

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2013

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).										
PRODUCER					CONTACT Tracy Wiles, ACSR					
P&C Insurance					PHONE (A/C. No. Ext): (207)283-1486 FAX (A/C. No): (207)283-4258					
260	Main St.		E-MAIL ADDRESS: twiles@insurancepc.com							
P.O. Box 356					INSURER(S) AFFORDING COVERAGE				NAIC #	
Biddeford ME 04005					INSURER A Peerless Insurance Company				24198	
INSURED					INSURER B Maine Employers Mutual Ins Co					
Local Sprouts Cooperative					INSURER C:					
Attn:Gregg Dorr					INSURER D:					
649 Congress Street					INSURER E :					
Portland ME 04101					INSURER F :					
COVERAGES CERTIFICATE NUMBER:2013-2014				REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE INSR WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR CBP3054086		1	3/22/2013	3/22/2014	MED EXP (Any one person)	\$	5,000	

		GENERAL LIABILITY			3/22/2013	3/22/2014	EACH OCCURRENCE	\$ 1,000,000
A		X COMMERCIAL GENERAL LIABILITY		CBP3054086			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	L	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 5,000
	L						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
1		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
L		X POLICY PRO-						\$
		AUTOMOBILE LIABILITY		7			COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
1,	L	ANY AUTO					BODILY INJURY (Per person)	\$
		ALL OWNED X SCHEDULED AUTOS	1	BA1005460	10/26/2012	10/26/2013	BODILY INJURY (Per accident)	\$
1		X HIRED AUTOS X NON-OWNED AUTOS	- 1				PROPERTY DAMAGE (Per accident)	\$
L							Medical payments	\$ 5,000
	L	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	L	EXCESS LÍAB CLAIMS-MADE					AGGREGATE	\$ NASAN TERRETARIA
\vdash	_	DED RETENTION\$						\$
E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					X WC STATU- OTH- TORY LIMITS ER	
	- [E.L. EACH ACCIDENT	\$ 100,000
		(Mandatory in NH) If yes, describe under		1810093590	5/1/2013	5/1/2014	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
1	.	Liquor Liability		СВР3054086	3/22/2013	3/22/2014	еасћ осситенсе	1,000,000
	1					1	Aggregate	2,000,000

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

CERTIFICATE HOLDER	CANCELLATION
City of Portland 389 Congress Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Portland, ME 04101	AUTHORIZED REPRESENTATIVE
	Randy Smith/KATIE