATIONS / VEHIC ocation - 40 Pine Street, Portla d by written contract	LES (A	ICORE	o 101, Additional Remarks Schedu The City of Portland is an	ıle, may t additio	e attached if mor nal insured fo	e space is requi or General Lia	ed) ability with respect to the	insure	d's operations	
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.					
						Willia R. Exley					