

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/27/2015

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.

th	e te		ons of the policy	y, cer	tain	DDITIONAL INSURED, the policies may require an e							
PROI	UCE	R					CONTA NAME:	СТ					
Clark Insurance 2385 Congress Street											7) 774-2994		
		d, ME 04104					E-MAIL ADDRE	<sub>SS:</sub> info@cla	arkinsurano		,.		
							INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A: The Hanover Ins Company					22292	
INSURED							INSURER B:						
Rosemont Market & Bakery Blue House LLC White House LLC								INSURER C:					
								INSURER D :					
559 Brighton Ave Portland, ME 04102							INSURER E :						
							INSURER F:						
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:					
IN CE E>	DIC.	ATED. NOTWITHS	TANDING ANY R SSUED OR MAY	PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW HENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RE ED HEREIN IS SUBJEC	SPECT	TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE			SUBR WVD	R POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENER	RAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X OCCUR	X		ODP8799168		10/15/2014	10/15/2015	DAMAGE TO RENTED PREMISES (Ea occurrence	) \$	300,000	
										MED EXP (Any one person		5,000	
										PERSONAL & ADV INJUR'	Y \$	1,000,000	
	GEI	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP A	GG \$	2,000,000	
		OTHER:									\$		
	ΑU	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person	on) \$			
		ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accid	lent) \$			
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										, ,	\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTI	ON\$								\$		
		RKERS COMPENSATION	·v							PER OT STATUTE ER	H-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			III A						E.L. DISEASE - EA EMPLO	YEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT \$				
DESC	יסוסי	FION OF OPERATIONS /	I OCATIONS / VEUIC	1 FS //	ACOP!	0 101, Additional Remarks Schedu	le may b	a attached if mo	ra snaca is roquis	ad\			
חבס(	יאור	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (	4COKL	, ivi, Additional Kemarks Schedu	ie, may b	e attached if moi	e space is requir	eu,			

RE: Insured Location - 40 Pine Street, Portland ME - The City of Portland is an additional insured for General Liability with respect to the insured's operations and if required by written contract

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Willin R. Exley